



UK Health
Security
Agency

Women's Health and Beyond: Evaluation of “London Informed” event with the Charedi Orthodox Jewish community

Evaluation produced by UKHSA London COVID-19 Operations Team in collaboration with Interlink, OHID, GLA, NHSE, GLA, the London Jewish Health Partnership, and Hackney and Haringey Public Health Team

May 2022



Context of the Women's Health and Beyond event

With the emergence of the Omicron variant in December 2021, a partnership of the UK Health Security Agency (UKHSA), the Office for Health Improvement and Disparities (OHID), NHS and Greater London Authority, working with community organisations across the capital, came together to provide London's communities with the knowledge and information needed to stay safe amid rising COVID-19 case rates.

A series of “*London Informed*” events, each co-designed with community organisations and focused on one of London's communities were delivered between December 2021 and March 2022. The events were mostly online, and consisted of providing the latest information on COVID-19, the Omicron variant, and how best to stay safe, with a focus on vaccination. There was also the opportunity at most events for attendees to ask questions to a panel of health professionals.

After consultation with local community organisations supporting the Charedi Orthodox Jewish community in Hackney/Haringey, it was decided that a “*London Informed*” **live event** covering COVID-19 safety and vaccinations as well as wider health topics would be the most successful means of engaging with this community. The live event focused on Women's Health, and was organised by local community organisation *Interlink* in partnership with regional and local health partners and other community groups. The working group was led by the community anchor for the event, Interlink that liaised with the community and Jewish organisations, with secretariat through the regional operations team and wider membership included Interlink, OHID, UKHSA, GLA, NHSE, GLA, Hackney and Haringey Public Health Team. The work was supported through the newly formed London Jewish Health partnership which sits within the COVID Legacy and Equity Partnership which also provided governance and oversight. Funding was from NHSE. The event was co-produced and developed in partnership with the community at all stages from its inception.

The event took place at the Brenner Centre in Stamford Hill on 28 March 2022, with around 100 attendees present.



Identified health needs addressed as part of the Women's health event

Specific data on COVID-19 vaccination uptake for the Orthodox Jewish community is not available. However, proxy analysis looking at uptake by LSOA area alongside census data on the distribution of the Jewish population in Hackney shows that areas with the highest proportion of Jewish populations in the borough are also the areas with the lowest COVID-19 vaccine uptake (appendix A).

Insights from the community and local public health and primary care partners, and data on prevalence of other health conditions (see Appendix A), indicated a benefit to focusing on broader health needs as well as COVID-19 vaccination, including:

- COVID-19 protective behaviours beyond vaccination, e.g. testing
- Childhood immunisations
- Vitamins for pregnant women and babies
- Oral health and dental hygiene
- Respiratory infections in children
- Mental health and wellbeing

Information was provided on COVID-19 and the above health topics through stalls set up at the event, and a panel discussion and Q+A session with health professionals at the event. Attendees were also given a “health bag” with further information and signposting to local services and support.



Event format



Health and wellbeing stalls

Stalls on health areas relevant to the audience. These were staffed by health professionals, who answered questions and signposted to services before the Q+A session. Stalls covered:

1. Children and young people health (Everyone Health 5-19 yrs, HENRY 0-5yrs)
2. COVID-19 safety
3. COVID-19 vaccines
4. Childhood immunisations



Panel discussion and Q+A

A panel of health professionals with specialisms across various health topics, with an opportunity for attendees to ask questions to the panel and have one to one conversations with them after the program

- Dr Tehseen Khan (chair), covering COVID-19 and vaccinations
- Dr Sharon Raymond, covering looking after children with respiratory infections
- Dr Veronique Berman, talking about fertility, COVID-19 and Chana's role
- Dr Charlotte Klass, covering oral health
- Mrs Gitit Rottenberg from the community talking about her experience with COVID-19



Information and resources

All attendees received “health bags” to take home, containing information on key health issues and local available services. Stall holders also shared information/resources on relevant services and signposted to local support.

Evaluation methodology

This evaluation aims to identify and assess whether the intended outcomes of the event have been met, and provide insights into the successes, limitations and lessons learnt through the event to inform future engagement with the Charedi Orthodox Jewish community and any learning for work with other communities

The evaluation was informed by a logic model and outcomes framework that highlighted the intended outcomes for the programme – see Appendix B.

