BME COMMUNITIES AND SWINE FLU:

KEY FINDINGS:

Qualitative Research Report:

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A. INTRODUCTION

1. Background

The Department of Health have been undertaking a weekly tracker of public perceptions and attitudes to the swine flu pandemic in 2009. During August 2009, the tracker highlighted the fact that ethnic minority individuals were notably more concerned than average about the pandemic.

A need for research amongst people from BME (Black & Minority Ethnic) communities was identified to understand the factors that lie behind these differences in perceptions and attitudes. The study was also required to identify the relevance and effectiveness of the Department of Health's current swine flu communications and the specific communication needs amongst the BME communities.

2. Research Objectives

A number of specific research objectives had been identified. These were to uncover:

- general attitudes to health and the NHS;
- current attitudes, perceptions and behaviours with respect to respiratory and hand hygiene (RHH) and any impact on RHH behaviour in the light of current swine flu communications;
- levels of awareness, knowledge and attitudes regarding the current pandemic flu and understanding of the differences with seasonal flu;
- awareness of those who are most at risk of contracting pandemic flu as well as where and how to access information and treatment if contracted;
- perceptions of how well prepared the Government is and where responsibilities, including personal, are seen to lie in dealing with the pandemic;
- awareness, knowledge and attitudes to seasonal and pandemic flu vaccinations, including likely take up of flu vaccinations.

- understanding of vaccinations versus antivirals, including issues around perceptions of the key priority groups for the vaccinations, how these are to be delivered and information needs around vaccinations;
- responses to and impact of the current swine flu communications on the attitudes and behaviours of individuals from BME communities;
- communication needs amongst the BME communities and relevant sources of information/media.

3. Research Audiences and Method

The research was conducted in two stages.

A scoping phase was undertaken amongst health professionals who have direct contact with a range of ethnic minority communities. The purpose was to ascertain, from their experience, the nature of concern about pandemic flu amongst their patients and clients and to provide insights into their behaviour in relation to swine flu. 16 individual interviews were completed amongst a range of health professionals: GPs, practice nurses, health visitors and pharmacists in areas of high ethnic populations. Research took place in London, Leeds, Oldham, Manchester, Birmingham, Leicester and Glasgow during early October 2009. This phase was also intended to help inform the sample composition for the second phase of research.

The second phase of research consisted of a mix of group discussions and depth interviews amongst people from seven BME communities where concern was deemed to be high. The sample included people from the Indian, Bangladeshi, Pakistani, Black Caribbean, Black African, Somali and Chinese communities. Fieldwork took place in London, Glasgow, Birmingham and Oldham during late October and early November 2009. More specifically, fieldwork dates were as follows:

- week commencing 26th October 2009: fieldwork coincided with the Autumn 'Catch it, bin, it, kill it' campaign and the start of the respiratory hand hygiene ethnic press campaign;
- week commencing 2nd November 2009: this just was prior to the swine flu vaccination communications.

4. Sample Structure: Phase 2

Feedback from the tracker study and the health professionals informed the sample structure. All those participating in the research had recorded concern about swine flu at recruitment. Additionally, the overall sample was designed to include those defined as part of the priority group for the vaccination and people considered at higher risk of contracting swine flu including:

- those with underlying medical conditions (chronic respiratory disease, asthma, heart disease, chronic renal disease, chronic liver disease, stroke, diabetes and problems with immune systems);
- pregnant women (each discussion group included two pregnant women);
- parents with children under and over the age of 5.

We also included some people living in extended family situations i.e. families with three generations living in the same household as part of the Indian, Bangladeshi and Pakistani samples. The overall sample included a mix of language skills: those with good levels of English language skills and those more confident in communicating in their mother tongue languages.

Groups were of 1 and ½ hours duration and paired depths of 1 hour duration. The sample composition was as follows:

COMMUNITY	METHOD	GENDER & AGE	SEG	LANGUAGE SKILLS
Bangladeshi	Groups	Male parents aged 25 - 45 Female parents aged 25 – 45	C2DE C2DE	½ English, ½ non-English ½ English, ½ non-English
	Paired depths	Male aged 46 – 65 Female aged 46 - 65	C2DE C2DE	Non English Non English
	Paired depths	Male aged 65+ with their family influencer Female aged 65+ with family influencer	C2DE C2DE	Non English Non English
Pakistani	Groups	Male parents aged 25 - 45 Female parents aged 25 – 45	C2DE C2DE	English speakers ½ English, ½ non English
	Paired depths	Male aged 46 – 65 Female aged 46 - 65	C2DE C2DE	Non English Non English
	Paired depths	Male aged 65+ with their family influencer	C2DE	Non English

COMMUNITY	METHOD	GENDER & AGE	SEG	LANGUAGE SKILLS
		Female aged 65+ with family influencer	C2DE	Non English
Black African	Groups	Female parents aged 25 – 45 Female parents aged 25 - 45	BC1 C2DE	English speakers
	Paired depths	Male aged 46 – 65 Female aged 46 - 65	C2DE C2DE	English speakers
	Paired depths	Male aged 65+ with their family influencer Female aged 65+ with family influencer	C2DE C2DE	English speakers
Black Caribbean	Groups	Female parents aged 25 - 45	C2DE	English speakers
	Paired depths	Male aged 46 – 65 Female aged 46 - 65		English speakers
	Paired depths	Male aged 65+ with their family influencer Female aged 65+ with family influencer	C2DE C2DE	English speakers
Indian	Groups	Female parents aged 25 - 45	C2DE	English speakers
	Paired depths	Male aged 46 – 65 Female aged 46 - 65	C2DE C2DE	English speakers Mixed
	Paired depths	Male aged 65+ with their family influencer Female aged 65+ with family influencer	C2DE C2DE	Non English Non English
Somali	Groups	Male parents aged 25 – 45 Female parents aged 25 - 45	C2DE C2DE	½ English, ½ non English Mainly non English
	Paired depths	Male aged 46 – 65 Female aged 46 - 65	C2DE C2DE	English Non English
Chinese	Groups	½ Male, ½ female parents aged 25 – 45	BC1	English speakers
	Paired depths	Male aged 46 – 65 Female aged 46 - 65	C2DE C2DE	Mixed Non English
	Paired depths	Male aged 65+ with their family influencer Female aged 65+ with family influencer	C2DE C2DE	Non English Non English

TOTAL: 11 groups, 26 paired depths

5. Stimulus Materials Tested

Key facts about swine flu
1 x vaccination/syringe advert (English)
3 x RHH/Germs press adverts (English)
1 x antiviral collection point leaflet (English and Bengali, Cantonese, Hindi, Urdu, Gujerati) created by NHS Nottinghamshire County
1 x 'Catch it, bin it, kill It' advert (English)
1 x Flu Friend Form (Urdu, Bengali, Mandarin) created by NHS Oxfordshire
1 x Flu Friends Info (Urdu, Bengali, Mandarin, English) created by NHS Oxfordshire

B. MANAGEMENT SUMMARY

1. Introduction

The Department of Health's weekly tracker of public perceptions and attitudes to the swine during August 2009 highlighted higher than average concern about the pandemic amongst BME (Black & Minority Ethnic) individuals.

A need for research was identified amongst these communities to understand the factors that lie behind these differences in perceptions and attitudes and to identify the relevance and effectiveness of the Department of Health's current swine flu communications and the specific communication needs amongst the BME communities.

A number of research objectives had been identified to uncover:

- general attitudes to health and the NHS;
- current attitudes, perceptions and behaviours with respect to respiratory and hand hygiene (RHH) and any impact on RHH behaviour in the light of current swine flu communications;
- levels of awareness, knowledge and attitudes regarding the current pandemic flu and understanding of the differences with seasonal flu;
- awareness of those who are most at risk of contracting pandemic flu as well as where and how to access information and treatment if contracted;
- perceptions of how well prepared the Government is and where responsibilities, including personal, are seen to lie in dealing with the pandemic;
- awareness, knowledge and attitudes to seasonal and pandemic flu vaccinations, including likely take up of flu vaccinations.
- understanding of vaccinations versus antivirals, including issues around perceptions of the key priority groups for the vaccinations, how these are to be delivered and information needs around vaccinations;
- responses to and impact of the current swine flu communications on the attitudes and behaviours of individuals from BME communities;

- communication needs amongst the BME communities and relevant sources of information/media.