The evaluation has relied on three main information sources to assess this event:

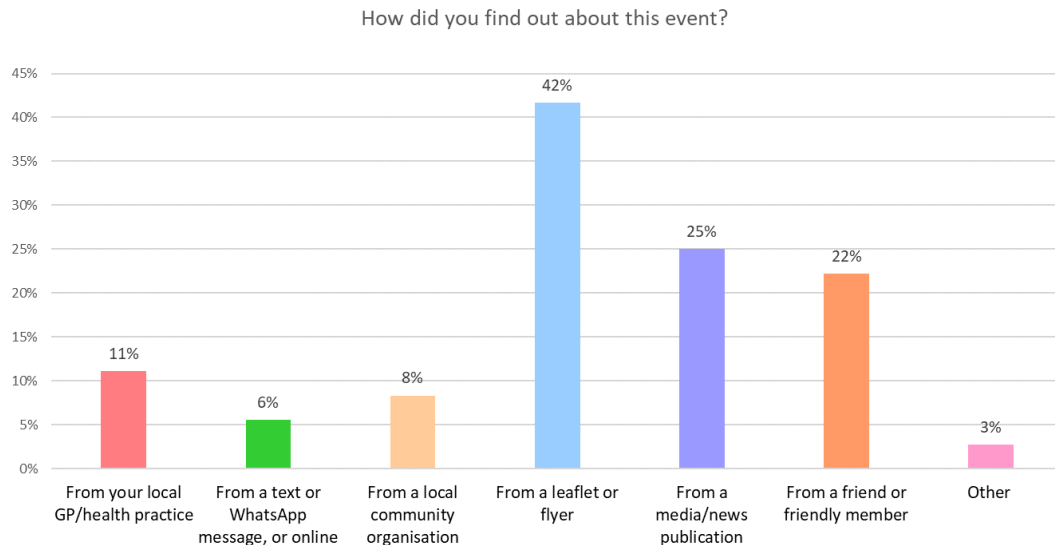
1. Quantitative metrics from the day, including number of attendees, attendee demographics, volume of resources distributed etc.
2. Feedback from attendees on the event, collected through feedback forms completed by attendees on the day
3. Feedback from individuals/organisations involved in the planning and delivery of the event, collected through email responses and interviews post-event.

Given this was a service evaluation, ethical approval was not required, although principles of conducting ethical research were adopted.

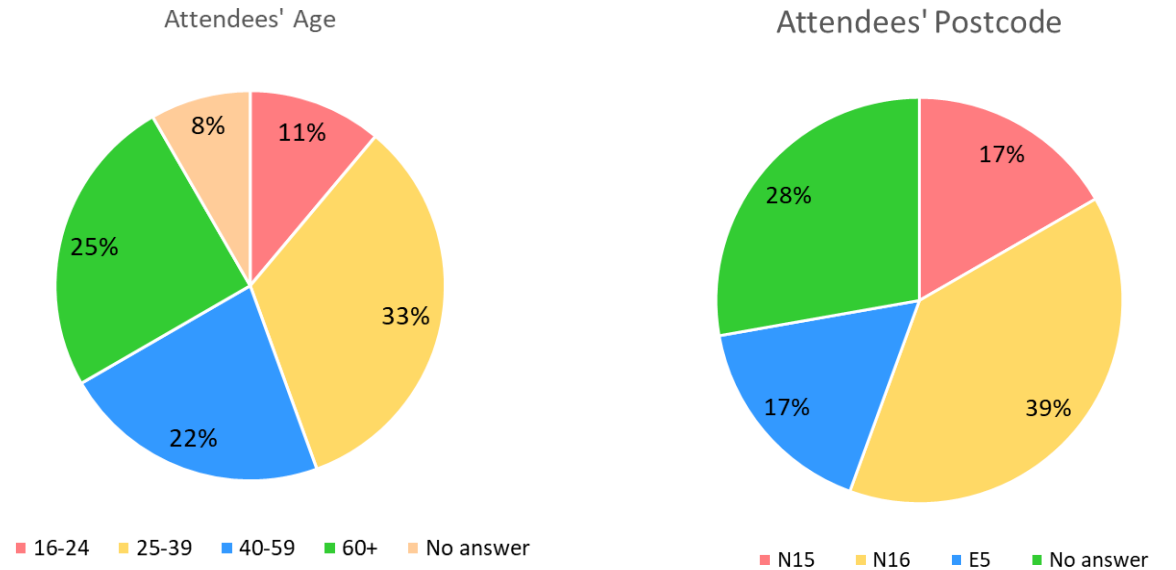


Headline statistics from Women's Health and Beyond Event

- Number of attendees: **~100**
- Health bags with resources and information distributed (including post event): **130-140**
- Number of feedback forms received: **36**
- How attendees found out about event?

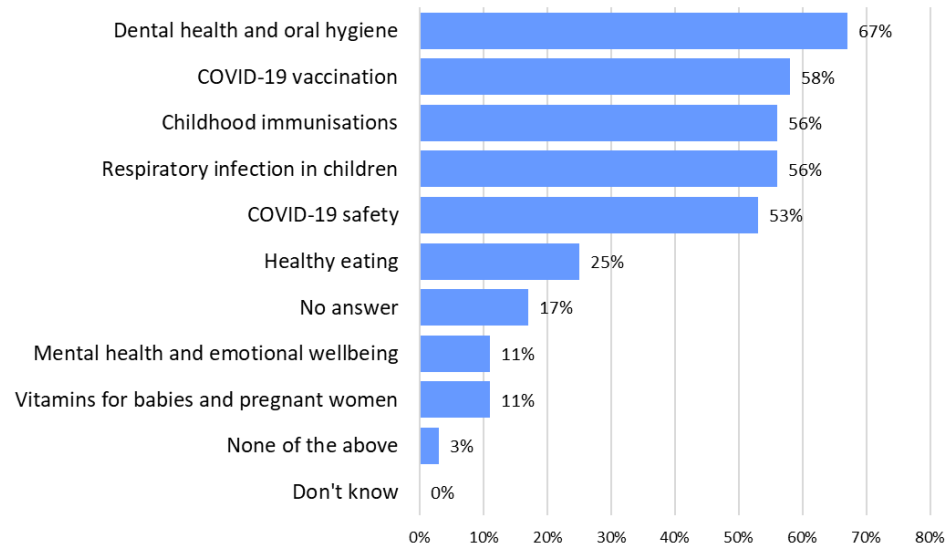


Demographics of attendees:

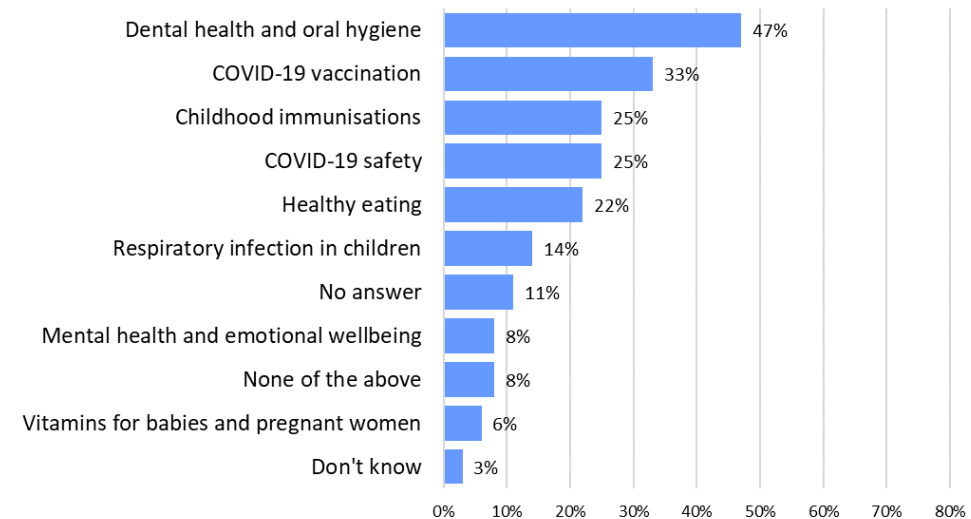


Attendee feedback: health topics

Which health topics did you receive advice or information on?



Which of these health topics did you feel were most important to you?

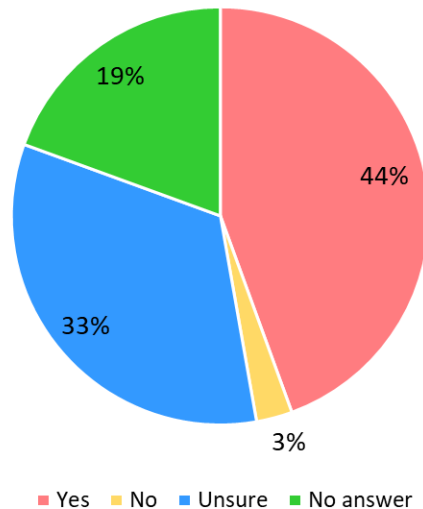


- Feedback from attendees shows that attendees most commonly stated that they received advice or information on dental health and oral hygiene (67% of respondents), and was most commonly reported as most important to them (47% of respondents), and which is known to be experienced as a challenge by the community.
- Unsurprisingly, other health topics discussed in the panel session ranked highest in health topics attendees received advice and information on. This correlates fairly well to which health areas respondents felt were most important to them, with the exception of respiratory infections in children (which had a substantially lower sense of perceived importance).
- Despite COVID-19 vaccination being reported second-most frequently as a health topic respondents felt were most important to them, although only around 1 in 3 respondents marked this among the most important health topics to them. 58% of respondents reported that they had received advice or information on COVID-19 vaccination at the event.



Attendee feedback: overall reflections

Would you attend an event like this again?



- 44% of form respondents – and 55% of answer respondents – reported that they would attend an event like this again.
- One individual (3% of form respondents) reported they wouldn't attend an event like this again, while 12 (33%) reported that they were unsure.

Qualitative feedback from attendees:

What went well:

- A number of attendees commented that there was a range of comprehensive information on a broad range of health topics.
- Others also noted that the panel, and the event itself, was very well organised and professional.
- There were also comments highlighting the clarity and accessibility of information, and that the opportunity to ask questions of a panel was valued.