The research was entirely qualitative in nature and was completed in two stages:

- a scoping phase amongst 16 health professionals included GPs, health visitors, practice nurses and pharmacists to identify key themes and samples for phase 2;
- phase 2 consisted of a mix of group discussions and paired depth interviews amongst people from the Indian, Bangladeshi, Pakistani, Black African, Black Caribbean, Somalian and Chinese communities aged between 25 and the over 65s. This phase was amongst those who claimed some concern regarding the pandemic and included some from the high risk groups. The sample represented a range of English language proficiencies.

Fieldwork took place during October and November 2009 in London, Oldham, Leeds, Manchester, Glasgow, Birmingham and Leicester.

2. Summary of Findings

Approach to Health

Research highlighted the fact that attitudes to health and the NHS varied across the sample and a number of attitudinal clusters emerged from the BME sample: *'In Controls*', *'Followers'*, *'Disconnected Passives'* and *'Disconnected Cynics'*. Some were more willing to take personal responsibility for managing their risk to the virus and had taken on board the appropriate RHH behaviours as a way of limiting the risk of contracting the virus. However, others took a more reactive approach and were less focussed on what specific changes they could make to avoid getting swine flu. Amongst some of these respondents, there was a greater reliance on the NHS and their GPs for advice, medication and information.

Awareness of and Attitudes to Swine Flu

Across the sample, awareness of the pandemic was relatively high. However, understanding of the virus in terms of how it differs from seasonal flu, how it is

contracted, how it can be prevented and what course of action to take if contracted was more varied.

Younger respondents with high levels of English were highly knowledgeable about the virus, what current advice was on what to do and how to protect themselves. As a result, initial concern about the pandemic had abated, although concerns were expressed about the swine flu vaccination particularly amongst pregnant women.

Amongst older and especially those with poor English and mother tongue literacy, understanding was relatively low and there is little real knowledge about the role of germs in spreading the virus. As a result, the pandemic appeared to have had little impact on RHH behaviour. Amongst these groups, concerns about the pandemic remained relatively high as:

- they were less able to put information received into the context of personal risk;
- good RHH was not always practical given the social, cultural and economic factors amongst these respondents;
- there were some gaps in understanding of whether there are any current treatments for swine flu as awareness of antivirals was low or what a swine flu vaccination does.

Sources of awareness included mainstream media as well as ethnic targeted media.

Awareness and Attitudes to the Vaccination

There was good knowledge about the vaccination due to media coverage and communication via GPs. There was high claimed take up of the vaccination amongst older respondent and those with underlying health conditions. However, most pregnant women claimed they did not want to have the vaccination due to concerns about the perceived speed of introduction and safety concerns.

Responses to Swine Flu Communications

There was some recall of the current communications, particularly the ‘Catch it, bin it, kill it’ advert and the adverts on RHH and the spread of germs. Both were relatively

well received although they generated some confusion amongst those with limited English.

Other communications (Swine flu vaccination advert, flu friends information leaflets and the antiviral collection centre poster) shown were more problematic given lack of English and mother tongue literacy.

3. Recommendations

The research highlighted the fact that there are a number of opportunities to increase knowledge and comprehension of the swine flu pandemic particularly amongst the more isolated and disconnected members of the BME communities. This could help people better protect themselves and their families by reducing the risk of contracting this virus.

The following table details our recommendations on future communication messages and media that could achieve the above:

GROUP	Current Knowledge	Information Needs	Messages	Media
'In Controls'	Good awareness of all the issues	Reinforcing RHH Vaccination, anti virals	Continue current RHH Addressing risk vs. vaccine safety esp. for pregnant women	Mainstream
'Followers'	Some awareness, some gaps in understanding	On going RHH	RHH in the home and risk from people visiting Link between poor RHH and swine flu	Adapted mainstream. Targeted media (radio, press)
'Disconnected, Passives'	Some awareness, low understanding	RHH Vaccination (for younger isolated parents)	Targeted messages re: RHH in the home for children and adults, as well as quarantining family. Clear link between RHH and swine flu	Targeted communications, targeted media esp. oral media (TV, radio)
'Disconnected, Cynics'	Good awareness, low interest	Protecting family?	As mainstream re: RHH, vaccination, treatment	Mainstream messages in targeted media (radio, press)

C. MAIN FINDINGS

1. Community Observations

The following section covers observations made by health professionals at Stage I and our observations at Stage II of this research. There was some overlap in the profiles of a number of BME groups and these have been detailed together where this was relevant.

1.1 Black African and Black Caribbean Respondents

Research was conducted amongst Black African and Black Caribbean women only as part of the parents' discussion groups. Some variations were observed. Black Caribbeans were all born in the UK whilst most Black African women had arrived from Nigeria, Ghana and Zimbabwe but had been residing in the UK for a number of years. Both groups had high levels of English language skills although education levels varied between the two groups. Black African women typically worked in more professional occupations while, by contrast, unemployment was higher amongst the Black Caribbean group. These respondents reported using mainstream media (television, newspapers, radio and the internet) targeting the general population.

We observed greater confidence in English communication amongst Black Caribbean men and women over the age of 45 than was the case for some Black Africans, particularly those over 65. However, across the board, most had either retired or worked in low level white collar employment. These respondents, although accessing mainstream television, were also using specialist media targeting their communities such as The Voice newspaper, radio stations including Choice FM and television channels broadcast from Africa (BEN, Nollywood).

1.2 Somali Respondents

The research sample included male and female groups aged between 25 and 45 and male and female respondents aged between 46 and 65. (Given the younger profile of the Somali community in the UK, respondents aged 65+ were not included in this sample).

Most Somali respondents had been in the UK for between 5 and 20 years. We observed some differences in the background profiles of men and women. High levels of unemployment were evident amongst Somali men. Although some younger men had achieved higher education in Somalia, a number were in low level employment. English language skills varied across the male samples. Those with good levels of English had access to mainstream media (newspapers, television and radio) although those with lower levels relied more heavily on specialist television channels such as Universal television, Somali radio and word of mouth for information about health issues from male relatives and friends. Few people had access to the internet.

Almost all Somali women in the sample did not work outside the home and low levels of English suggested that they relied more heavily on community based information channels such as community organisations as well as word of mouth from relatives and friends.

All Somali respondents were practising Muslims and older men and women also looked to religious leaders for general advice and guidance.

1.3 Bangladeshi and Pakistani Respondents

There was general commonality amongst respondents originating from Bangladesh and Pakistan.

Some younger Bangladeshi and Pakistani men and women had been born in the UK although others had arrived in the UK over the last 20 years. Those born abroad mainly came from rural areas, had low levels of English and some men and many women had limited literacy in their mother tongue languages. As a result, there was higher usage of targeted media amongst this group:

- Bangladeshi respondents:
    - television: Bangla TV, Islam Channel, S Channel, ATN Bangla
    - press: Bangla Post, Janomot, Surma
    - radio: Bangla radio
- Pakistani respondents:

- television: ARY Digital, Islam Channel
- press: Daily Jung
- radio: Awaz radio (Glasgow), Sunrise

Younger respondents born in the UK, although from low SEGs (Social Economic Groups), were clearly more confident in English and therefore referred to mainstream media as their main sources of information.

Most men and women over the age of 45 came from rural areas of Bangladesh and Pakistan and English language skills were much more limited as was mother tongue literacy. Most people did not work, tending to socialise mainly within their own ethnic communities. They reported greater reliance on community networks of friends and family for information and advice as well as verbally based media channels specifically targeting the Bangladeshi and Pakistani communities (television and radio). Media consumption mirrored that of younger Bangladeshi and Pakistani respondents detailed above with a high dependency on oral media targeting their ethnic groups.

1.4 Indian Respondents

This sample consisted of a mix of those of the Hindu and Sikh faiths. A parents group was conducted in Glasgow amongst women, all of whom were born in the UK. Some mothers had taken time off from work to bring up young children although a few were working in mainly admin and clerical employment. These women were all fluent in English and reported that their main source of health information was mainstream media including the internet.

Indian men and women over 45 had all been in the UK for many years, mostly over 30 years. Most had been employed in the past but were currently not working or had retired. Generally, respondents had some level of English language skills and referred to English television and newspapers as important sources of information. However, they tended to use specialist media more extensively including Zee TV, Star Plus television and Sunrise Radio. A number of press titles were also mentioned:

- Hindu: Gauvi Gujerat, Asian Age
- Sikh: Des Pardes, Asian Age

1.5 Chinese Respondents

Amongst the parents' discussion group, the sample comprised of a mix of men and women born in the UK and those who had arrived from mainland China and Hong Kong at early ages. All received higher education in the UK, and were mostly employed in professional and white collar work. Highly confident in English and more limited mother tongue literacy meant that mainstream media was recorded as their main source of health information.

Older respondents had been living in the UK for many years but generally did not speak English although they all were able to read and write in Chinese or Mandarin. Men over 45 did not currently work but had been employed in the restaurant trade. Women had not been in paid employment. Older Chinese respondents in our sample attended community based Chinese organisations to socialise but also to gain advice and information on health issues. Chinese newspapers e.g. Sing Tao, Chinese radio (Spectrum) and the Chinese Channel television station (PCNE) were also cited as important sources of health information and advice.

1.6 Regional Differences

We observed no notable regional variations in respondents' backgrounds, awareness and attitudes in relation to swine flu or responses to communications materials shown. An appendix has been included (Appendix D) to provide specific feedback from the Scottish sample.

2. General Attitudes to Health and Behaviour

This research suggested that there were a number of emerging attitudinal 'clusters' within the BME sample which also reflected feedback from health professionals. (Appendix A: Summary of Attitudinal Cluster Descriptions). There was some overlap between the four clusters but they did reveal some differing approaches to overall health and behaviour amongst the BME groups included in this research. It is our view that there may be a number of underlying factors that could explain varying attitudes to health:

- experiences of the medical profession 'back home' amongst those born and brought up abroad;
- general confidence in and expectations of the health profession in the UK;
- English language skills and ability to access and understand health related communications.

2.1 'In Control' Respondents

This attitudinal cluster mainly consisted of younger[1] respondents: Indian, Black African, Black Caribbean and Chinese men and women, and Pakistani men. It also included some younger Somali, Bangladeshi and Pakistani respondents born and/or brought up in the UK.

Discussions on what people do to stay healthy and approaches to general health suggested that these respondents tended to take quite a proactive stance to their overall health. This is evidenced in the fact that many talked about how they were actively trying to follow healthy diets and being active in order to stay healthy.

"We have been brought up that way. Staying healthy and doing exercise to be fit is part of our lives. We have always been careful about what we eat and what we do to stay active."

(Chinese 25 – 45 male)

[1] younger = 25 – 45 year olds in the sample

"I try and get to the gym a couple of times a week. I have also tried to get my wife to change her cooking and use less salt and fat."

(Pakistani 25 – 45 male)

Taking preventative measures such as ensuring general good hygiene to avoid getting ill was also mentioned by these respondents. Also, those living in extended family situations said that they felt able to encourage older family members to follow good hygiene practices.

"I tell my mother in law that it's really important to make sure everything is clean and hygienic to avoid spreading germs and bacteria."

(Indian 25 – 45 female)

"When you go to the hospital you see signs everywhere to wash your hands. That's what stayed in my head. I might have also read it somewhere else, so that is how I know that washing hands is one way to protect you from getting ill."

(Pakistani 25 – 45 brought up in the UK female)

"Cleanliness is top of the list. Making sure there are no germs in the house."

(Black African 25 – 45 female)

'In control' respondents appeared to have good access to information about health issues through various mainstream channels but were also generally confident about getting information and checking health advice for themselves. For example, some mentioned that they would research health scares covered in the media for themselves using mainly the internet.

"If there is something there [in the media] about health you would tend to click onto it because it affects us all."

(Indian 25 – 45 female)

Feedback suggested there was trust in the NHS and the medical profession but this was not their first port of call for less serious ailments. Respondents claimed they were more likely to self medicate or to use traditional home remedies before seeking the advice of their GP.

"When you go to the GP you are just bombarded with drugs, your body does not need all those chemicals, your body has the power to heal itself and if you feed it with the right juices and foods you will be well. The GP is the last resort."

(Black African 25 – 45 female)

2.2 'Follower' Respondents

'Followers' were mainly:

- Men and women aged 46 and over from the Bangladeshi, Pakistani, Chinese and Indian communities;
- Black Caribbean and Black African women over 46;
- Younger (25 – 45 years old) UK born and/or brought up Bangladeshi men and Bangladeshi and Pakistani women;
- Some younger Somali men.

Discussions suggested that these respondents tended to be less proactive than the 'in controls'. People in this group appeared to take less personal responsibility for their own health in terms of actively following healthy lifestyles and avoiding illness.

This may have been due to lower awareness of specific positive behaviours that could help them stay healthy. However, feedback suggested that people were generally open minded and interested in learning about how to stay healthy. Also, comments from health professionals indicated that there was some willingness to try over the counter medication and home remedies amongst this group before seeking medical advice. However, they also highlighted a view that 'followers' did expect treatment from GPs once medical assistance was sought even for relatively minor illnesses.

It was evident from this research that this group placed a great deal of trust in the medical profession and that the GP's advice was likely to be taken on board with little question.

"I have lots of illnesses and I do what the doctor says but I do try and eat well because my Chinese doctor tells me this will help."

(Chinese 46 – 65 male)

"You get a lot of information from the GP and the nurse. You know you can trust this information and I do trust them to do the best."

(Black Caribbean 46 – 65 female)

2.3 'Disconnected Passive' Respondents

This cluster mainly applied to respondents over the age of 46: Somali women, Bangladeshi and Pakistani men and women and some younger respondents including Bangladeshi and Pakistani men and women born and brought up aboard. Health professionals particularly reported seeing patients of this type.

This group of respondents appeared to take a more reactive approach to their overall health compared with 'in controls': they were less focussed during discussions on measures that they could take to prevent illness and more on dealing with illnesses once they had occurred. GPs reported many patients arriving at their surgeries for relatively minor ailments such as the common cold and flu. They observed that these patients often over magnified their symptoms and expected to receive medication for such conditions. A number of doctors also felt that patients tended to focus on non-chronic illnesses with obvious and immediate symptoms rather than on chronic but less obvious conditions. As a result, although there was high demand for medication from this group, GPs faced problems with non compliance of medication and lifestyle behaviour changes especially amongst older people with long term conditions.

"They come to the surgery and expect to get antibiotics for a cold. They don't understand that it would be better if they stayed at home and kept warm."

(GP, Tower Hamlets)

"The more symptomatic something is, the more serious they will think it is. They like to be poked and prodded. As long as you do a test on them they feel more reassured. Especially for the Asians, an injection will cure all."

(GP Birmingham)

"Women panic when their child is even slightly unwell and ask whether they should rush them to the doctor. You know that the mother in law is also pressurising them."

(Health visitor, Leeds)

Some older Somali and Bangladeshi respondents appeared to take a fatalistic approach to their health. A number felt that health outcomes were in the hands of God, and therefore, not really within their control. This could explain the lack of willingness to make behavioural changes that could help ensure more positive health outcomes amongst this group.

"People are so scared of the flu but they don't even consider that only Allah can protect them from it".

(Somali 46 – 65 female)

"What can you do? It is in God's hands. He decides what will happen to you and when you will die."

(Bangladeshi 65+ female)

Discussions suggested that this group of respondents generally had poor levels of English and more limited awareness of health issues. There appeared to be little motivation or confidence in seeking information for themselves. Those with some awareness of health prevention information did not always feel able to translate this into specific preventative behaviours. Additionally, it is our view that practical factors such as crowded living conditions and financial considerations could have made it harder for some people to make positive behaviour changes around, for example, hygiene.

"You know that cost is an issue for some people and telling them to buy and use tissues is not always practical. We put tissues out and they get taken."

(Practice nurse, Glasgow)

2.4 'Disconnected Cynical' Respondents

This category consisted of a few respondents in our sample, mainly Black African and Black Caribbean men over the age of 46. These respondents seemed to display a more 'laissez faire' approach to health, stating that they actively avoided going to the doctor unless they felt they were seriously ill. As a result, they were more likely to underplay any symptoms. Generally, interest in health issues was fairly limited.