Suggested improvements:

- Two attendees noted that the event was advertised in a misleading way, as the information was focused on health areas not relevant to them. Another noted that the event should have been more widely advertised.
- Two comments suggested that the information on the day could have been shared via either a leaflet or an online session.
- Some attendees requested information on a broader range of health topics at future events, both generally and specifically on: health for women aged 40/50+, mental health and wellbeing, cancer,



Thematic analysis: feedback from health professionals and project management group

What worked well:

- 1. Partnership approach:** There was a successful working relationship between community organisations and statutory agencies. Good involvement of community organisations in the early stages of the project.
- 2. Interlink organisation and leadership:** Interlink led the planning and organisation well.
- 3. Large attendance, good audience engagement:** Attendees engaged in the conversation, asked questions and shared their views. Women stayed after the event to have one to one conversations with health professionals
- 4. Event format and content:** The panel format was well received and there was an opportunity for interactions between attendees and the panellists. The event agenda was varied and focused on COVID-19 and other wider health needs.
- 5. Co-produced resources:** Resources were in many cases co-produced, and were relevant and appropriate for the community.

What didn't work well

- 1. Event planning:** A lot of people were involved and, sometimes, there was lack of clarity on roles and responsibilities, risk of duplication and challenges sharing information between partners
- 2. Event promotion:** The event was deliberately advertised in a generic manner but meant it didn't have a target audience or a clear agenda. Due to the lack of clarity, some attendees noted that topics weren't relevant to them.
- 3. Ensuring range of organisation involvement:** Some challenges in ensuring key organisations are included while retaining focus of the event.
- 4. Stall structure and organisation:** Most attendees arrived just before the panel and Q+A so didn't have time to engage with the stalls, and there wasn't a wide variety of health topics covered at stalls
- 5. Public Health input:** It was felt that a greater focus on delivering key, local public health messages would have been beneficial.



Thematic analysis: feedback from health professionals and project management group

What was the impact?

1. **Increased awareness of health issues and available support:** The event also broadened the information sources for the community.
2. **Engagement with community organisations and incentives for future work:** The event strengthened connections between community organisations and health services that can be used in further work to address health needs of Charedi community.
3. **Co-produced communications:** the advertisement and promotion of the event was community-led and co-produced, which raised its profile.

How can this work be sustained?

1. **More targeted events:** Continue with regular face-to-face events, focusing on broad range of health topics. Events could also focus on specific groups within community.
2. **Promote local health services:** Maintain the promotion of locally available health services and working to increase accessibility.
3. **Coordinated programme with community organisations:** Bringing together community organisations and health services to address principal health issues in the Charedi community.
4. **Developing community relationships:** Continue with the process of building trusted relationships among the Charedi Orthodox Jewish community and ensure that key organisations and community leaders are linked in.



Feedback from the attendees, health professionals and project management group

Expanded thematic analysis from partner feedback is in appendix C

Attendees

“Very well organised. Informational, interesting speakers, pleasantly presented”

“Very clear, informative and pleasant atmosphere”

“Very informative. I would love to come to another one in the future, thank you all who arrange it”

Project management group

“We were more supporting and guiding, but it was being driven by those that know the community the most, and who understand what that community needs”

“I wanted to have constructive conversations with some difficult answers. I was delighted that people were bold enough to come forward and ask these questions”

“We ended up doing our own versions of resources that were more appropriate. That worked really well.”

“I got quite a lot of phone calls to say if I would have known that it was for my age group, I would have come.”

health professionals

“I thought the range of speakers was excellent as the topic range was broad!”

Always works well in that community to have trusted members on the panel

“The community may now be aware of local support available and how to access this, for example free vitamins through pharmacies”

From the day...



Health bags



The panel



Co-produced Resources



Recommendations for future engagement



Co-production with communities: Working in partnership with community organisations as an effective way to engage in a meaningful way and to improve awareness around health and wellbeing issues and services



Co-designed communications: Ensure the communication channels used are appropriate for the community and respond to key community health concerns.



Co-produced resources: Ensure support is culturally sensitive and matches needs of the community.



Focus on targeted populations within the Charedi community: Build in a greater focus on supporting the health needs of specific populations to ensure support is relevant.



Focus on broad range of health topics: There is a need to continue to focus on wider health needs beyond COVID-19 vaccination in future events; community feedback and data highlights potential for further focus on dental health and oral hygiene and child immunisations, among others.



Promotion of local health services: Continue to ensure the community are aware of available local services, and ensure these are accessible.

With thanks to the organisations and individuals involved in the delivery of the event

Lead organisation:

- Interlink Foundation

Event support:

- London Jewish Health Network
- UK Health Security Agency/Office for Health Improvement and Disparities (Department of Health and Social Care) (Secretariat)
- NHS England London Region
- City & Hackney Council Public Health Team
- GLA
- Haringey Council Public Health Team
- JuMP (Jewish Maternity Programme)
- Local GP

Community support:

- Chana
- Ezer
- JuMP (Jewish Maternity Programme)
- Bikur Cholim,
- Hatzola
- HJMT (Hansy Josovic Maternity Trust).