"I don't really think much about health; it's not something that bothers me."

(Black African 46 – 65 male)

These respondents expressed more negative views about the health profession and were more mistrustful of the NHS than other respondents. Such respondents were quite cynical and felt that doctors were more motivated by financial considerations than patient care in prescribing treatment.

"They tell you all kinds of different things and they don't like it when you challenge them. I would rather not go to see the doctor."

(Black Caribbean 65+ male)

"Some of them [GPs] have no knowledge especially when it comes to black people. There are some things that black people are not supposed to take, some medicines that don't work in the same way for black people. I think that the NHS is too commercialised rather than personalised to the customer, so your GP does not know you, which is the problem."

(Black African 46 – 65 male)

These respondents were generally aware of any health issues reported in the media but were also less interested in finding out more for themselves.

3. Experiences of Swine Flu

A few respondents in each of the BME groups reported that they had direct experience of the virus. A small number of parents talked about their children having contracted swine flu and this included children of all ages. A few older people told us of grandchildren who had contracted the virus. A number of others also knew of people from their wider family and community who had been ill from the virus.

"I was scared from all the hype. Not for myself but for my grandson who was very ill."

(Pakistani 45 – 65 female)

Diagnosis was reported to have been obtained from a number of sources:

- contacting the GP surgery by telephone to check symptoms and get advice about the best course of self treatment at home or if medication would be required;
- the NHS Direct, Department of Health and NHS 24 (Scotland) websites had been used by some to obtain information about symptoms and what action they needed to take.

However, a number of people admitted that, at the beginning of the pandemic, although they had known they should not take their children to the surgery or hospital, they had not followed this advice. They had either visited the surgery or their hospital's Accident & Emergency department. Real concerns about the severity of the virus through media stories at the time may have fuelled this response.

"My daughter had swine flu and we were told by the surgery not to bring her in. But I was so worried that I took her to A & E. The nurse told me I should not have brought her in but they did swab her."

(Indian 25 – 45 female)

"5 out of 7 of my family had contracted swine flu. They all went to the doctor to get medication."

(Somali 25 – 45 male)

Some GP surgeries confirmed that they saw high numbers of people particularly from the Bangladeshi, Pakistani and Somali communities coming into surgeries who clearly had swine flu and therefore should have stayed at home.

"They just wanted face to face contact with the GP to ensure that they would get the right treatment. They wanted to see a GP and this helped calm them down and feel reassured."

(GP Hounslow)

Unsurprisingly, respondents generally felt better informed now about the virus as a result of their experiences and felt more confident in knowing what to do if contracted in the future. They generally felt better able to assess the potential seriousness of the risk without immediate contact with doctors, claiming that they were more likely to check symptoms either by telephoning their surgery or checking on line through the National Pandemic Flu Service. Some referred to this service directly although others said they had found information online but could not say for certain exactly which service they had accessed. They also said that they had better understanding of the importance of quarantining relatives to avoid the spread of the virus.

"You know now that if you are generally quite well, if you get swine flu, it's not too serious."

(Chinese 45 – 65 male)

Some respondents reported that they or their children had been prescribed Tamiflu by their GP. However, most expressed negative experiences of the antiviral treatment due to perceived side effects, particularly nausea. As a result, they claimed that they had stopped the treatment before the suggested period and would not take the medication in the future. One respondent felt that doctors themselves were not clear about who should be prescribed the antivirals and this raised some mistrust in the advice from health professionals and the treatment.

"We were all prescribed Tamiflu when my children got it but we were all so sick that we stopped taking it after a few days."

(Indian 25 – 45 female)

"My doctor confused me as he told me to give Tamiflu to my 6 month old child, then he called me back to advise me not to give it to her. Since then I realised that even doctors do not know what to do. As a result none of my family took the Tamiflu."

(Somali 25 – 45 male)

4. Awareness of and Attitudes to Swine Flu

4.1 Overview

Almost all respondents across the sample had some level of awareness of the current pandemic and many considered this to be 'a new type of more serious flu'. Across the board, people believed that there had been extensive coverage of swine flu in the general media but also in ethnic specialist media. Even those with limited English usually felt that they had 'picked up' some information. However, few people used the term 'pandemic' as this was not an everyday, familiar word for most. Also, despite relatively good awareness of swine flu as a current health issue, the level of real understanding of the virus was much more varied across the sample. Not all were able to say with any certainty how it differs from seasonal flu, how it is contracted, how to prevent it, current treatments available and who most is at risk of contracting swine flu.

Awareness of and attitudes to swine flu varied amongst the four 'clusters' of respondents.

4.2 Detailed Responses

4.2.1 'In Control' Respondents

Overall Knowledge and Attitudes

Awareness and understanding of the swine flu pandemic were highest amongst this, mainly younger and UK brought up group of respondents (but not all younger Somali and Bangladeshi men or Pakistani, Bangladeshi and Somali women). When asked to report what they knew about the current swine flu pandemic, respondents appeared quite knowledgeable and reported the following facts:

- the virus was believed to have originated in Mexico and started in pigs;
- the new strain is H1N1;
- it was a more serious strain of flu than seasonal flu;
- people with underlying health problems were more at risk of contracting the virus as were young children and pregnant women;
- it was potentially fatal;

- the virus spreads fast and can be contracted through airborne germs as well as germs on surfaces such door handles.

"Swine flu is just another form of flu. It is less serious for people who are healthy but it can be serious for people with underlying health conditions."

(Chinese 25 – 45 female)

"You know, you've got to catch it, bin it and kill the germs."

(Black Caribbean 25 – 45 female)

When asked what they would do if they or a close family member contracted swine flu, most suggested the following course of action:

- they would avoid visiting their GP surgery to reduce the risk of spreading the virus;
- some said that they would contact their GP by telephone although others thought that they would get information about diagnosis and treatment on line by contacting either of the following services: the National Pandemic Flu Service, NHS Direct and NHS 24 (Scotland);
- they all claimed that, if treatment was required, then they would get a friend or family member to collect their prescriptions.

"You would know that it's best not to go to the surgery. You would just call them and get advice on what you should do."

(Indian 25 – 45 female)

Respondents generally felt confident that they could be able to get the information they needed on home treatment and the circumstances when medical help might be needed. Those who had existing underlying medical conditions knew that this increased their risk of contracting swine flu and the likely severity and, therefore suggested they would contact their GP or the hospital to check what course of action they would need to take.

"My son is very ill and we knew that we had to be careful because it was really important that he did not catch it. We had to stop visiting him in hospital to be on the safe side."

(Indian 25 – 45 female)

Awareness of, and Attitudes to, Treatments

Amongst 'in control' respondents many did know that there is a current treatment for swine flu called Tamiflu. However, few knew the term 'antiviral', what this meant and how this differed from antibiotics. Information had generally been obtained from news stories and information available at GP surgeries.

"I have heard of Tamiflu. It was on the news and I read about it in the Metro. I think that the GP gives this to you if you really need it."

(Black African 25 – 45 female)

"Antiviral, is that like an antibiotic? I don't know what it means so I would assume it is a medicine like antibiotic."

(Chinese 25 - 45 female)

However, most were quite negative and claimed that they would not take the antiviral unless absolutely necessary. This was because a number expressed concerns about safety and effectiveness of the treatment because they did not feel particularly knowledgeable themselves. Most claimed that if they contracted swine flu, they would prefer to take responsibility for their own treatment. Suggestions of possible actions included taking over the counter flu medication, staying warm and taking 'home remedies', for example, soups, teas and herbs.

"You would do what you would normally do when you have flu. Stay warm, take paracetamol and hot drinks. Just make sure you keep away from others."

(Somali 25 – 45 male)

Key Sources of Information

Respondents generally felt they had been well informed about swine flu by the Government through general media coverage, news reporting and locally provided advice through schools, GP surgeries and door to door leaflet drops. Additionally, many reported that they had browsed the internet for further information and some mentioned the National Pandemic Flu website. Many spontaneously mentioned the 'Catch it, bin it, kill it' messages about how to prevent the spread of germs.

"It's all over the place, in the news, in leaflets. You know all that 'catch it, bin it, kill it stuff' so you can't really fail to know about swine flu. It's everywhere."

(Caribbean 25 – 45 female)

"I thought that the leaflets from the school and the leaflets we got dropped at home were very informative and useful as they explained the symptoms and told us what we could do to prevent it."

(Chinese 25 – 45 male)

Levels of Concern

When asked about their level of concern, most felt that they had initially been very worried and alarmed when swine flu was first reported. This was because many thought there had been almost daily coverage especially around fatalities which fuelled concern. However, most felt that this had abated now and they were able to assess actual risk to themselves and their families through their internet searches and were more knowledgeable about what measures they could take to reduce the risk. Most said that they felt relatively calm about the pandemic believing they were taking a common sense approach in terms of good hygiene and limiting exposure to those with the virus.

"My information varied from initially being very worried as I believed it was dangerous to something I subsequently realised was overrated. It was like ordinary flu and the people at risk were those with underlying health issues. The media blew it out of all proportion."

(Indian 25 – 45 female)

4.2.2 'Follower' Respondents

This group consisted of mainly older respondents (except Black Caribbean and Black African older men), some younger Somali men, UK brought up younger Bangladeshi men and women and Pakistani younger women. Some levels of awareness clearly existed amongst this group of people particularly amongst those who had relatively good levels of education and English language skills.

Overall Knowledge & Attitudes

Most people were aware that this strain was more serious than seasonal flu and that those with weak immune systems due to health problems were at greater risk of catching the virus and becoming more seriously ill. Many were also aware that this was a global problem, affecting people in many countries including their countries of origin. Those respondents with underlying medical conditions either assumed they were at greater risk or had been informed by their doctors.

"My sister in law is a receptionist at a GP surgery so she told me about swine flu as I have diabetes. I also heard about it from ARY and Prime TV [Pakistani television channels]."

(Pakistani 46 – 65 female)

"We hear it is spreading in India and in Pakistan because of overcrowding and people are coming and going out and about."

(Pakistani 65+ female)

Unlike the more 'in control' respondents, while awareness of swine flu was relatively high, actual understanding was patchier amongst these respondents. When asked how they could prevent catching the virus, some tended to focus on limiting their exposure to the risk outside the home. A number said that they did not go out as much in order to avoid getting the flu and this was the key way of preventing getting the virus.

"Since the swine flu, we know that it is better not to go out and, that way, you can protect yourself. You also need to eat healthy food."

(Chinese 65+ female)

However, most people did not focus to the same extent on what they could do in the home to protect themselves. Beyond mentioning that they would ensure that they were eating a healthy diet or taking vitamins, they were less aware of the importance of:

- taking specific precautionary hygiene measures around the home;
- reducing their exposure to people with the virus who might visit them;
- reducing the risk to others visiting their home if they or one of the family members had swine flu.

When respondents were shown facts about swine flu and, in particular, information about avoiding contact with people with swine flu (see appendix B), a few felt it would be difficult for them to completely isolate themselves if they contracted swine flu or to tell family members with swine flu not to visit them. They said that it would be hard to tell people not to come around as it would be considered rude in their culture. Some felt that it would be hard to keep a distance from a family member who had the flu because they lived in crowded accommodation. However, others were more confident in telling people not to visit in order to contain the virus.

"It's really difficult to tell a family member not to visit you if you have swine flu. It's the done thing to come around with food to help you feel better. They would think you are being really rude and it looks bad on your family."

(Pakistani 46 – 65 female)

"You know not to visit each other if you have swine flu. You might just go and leave some food for someone who is ill with it at the door. We know that it is very contagious."

(Black African 46- 65 female)

In the absence of clear knowledge about all the risk factors, a number of older Muslims felt that their level of risk was low because they do not eat pork.

"We don't eat pork and pigs are not clean. We are protected because we don't eat pork so we don't really need to do anything."

(Pakistani 46 – 65 male)

When asked what they would do if they thought they had contracted swine flu, most people said that they would avoid going to their doctors' surgeries as they did not want to spread the infection if they, indeed, had swine flu. These were fully aware of the risk of spreading germs and reported that they would most likely call their surgery for advice. Almost no one mentioned calling the National Pandemic Flu Service as their first line of action.

One or two older respondents admitted they would expect their GP to visit them at home if they thought they had swine flu. They thought that, given the potential seriousness of the virus, they would still expect a consultation with their GP. Interestingly, no one talked of the risks to GPs of coming into contact with people with the virus.

"Without going to the GP, how would I know if I have swine flu or not? "

(Chinese 65+ male)

"If I had swine flu then that would be an emergency and I would go straight to Accident & Emergency. There is no point staying isolated, you would need someone to assist you."

(Chinese 46 – 65 female)

<u>Awareness of and Attitudes to Treatments</u>

When asked if they knew of any treatments for swine flu, most people thought that there would be a medication available that GPs could prescribe although they could not say for sure. However, most people had not heard of antivirals and did not know that this was the type of treatment used for swine flu. A few people had heard of

Tamiflu from information available at their GP surgeries but did not know that this was an antiviral. No 'follower' respondent had been prescribed Tamiflu.

"I am not sure if there is a treatment. I do know that if you get swine flu then you have to send someone to the Town Hall for your prescription so there must be something."

(Pakistani 46 – 65 female)

Amongst this group there was higher expectation of being prescribed a 'treatment' for swine flu if contracted than was the case amongst 'in control' respondents. Doctors confirmed that this group, particularly South Asians, tended to be quite proactive in that they often demanded medication for swine flu.

"There is good awareness of swine flu because they do tend to worry and they do expect to get a pill."

(Practice nurse Glasgow)

Key sources of Information

Respondents generally felt quite well informed. When asked where they had obtained this information, a range of sources were cited:

- mainstream news coverage on television and newspapers;
- news programmes on specialist ethnic targeted television channels reporting the pandemic in overseas countries;
- ethnic radio such as Sunrise radio (Indian) and Spectrum (Chinese);
- older children informing them on how to stay safe;
- information bought home by children from school.

"I heard about it from the news but also on Star Plus news. I found out that it came from Mexico and that some people have died from it."

(Indian 65+ male)

It would appear that mainstream media sources raised initial awareness but coverage in ethnic media may have raised the issue as of direct relevance to these BME communities.

Levels of Concern

Many of these respondents, especially those with underlying health problems appeared to have some concern about the virus as they felt less confident about assessing their actual personal risk given these health problems.

A number of other respondents were less concerned about contracting the virus themselves, but were still concerned about their grandchildren getting swine flu. This was especially amongst those who were aware that children under 5 years old were a risk group.

"I don't know that much about swine flu but I look after my young grandchildren and I worry they will catch it from someone."

(Indian 45 – 65 male)

Some said that they had become less concerned over time as they thought there was less sensationalist media coverage of people who had died from swine flu. This had reduced some of their sense of initial panic and fear.

"I don't worry about it now. It's not really in the news all the time and you know now that for some people who are ill, it is serious. But I am generally well and I look after myself."

(Indian 65+ male)

4.2.3 'Disconnected Passive' Respondents

This group of respondents mainly comprised of a number of the Somali women in the sample, younger Bangladeshi and Pakistani women and Bangladeshi men brought up overseas and older Bangladeshi and Pakistani men and women from rural areas of their countries of origin. This group also represented many of the patient types that health professionals observed in their surgeries.

Overall Knowledge and Attitudes

It was clear in the discussions that there was some basic awareness of the pandemic. Many referred to this as a new and serious illness and that it could be fatal. However, respondents had more limited knowledge about how swine flu differs from seasonal flu. Compared with other types of respondents, this group were much less able to provide spontaneous details of the virus. Many struggled to say how it is contracted, which groups of people are most at risk and what behaviours increase the risk of getting swine flu. Most could not say where it originated and there was less understanding of this as a global health issue.

"I really don't know anything. I have heard there is a new disease but I can't say what it is. I don't go out so I haven't heard much."

(Bangladeshi 65+ female)

"When you are sick with the normal flu doctors may not give you any medications and they may only give you advice to drink plenty of water and to have a rest, whereas with the swine flu, they have to give you something to save you or you may die from it."