Panellists:

- Dr Tehseen Khan – Chair, local GP, Clinical Director City & Hackney COVID-19 Vaccination Centres and Senior Clinical Advisor Covid Vaccination Programme NHSE&I London
- Dr Sharon Raymond – GP, member on Expert Advisory Panel on looking after children with respiratory infections
- Dr Veronique Berman – Scientific Adviser and Community Development Manager CHANA
- Dr Charlotte Klass – Consultant Public Health and Primary Care (dental)
- Mrs Gitit Rottenberg – Manager JuMP (Jewish Maternity Programme)

Organisations hosting stalls:

- Everyone Health (healthy eating and weight management for 5-19 year olds)
- HENRY (health support for families with children aged 0-5).
- Vaccinations UK (child immunisations)
- Hackney Council Public Health Team (COVID-19 vaccines)
- Hackney Council Public Health Team and local GP (COVID-19 safety)



Appendices

Appendix A: Broader health needs among the Charedi Orthodox Jewish community in Hackney

Appendix B: Evaluation logic model and outcomes framework

Appendix C: Expanded thematic analysis from partner feedback



Appendix A: Barriers to healthcare in the Charedi community



Health needs assessment for Charedi community in Hackney

- The 2018 Health needs assessment report produced by the London Borough of Hackney includes data and qualitative insights on the health needs of the Charedi community in Stamford Hill, Hackney. This provides a systematic review of the health issues facing the community.
- The health needs assessment identifies key areas where there are observed, or potential, for inequalities in health outcomes for the Charedi community, including:
 - Maternal and child health
 - Dental health and oral hygiene
 - Mental health
 - Immunisation uptake
 - Cancer screening
- There are limitations in finding accurate data that can provide insights into the needs of the Charedi community. Coding of religion in health records is not normal practice and even where religion is a recorded field, there is no option for patients to identify as Charedi Jewish or Orthodox Jewish. Use of non-statutory community services and informal sources of support in the Charedi population may reduce the use of formal services and impact the data, though this may not be consistent across the community, and the data often does not allow for a more specific understanding of views and behaviours in the community.

Barriers to healthcare access for Charedi community

- The health needs assessment and feedback from the community provide insights into potential drivers of higher prevalence of health conditions in the Charedi community:

Dental care/oral hygiene

- Data shows a higher prevalence of dental decay among Charedi children aged 5 compared with the wider Hackney population, and a questionnaire sent to parents highlighted a lower rate of twice-daily tooth brushing.
- Previous research conducted with mothers in the community revealed **challenges for families in accessing dental care for their children**. Finding NHS dentists registering new patients in the area has been reported as a challenge.

Childhood immunisations

- The Stamford Hill area is the only area of Hackney which has failed to achieve 90% immunisation on time across a range of vaccinations, though **it is not possible to identify the religion** of specific patients with regards **in vaccine uptake data**.
- There may be many reasons as to why the rate of immunisation is lower in some communities over others. Local GPs said that the reasons are often **logistical** and that managing **large families** can make it easy for vaccinations to be missed. Moreover, during interviews with GPs, it was stated that some parents have **concerns about vaccine safety**.
- There have also been reported barriers around primary care access in the community that may impact uptake of routine child immunisations.
- Work has been undertaken with the community to improve access to vaccinations and address challenges around vaccine confidence in the past.

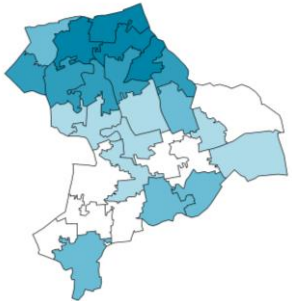
Source: Health needs assessment Orthodox Jewish community in Stamford Hill, north Hackney. September 2018 produced by London Borough of Hackney and City of London