(Somali 46 – 65 female)

Amongst this group, there was also limited understanding around the appropriate prevention behaviours needed to contain the virus. Whilst some talked about the need for general good personal hygiene, not all appeared to know about the role of germs in spreading the virus and not all appeared to practice good personal hygiene during the discussions. This resulted in some confusion as people, especially mothers, were not clear about what they could specifically do. This led to a range of responses that could be described as knee jerk. A number of mothers reported that they had stopped their children attending various activities as a way of protecting them. A few thought that giving their children multi vitamins was a good response to the pandemic; others mentioned the need to ensure a good diet as a way of boosting their immune system.

"I have just started to give the kids lots of vitamins and they don't go swimming anymore."

(Pakistani 25 – 45 brought up abroad female)

Health professionals confirmed the above observations. They reported that patients who could be defined as 'disconnected passives' had quite high awareness of swine flu but low knowledge and understanding of the nature of the virus. A number felt that this explained the high numbers of people attending their surgeries in a state of panic, assuming that their relatively mild cases of the common cold and flu was swine flu. One doctor expressed her opinion that some Bangladeshi mothers felt pressured to be seen to be taking their children's' colds and flu seriously in order to meet the expectations of their in-laws.

"Most people believed that swine flu kills and if you don't do something about it now then you will die. The assumption was that it was as serious as cholera. They didn't see it as a normal flu. I think this was a perception they got from watching the news and media."

(GP Oldham)

"Doctors refuse to see you. So you can imagine how dangerous it is. The doors are shut and no medical professional is available so naturally people will feel that this is a very serious condition."

(Bangladeshi 45 – 65 male)

A number of mainly older Bangladeshi men and women were unfamiliar with and confused by the term 'swine'. This was not a common English word for them and they did not know that it was another word for pig.

"I don't know what this word means. Why is it there when they are talking about flu?"

(Bangladeshi 65+ male)

The 'disconnected passive' respondents displayed some knowledge about the health service advice regarding what action they should take if they thought they had contracted swine flu. At a rational level most knew that they should not attend their surgeries but they were not always clear about why this was the case. Also, as feedback from health professionals indicated, this advice was not always followed as

some people appeared to need the reassurance that they had been ‘checked’ by a medical professional.

A number of people who suspected they had swine flu mentioned that they had checked their symptoms with their surgeries by telephone or had got a relative to call the National Pandemic Flu Service. A few respondents with underlying medical conditions said that they would call their local hospital or GP if they suspected they had the flu to get further information and advice. However, one or two respondents lacked confidence that they or any health professional contacted by telephone could correctly diagnose their illness without seeing a doctor face to face. These respondents felt that they might still go to their surgery despite NHS advice.

Awareness of and Attitudes to Treatments

Awareness of the current treatment for swine flu was relatively low amongst this group of respondents. Many had not heard of antivirals or Tamiflu and were not sure whether a treatment was available.

“I don’t know if there is a medicine for swine flu. I have never heard of antiviral. What does it mean?”

(Chinese 65+ female)

A few people in our sample had heard about Tamiflu by word of mouth from friends and relatives. However, there was evidence of uncertainty about what they knew and some confusion about treatments for swine flu and other health issues covered in the media.

“I heard in the news that this man took a medicine for swine flu and things went wrong. It had the opposite effect and he just passed away.”

(Pakistani 46 – 65 male)

“I read in the papers that they gave a Tamiflu injection to the child in school and the child later died because of the injection. It did not suit her.”

(Bangladeshi 46 – 65 male)

The latter quote demonstrated that this respondent had been confused about the recent media coverage of the death of a young girl following the HPV vaccination and swine flu.

GPs felt that some of their patients over magnified their symptoms and, as a result, came to the surgery to demand treatment, even if this was unlikely to help their symptoms drastically.

"The Bangladeshi patients are often passive. There is limited health awareness and there is a complete reliance on primary health care. GPs are their first port of call for everything. There is often a complete lack of understanding of swine flu. Some come in and ask why they can't have Tamiflu for seasonal flu because they don't understand the differences."

(GP Tower Hamlets)

Key Sources of Information

Respondents cited receiving information about swine flu via leaflets from schools, information from GPs and health visitors and ethnic targeted radio stations as their main sources of information. Health professionals and schools were particularly deemed to be valuable for those with limited English language skills and mother tongue literacy: health professionals being particularly trusted to provide 'expert' information and children to interpret information for mothers.

Others mentioned that they had heard about swine flu by word of mouth from friends and family. This was particularly important to women with limited English language skills.

"You do pick up information in the news but we mainly got to know about it from people in our community."

(Somali 46 – 65 female)

Levels of Concern

As mentioned previously, most people were extremely concerned about the pandemic when it was reported in the media because of the perceived seriousness of the virus and a lack of knowledge about those most at risk. As a result, respondents in this group tended to initially magnify the risk to them and it would

seem that 'stories' within the communities compounded this response. Many respondents were still concerned as they were unclear about the availability of a treatment or whether the risk had been contained by the Government.

It is interesting to note, however, that whilst most people in this group of respondents had responded with fear and panic, a few appeared to distance themselves from the pandemic. A few older respondents said that they were not at risk because, as Muslims, they did not eat pork. A few were fatalistic in their response, believing that they could not control whether they contracted the virus as it was 'in God's hands'.

"It came from pigs. People who eat pork meat are more at risk."

(Pakistani 65+ female)

"We Somalis do not listen and do all these things they tell you. People used to come from the bush in Somalia and we slept in one bed and we never considered whether these people had carried a virus. We believe in ALLAH and have faith in him to protect us."
(Somali 46 – 65 female)

4.2.4 'Disconnected Cynical' Respondents

This group mainly consisted of the small number of depths completed amongst older Black African and Black Caribbean men over the age of 45.

Overall Knowledge and Attitudes

Feedback highlighted the fact that some awareness of the pandemic existed amongst this group of respondents despite the fact that a few respondents claimed that they knew very little. Further discussions revealed that there was some knowledge about the virus and the following issues were mentioned during discussion:

- similar symptoms to seasonal flu but these could be much more severe;
- it can be fatal 'in extreme circumstances' (but respondents could not say what these might be, although they assumed that people who have other illnesses might be more at risk);

- it is a global health issue;
- it can be spread from person to person via germs in the air and on surfaces touched by someone who has sneezed.

"You can get swine flu from breathing the same air as someone that is infected, if you touch them or touch a surface that they have touched - you can get swine flu."

(Black African 65+ male)

One Black African respondent mentioned that he thought that the church had stopped people taking Holy Communion in the usual way of drinking from the same cup and that the church had also advised members of the congregation not to hug or embrace each other when leaving the church as a way of reducing the risk of spreading the virus. This confirms that knowledge was higher than claimed.

Little interest was shown by these respondents in health issues in general and in swine flu in particular. Even those with underlying health problems did not necessarily see that they might be at greater risk of contracting the virus.

"I know nothing about swine flu, I just know it exists but it is not really of much interest to me. I will only worry if I catch it."

(Black Caribbean 65+ male)

"I know absolutely nothing. I have only seen the sensationalist headlines on the news but I think that elderly people are most at risk from the swine flu but this is a guess. I don't really know if swine flu is more serious that seasonal flu."

(Black Caribbean 46 – 65 male)

Some respondents claimed that they would not know what to do if they thought they had caught the virus. This reflects their general lack of thought about the issue. However, one or two said that their first port of call could be their GP but only if they thought that their symptoms were serious enough to warrant some action on their part. However, these respondents did not accept their diagnosis could be made over the telephone or internet and would, they claimed, visit their GP.

"I think that would be my reaction. I would want to be seen. I know that they say I should stay at home but I would want to go to A & E if I felt really ill."

(Black African 46 -65 male)

Awareness of and Attitudes to Treatments

Respondents generally claimed not to be aware of any treatments for swine flu. Most said that they were not sure how the illness is treated and when specifically asked, most claimed that they had not heard of Tamiflu or antivirals.

"I really don't know much about this and I don't know how the doctors treat people with swine flu."

(Black Caribbean 46 – 65 male)

Key sources of Information

When pressed, respondents mentioned that they had mainly found out about the virus through mainstream news coverage. However, one or two older respondents over the age of 65 had been informed by their older children.