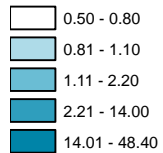
Hackney: COVID-19 vaccine uptake

1st dose those aged 12+ and 5-11 at risk

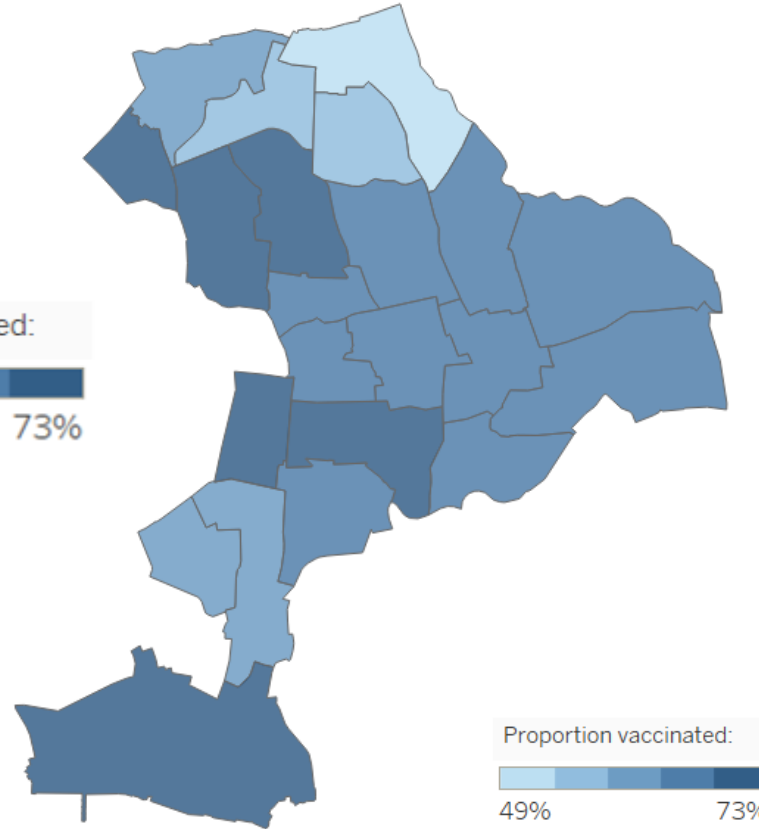
Distribution of Jewish population in Hackney - Census 2011



Proportion of Jewish population based on Census 2011



Proportion vaccinated:



In Hackney, proxy analysis of the data suggests that the areas with a higher proportion of the Jewish population, such as Stamford Hill, have the lowest proportion of 1st dose COVID-19 vaccine uptake

Source: vaccination map produced by Hackney analyst. Data source from UK Health Security Agency (UKHSA) and population from NIMS. Data from 28th of March

Barriers to healthcare access for Charedi community

Mental health

- The available GP data on mental health suggests that patients coded as Jewish are less likely to have depression and/or anxiety recorded as a diagnosis. However, interviews with community organisations have highlighted that there may be under-reporting and significant unmet service needs in the Orthodox Jewish community.
- Jewish patients are recorded as having higher rates of bipolar disorder than the general population for most of adulthood. GP held data suggests that there are higher rates of bipolar disorder amongst Jewish compared to non-Jewish residents of Hackney between the ages of 20 and 75, though there are limitations in local data..
- In the 15 – 24 and 25 – 39 year old age groups, postnatal depression is **more common amongst Jewish mothers in Hackney**. As above, overstretched support provision in the community may contribute to reduced access to services for the Charedi population.

Screening and health checks

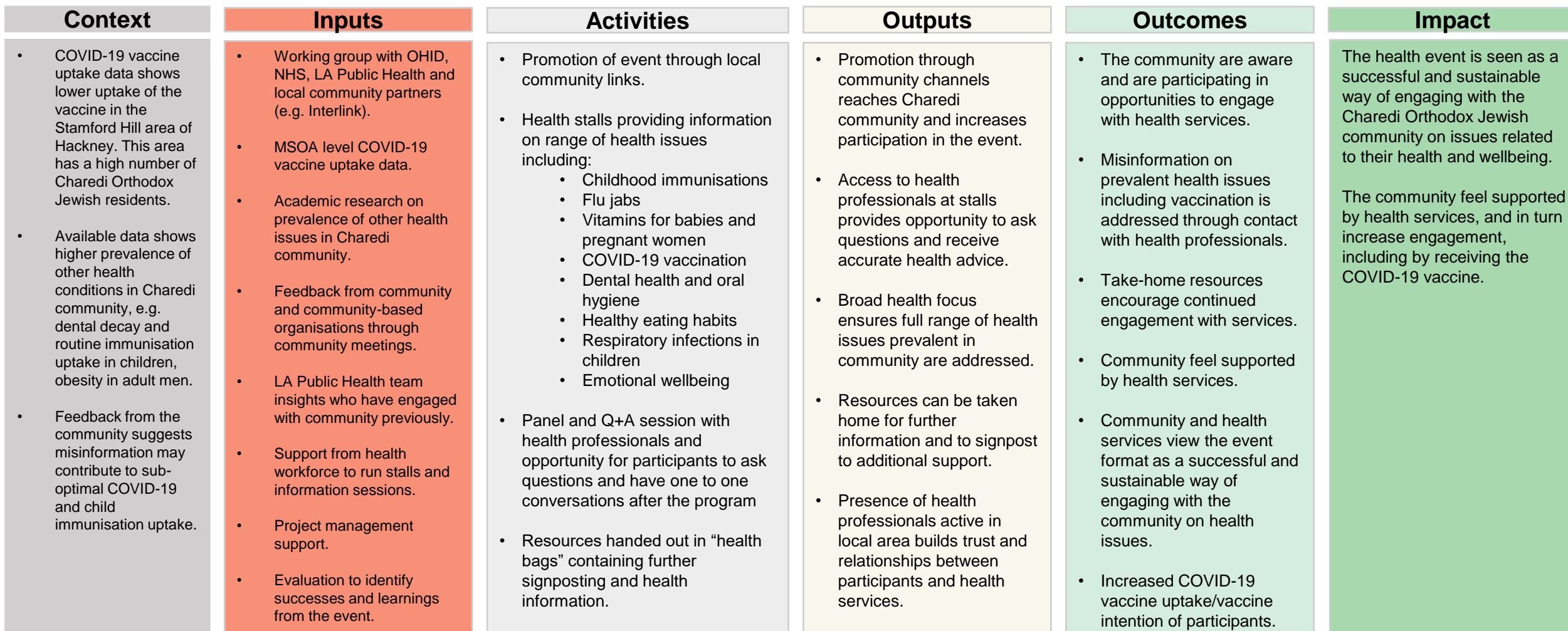
- Rates of cancer among the Charedi population are not statistically significant to the wider Hackney population, though there are data limitations that make it difficult to draw firm conclusions. Literature analysis showed Ashkenazi Jewish women are more likely to have BRCA1 / 2 genes which increase susceptibility to breast and ovarian cancers, though the overall rate of breast cancer in the Charedi population was again comparable to rates in the wider population.
- Interviews showed that GPs felt the Charedi community were quick to come forward with any concerns around symptoms of cancer. The data suggests a lower uptake of breast cancer screening in the community, but a broadly comparable rate of bowel cancer screening.
- Patients coded as Jewish in Hackney were significantly more likely to take up the offer of an NHS Health Check if offered one, compared with the wider Hackney population.

Source: Health needs assessment Orthodox Jewish community in Stamford Hill, north Hackney. September 2018 produced by London Borough of Hackney and City of London



Appendix B: Evaluation logic model and outcomes framework





Outcomes framework

Outcomes	Measured through...
<p>The community are aware and are participating in opportunities to engage with health services.</p>	<ul style="list-style-type: none"> • Number of participants at the event. • Feedback from participants on how they found out about the event, and whether they would attend a similar event again. • Anecdotal feedback from community post-event.
<p>Misinformation on prevalent health issues including vaccination is addressed through contact with health professionals.</p>	<ul style="list-style-type: none"> • Feedback from health professionals at the event on, a) conversations that took place at stalls (reported barriers to health services or concerns) and b) feedback on conversations and questions asked at Q+A session. • Feedback from participants on health areas they received advice on. • If possible, changes in engagement with health services or uptake of vaccinations may be measured, though at a community level any impacts are unlikely to be seen and, where seen, will be difficult to attribute to participation in the event. Anecdotal feedback collected post-event may provide some insights on changes in participant behaviour or intention after the event.
<p>Take-home resources encourage continued engagement with services.</p>	<ul style="list-style-type: none"> • Number of leaflets and other resources distributed to participants (and beyond post-event if applicable). • If possible, monitoring changes in service use in the immediate weeks post-event.
<p>Community feel supported by health services.</p>	<ul style="list-style-type: none"> • Post-event feedback from participants and health professionals suggest event was a success, and a similar event in future would be of benefit. • If possible, changes in engagement with health services or uptake of vaccinations may be measured, though at a community level any impacts are unlikely to be seen and, where seen, will be difficult to attribute to participation in the event. Anecdotal feedback collected post-event may provide some insights on changes in participant behaviour or intention after the event.
<p>Community and health services view the event format as a successful and sustainable way of engaging with the community on health issues.</p>	<ul style="list-style-type: none"> • Number of participants at the event. • Feedback from participants suggesting they would attend a similar event again. • Post-event feedback from health professionals and organisers suggesting the event was successful. • Community feedback suggesting that those who attended the event were not already engaging with health services,
<p>Increased COVID-19 vaccine uptake/vaccine intention of participants.</p>	<ul style="list-style-type: none"> • Changes in COVID-19 vaccine uptake can be measured, though at a community level any impacts are unlikely to be seen and, where seen, will be difficult to attribute to participation in the event. • Reports from conversations with health professionals highlighting concerns around the COVID-19 vaccine and any perceived changes in vaccine intention. • Anecdotal feedback collected post-event providing insights on changes in participant behaviour or intention after the event.



Appendix C: Expanded thematic analysis from partner feedback



Thematic analysis: what worked well

1. Partnership working

- The event was a joint project between community and statutory organisations.
- The successful element of this collaborative work was the early involvement of community organisations in the project, and Interlink taking a leading role in organising and planning the event.
- Community organisations involvement brought in two important components: First, an understanding of specific community contexts and prevalent health needs, and secondly, bringing in people who were trusted and respected voices by the community.

“Created a unity that wouldn't have been achievable on its own”

“We were more supporting and guiding, but it was being driven by those that know the community the most, and who understand what that community needs”

2. Event promotion and attendance

- There was initial concern about the event turnout due to:
 - Community use of communications channels (i.e. the community has limited access to mainstream sources of information and public messaging)
 - Time of the year (the event was planned just before Passover)
 - Event promotion was deliberately generic
- The event was promoted well through word of mouth and through community organisations.
- Attendance on the day was really good and there was a lot of interest from the community.