"I think everyone in this country and beyond knows about swine flu, it's been in every magazine, every TV station."

(Black African 65+ male)

Levels of Concern

Despite recording swine flu as one of their health concerns, discussions highlighted the fact that actual concern was relatively low. The issue was seen as being reported in a sensationalist way at the initial stages of the pandemic. As time has gone on, they claimed that they were no longer concerned for themselves. A few felt that, as they were generally healthy, this was not a relevant issue for them.

"I'm not really worried. I don't really believe it will affect me and if it does, then I'll simply go to the doctor and get some medicine - no stress."

(Black Caribbean 46 – 65 male)

Those respondents with underlying health concerns were slightly more concerned but felt that if they felt poorly, they would contact their GP. As they currently received the seasonal flu vaccination, they assumed that they would be entitled to any swine flu vaccination, and, therefore, did not need to worry.

"I don't think the swine flu is likely to kill you. It can be just as bad as any really bad flu."
(Black African 46 - 65 male)

One of the older Black African men also displayed quite a fatalistic attitude to swine flu. He thought that God would protect him and keep him healthy, that 'what will be, will be'.

"I say to myself, he will protect us from these diseases."
(Black African 65+ male)

5. Respiratory & Hand Hygiene (RHH): Current Attitudes and Behaviours

Feedback from our samples and observations made by health professionals suggested that knowledge of good respiratory and hand hygiene varied amongst the BME groups.

5.1 In Controls

Unsurprisingly, perhaps, given higher levels of access to health communications in general, understanding of the link between good RHH as a means of reducing the risk of illnesses such as flu was highest amongst 'in control' respondents. Indeed, when asked how swine flu could be prevented they thought that washing hands, using tissues to catch germs and avoiding contact with people with colds and coughs were key ways of preventing the spread of germs. They also seemed aware of the role of germs in potentially spreading viruses such as swine flu and pointed out that germs could be transmitted by people touching hard surfaces.

A number of people mentioned the recent 'Catch it, bin it, kill it' communications and this had made the issue of good RHH more top of mind.

'In control' respondents generally felt that they already had good RHH practices and, as a result, the swine flu pandemic had not significantly impacted on their own behaviour. They talked about a range of good practices:

- ensuring children washed their hands when they came in from school;
- always using a tissue and throwing these away when finished;
- ensuring surfaces in the home were cleaned frequently;
- using gel sanitisers when they and their children were out and about.

"It is common sense. It is the usual basic stuff we have been doing for good hygiene. You don't need to do anything special. Yes, one might avoid crowded places, but the rest is usual stuff."

(Pakistani 25 – 45 male)

Respondents living in extended family situations felt quite confident about enforcing good practices amongst their close family members. A couple of Indian mothers said that they had told their mother in laws about the importance of good personal hygiene and how to reduce the spread of germs by, for example, always sneezing into a tissue. They were also less concerned about offending relatives and claimed that they would ask them not to visit if they were unwell.

"I told my mother in law that it was not ok to wipe my son's nose on her chunni (Asian scarf) but that it was better to use a tissue and throw it away. I don't care if she gets offended. It's important that the children don't get ill."

(Indian 25 – 45 female)

However, many were more concerned about exposure to people that were less vigilant than themselves. This was particularly in relation to perceptions of poor RHH amongst children at school and their concern about the germs their own children might bring home.

"I do all I can with my children. I make sure they wash their hands frequently and that they always sneeze into a tissue. But the problem is other children at school and you just feel that they are less careful."

(Indian 25 – 45 female)

"I am more worried about other people and whether they will cover their mouths and sneeze into tissues. The poor hygiene of other people is more of a worry."

(Black African 25 – 45 female)

5.2 Followers

By contrast, whilst awareness of RHH was good amongst 'follower' respondents, actual practices were more varied. When asked what they could do to prevent the spread of swine flu, a number talked about what they saw as 'common sense' approaches such as ensuring that they used disinfectant in the home, not sharing food with others (a common practice amongst some South Asians) and going out less frequently in public places to avoid contact with strangers.

Discussions tended to focus on RHH for children and mothers talked about ensuring they washed their hands frequently and claimed cleanliness in the home. Respondents mentioned that general information about swine flu received in leaflets from school and advice from health visitors had made them more aware of the need for good RHH. However, there was less spontaneous awareness of the current RHH campaigns compared with 'in control' respondents and, despite enforcing good practices amongst children, parents were often less focused on good hygiene practices in themselves.

"It's just about general cleanliness and avoiding crowds. Especially people who have flu."

(Indian 65+ male)

"I would just not go out. If you stay indoors and eat well and make sure the house is clean then that should be ok."

(Chinese 65+ female)

Whilst some talked about the need to stay away from relatives with flu and avoiding relatives visiting them if they had the virus, this was not across the board. In fact, some felt that it would quite difficult to tell relatives not to visit as it might be seen as rude.

"When we had swine flu, we still had relatives visiting us. After this discussion I understand that this was high risk but I did not know about why we should not have contact."

(Bangladeshi 25 – 45 brought up abroad female)

A number of Muslims in this group of respondents mentioned that they had not all used hand gel sanitisers because of concerns about the alcohol content which was considered 'haram' (i.e. not permissible because of their faith).

5.3 Disconnected Passives

There was some mention of the importance of good personal hygiene in reducing the risk of spreading the swine flu virus amongst this group of respondents. Preventative measures mentioned included:

- avoiding contact with someone who has the flu;
- using a tissue to catch germs;
- good cleanliness in the home;
- washing hands frequently.

"You can contract it through human contact such as when someone is sneezing, coughing, touching, breathing and so on."

(Somali 46 – 65 female)

One Bangladeshi respondent also mentioned that wearing a mask was a way of protecting oneself but this was not seen as a realistic or practical response.

Despite some RHH behaviours mentioned, discussions highlighted the fact that real understanding of the connection between RHH and the transmission of germs was limited amongst many respondents. Some people did mention that germs could spread in the air but there was much less citing of how germs might spread by contact with hard surfaces carrying the virus.

There was some claim of good RHH practices. However, observations during discussions and feedback from health professionals suggested that, despite this, actual practice was not always in line with claims and the swine flu pandemic may have had limited impact on behaviour. There may be a number of reasons for this:

- some practice nurses felt that the cost of tissues may have been an issue for some of the patients they see and may have prevented greater usage, explaining why they were more reluctant to throw them away after one use;
- living in tight accommodation may have made it harder for people who had contracted the virus to isolate themselves within the home;
- enforcing good RHH practices amongst older family members may have been difficult because of cultural reasons i.e. not challenging elders with behaviours such as wiping their noses on their scarves;

- the belief amongst some that they could not control their health outcomes, therefore, there was no need for any changes in behaviour;
- lack of familiarity with some germ protection products such as hand sanitisers limited their use amongst this group;
- one or two respondents reported that other family priorities meant it was hard to focus on good personal and home hygiene.

"They were coughing all over the receptionist and when she asked them to cover their mouths they looked at her as if to say, 'how dare you insult me'. Even when we tell them to stay at home, you still see them walking along the high street chatting to friends."

(Practice nurse, Birmingham)

"I haven't seen a great deal of evidence of women trying to take precautionary measures. In fact, in one family the child was taking Tamiflu but the mother was not following basic hand hygiene. She had a lot of other children and she would use her scarf to wipe a child's nose. I always have to talk about precautionary things and tell them what they need to do to prevent the spread of this to other children."

(Health visitor, Leeds)

"They come into the pharmacy to get their prescriptions and you see them sneezing all over the place. They know they should be at home."

(Pharmacist, London)

"You only remember to wash your hands and become extra careful if there is an illness or a reason to do so. Otherwise it is easy to forget. One gets so busy with housework and other things that you don't always remember to wash your hands."

(Pakistani 25 – 45 female)

5.4 Disconnected Cynics

Amongst this small group of respondents, there was some claimed good RHH behaviour. They said that good hygiene was an everyday practice that did not require much thought for them. Discussions amongst these older Black African and Caribbean men tended to focus on the importance of washing hands and avoiding people who had colds or flu. Also, one Muslim Black African respondent felt that the ablutions he took as part of his daily prayer routine was probably sufficient protection from swine flu.