“I was pleasantly surprised that so many people came because of the time of the year(...) I received phone calls from people that couldn't attend saying that they heard it was good stuff (...) I was really surprised how many people were interested and people stopped me in the swimming pool and in the street and in the shops. You know, it's a very small community. Everybody knows everybody.”

Thematic analysis: what worked well

3. Audience engagement

- There was an open discussion to give information without pushing health interventions like vaccination to enable people to make their own informed decisions.
- The attendees engaged in the conversation from the beginning, asking questions and sharing their views.
- The majority of attendees stayed until the end and some had one-to-one conversations with healthcare professionals after the event.

"I wanted to have constructive conversations with some difficult answers. I was delighted that people were bold enough to come forward and ask these questions"

"Many women asked questions that were real and honest"

4. Event layout, content, and co-produced resources

- The panel format was well received.
- Other than the topics covered by the panellists, there were a variety of resources on other topics, for example emotional wellbeing.
- Goodie bags contained co-produced information on health topics that were well received by the community.
- The event agenda was focused on COVID-19 as well as other wider health needs, which was welcomed by the attendees.

"I thought the range of speakers was excellent and the topic range was broad"

"We ended up doing our own versions of resources that were more appropriate. That worked really well."

"It was also good having different health professionals coming together and reiterating the same message."

Thematic analysis: what didn't work well

1. Event planning

- There was a number of organisations involved and sometimes there was a lack of clarity on roles and responsibilities.
- Information sharing between partners was difficult in earlier stages of the programme.

"I got quite a lot of phone calls to say if I would have known that it was for my age group, I would have come."

2. Event promotion

- The event was promoted in a generic manner, but meant that attendees weren't sure of health topics covered or the specific focus of the event. Some attendees reported that health topics covered weren't relevant to them.

"It's a very difficult balancing act and I know it is very, very difficult. There are community politics in all of this. And I do think it's important, where you can, to try and keep everyone on board and make sure everyone feels like they're informed and aware of what's going on."

3. Ensuring range of organisation involvement

- There were some challenges in ensuring key organisations are included while retaining focus of the event.

"I think there is a need to maybe have a break in between, so people can come back out to the stalls during the break."

4. Stall structure and organisation

- There were only four stalls available on the night.
- Interaction with stalls was limited on the night as most of the public arrived just before the panel session and didn't have time to walk around stalls.

"It's useful for the community to drive the content of the programme, but it could have had more public health input who know the health needs of the community."

5. Public Health input

- Information delivered at the event could have had more of a public health input with a focus on delivering key, local public health messages.

Thematic analysis: Impact of the event

1. Increased awareness of health issues and available support

- The event increased awareness of key health issues and available support.
- It also broadened the information sources used by the community for health information.

“The event broadened information sources: a lot of people in the community receive information from newspapers or word of mouth”

“The community may now be aware of local support available and how to access this, for example free vitamins through pharmacies”

2. Engagement with community organisations and incentives for future work

- The event strengthened connections began relationships between community organisations and health services.
- This may allow services and local organisations to better address needs of the community.

“Often certain people with organisations within the community can be slightly nervous when it comes to engaging with statutory organisations and I haven't felt that there's been a major sense of that around this event, which I think is really is really positive and speaks to the trust that the groups have in this group and the people working with us. So that should be applauded.”

3. Co-produced communications

- The advertisement and promotion of the event was community-led and co-produced, which raised its profile.
- A press piece published before and after the event was covered in national Jewish newspapers, and local news organisations also covered the event.

“From a communications perspective, it gave us some leverage to do some media work, some positive proactive media work in some publications we hadn't before, Hamodia and the Jewish Tribune, reaching some new audiences in the Jewish community and further and wider than just London and the Stamford Hill community”

Thematic analysis: Sustainability

1. More targeted events

- Continue with regular face-to-face events, focusing on broad range of health topics.
- Events could also focus on specific groups within community.

"I think you have to continue the approach and you have to build up with different groups. You have to look at where the gaps are and continue to do events like this in the different groups."

2. Promote local health services services

- Maintain the promotion of locally available health services
- Work to increase accessibility of services for the community

"We rely a lot on local children's centres to promote programmes, which a lot of the community don't use, so additional ways of making community aware of support are helpful."

3. Coordinated programme with community organisations:

- Bringing together community organisations and health services to address principal health issues in the Charedi community.

"I think there needs to be an ongoing programme of work where we are being told by the community what it is they need from us."

4. Developing community relationships:

- Continue with the process of building trusted relationships among the Charedi Orthodox Jewish community.
- Ensure that key organisations and community leaders are linked in.

"Continuing to build relationships with organisations is key, including community organisations, schools etc. This should be done through the network"