However, subsequent comments during discussions amongst this group suggested that actual RHH behaviour was not as positive as claimed. One respondent said that in Africa, RHH was not a priority or a common focus for most people and he felt that people did not really suffer; therefore, he did not see any real value in more actively practicing good RHH.

"In Africa, covering your mouth and washing your hands all the time was never an issue because you don't have the same type of flu diseases that you have in Britain. Who had these gel things back home?"

(Black African 65+ male)

A few admitted that their families had tried to encourage them to practice better personal respiratory and hand hygiene but they tended not to follow this advice. One said that, although his partner had provided him with a hand sanitiser, he did not use this routinely. Another confessed that he did not always use a tissue when he should.

"My wife gave me a hand gel but I always leave it in the car."

(Black African 46 – 65 male)

6. Awareness and Attitudes: Swine Flu Vaccination

The research sample included a number of respondents with underlying health conditions and pregnant women, both of whom are amongst the priority groups for the swine flu vaccination. This research was conducted just prior to communications activity around the swine flu vaccination programme.

There was relatively good awareness of the swine flu vaccination across all four 'clusters' of respondents. Information about the vaccination was mainly from mainstream media coverage especially for those with English language skills. Others had been primarily informed via the GP surgeries or from friends and family.

> *"There has been a lot of information in the news about the new swine flu vaccination. I understand that it is for the elderly and those who are ill."*
>
> *(Indian 25 – 45 female)*

Those with good English skills and those with high awareness of the pandemic understood that the role of the vaccination was to protect people. Amongst these respondents, it was thought that people at higher risk of getting swine flu would be the priority groups for the vaccination. These groups were thought to include people with medical conditions, the elderly and pregnant women. Some who thought that young children were also at higher risk assumed that they may be a priority group as well. These respondents were also aware that this vaccination was not the same as the seasonal flu jab.

Amongst some other, mainly 'disconnected passive' respondents, there was some confusion about the vaccination. The following issues were raised:

- some thought that the vaccination was a treatment for those who had already contracted the virus;
- some were not sure whether this was, in fact, different from the seasonal flu jab – a few who had been given the seasonal flu jab thought they were protected from catching swine flu;
- not all were aware of what the key priority groups were;
- some confused the swine flu vaccination with the recent cervical smear jab.

"I will only take it if I am not well and have the symptoms of swine flu."

(Bangladeshi 65+ male)

A number of respondents with medical problems and some pregnant women had already been contacted by their GP surgeries to inform them that they would be invited to have the vaccination. Most people with underlying health issues claimed high likely take up of the vaccination. As they were already receiving the seasonal flu jab, no real concern was expressed. Likely take up was particularly high amongst older respondents except Black Africans and Black Caribbeans.

"I get the normal flu jab, so I would definitely want the swine flu one."

(46 – 65 Indian male)

However, almost all pregnant women researched across the BME communities expressed concerns about the vaccination. Their anxieties appeared to be based on:

- their perceptions that the vaccination had been introduced at speed which raised concerns about how well and vigorously it has been tested;
- whether any tests had been carried out on pregnant women;
- what impact, if any, there likely to be on the foetus;
- whether there are any known side effects.

As a result, women generally claimed that they were unlikely to have the vaccination unless further information was available which addressed the above issues, providing them with reassurance about the vaccination's safety.

"I know about the swine flu vaccination but I am very sceptical. It hasn't been around for a long time and I don't know anything about its side effects. I will probably stay away from it."

(Bangladeshi 25 – 54 British born female)

"We do not believe that even the government know enough about the swine flu vaccination."

(Somali 25 – 45 female)

A number of Black African and Black Caribbean men and women also tended to be quite negative about the vaccination. A view was expressed by a few that the vaccination programme was a commercial issue for the health service. This, coupled with reluctance to using medicine appeared to have impacted on their willingness to be vaccinated.

"They are pushing vaccinations and you wonder if they are being paid to get more people to have them."

(Black Caribbean 46 – 65 male)

"I just don't like the idea of so many chemicals in my body."

(Black Caribbean 46 – 65 male)

7. Communication Needs

Feedback from the sample and health professionals highlighted a range of communication needs. These tended to vary amongst the four 'clusters' of respondents.

7.1 'In Controls'

These respondents had high levels of English and generally felt well informed by the Government about the swine flu pandemic. Messages on RHH had already filtered through and were largely practiced by this group. However, they did express the need for more detailed information around specific issues:

- ongoing risks to the public and how many people are/are not likely to be affected: a desire for 'facts and figures' was expressed to enable people to assess, for themselves, the true extent of the pandemic;
- the safety of the antiviral and vaccination, especially for pregnant women;
- continuing communication of RHH specifically in relation to swine flu to reduce the risk from others.

"I would really want detailed information on swine flu, what the risk is to me as a pregnant woman and how safe the jab is for the baby."

(Black African 25 – 45 female)

"I would want data to help me decide how serious this really is. Perhaps if it came from the Government rather than the media who blow things out of proportion – that would help."

(Chinese 25 – 45 male)

These younger respondents generally felt mainstream communication and advertising channels would be the most effective way of reaching them. One or two also suggested that 'facts and figures' could come from some kind of Governmental

'bulletin board' to give credibility to the information and avoid the perceived sensationalisation by the general media.

7.2 'Followers'

These respondents who had more mixed levels of English and understanding of the issues surrounding the pandemic felt that getting more information about RHH and the link with swine flu could help them protect themselves and their families better. This was in relation to:

- the risks of poor RHH in the home – they were well aware of the risks of exposure when in public but getting specific messages around germs in the home and from visitors would be useful;
- ensuring good RHH for adults as well as children.

Feedback suggested that more comprehensive RHH messages in targeted media could be effective in reducing the risk of swine flu amongst these respondents.

"If you gave us more information about how people coming into the house can bring in germs, that might give us something we can say when relatives who are ill, still come to visit."

(Indian 46 – 65 female)

"You think about not going out in public but maybe we are not doing enough in the home?"

(Chinese 46 – 65 female)

7.3 'Disconnected Passives'

Lower levels of understanding of the issues regarding the pandemic and poorer RHH behaviours amongst these respondents made it harder for them to say what information needs they had. However, health professionals suggested that there was a need for simple messages that explained:

- what swine flu is, its symptoms and how it differs from seasonal flu;
- how it spreads specifically in relation to germs in the home as well as germs brought in by visitors, not just by exposure to people in public;
- the importance of good RHH amongst adults and not just in children;
- how to prevent it by explaining the direct link between good RHH and reducing the risk.

Health professionals suggested that using targeted media and, perhaps spoken media such as specialist ethnic television and radio channels, would be most effective way of reaching people. A number also mentioned using places of worship (e.g. mosques and temples) and local media. One doctor in Glasgow said that he ran ongoing health programmes on a local Asian radio station as a means of educating the community on health issues and thought this could be good way of trusted influencers reaching local BME communities.

"Bangladeshis generally don't take responsibility for their own health. They rely on their GP to do everything. They have to be told everything. You could have workshops in the surgery that tell them what swine flu is and what they can do to prevent it."

(GP Oldham)

"If you told us exactly how it spreads and list the ways you can protect yourself that would be really useful."

(Pakistani 46 – 65 male)

7.4 'Disconnected Cynics'

As these respondents were the least interested in health related information they struggled to say what further information they required and their willingness to take on board health advice appeared to be limited. It is our view that it may only be possible to reach such people via their female partners.

8. Responses to Current Communications

8.1 Overview

Respondents were shown a range of communications materials, some from the Department of Health and others produced by PCTs (Primary Care Trusts).

Across the sample, there was some awareness of the recent swine flu campaigns. This was highest amongst English speakers and lowest amongst those with very little English language skills. Responses to the materials varied across the sample. Lack of English and low literacy in mother tongue limited comprehension of the material for some respondents.

8.2 Responses to the 'Catch it, bin it, kill it' Advert

This advert was shown in English to all respondents.

A number of people had spontaneously recalled the phrase in advertising they had seen on the television, radio and in posters and many had seen the specific advert shown.

Overall, responses were positive across the sample, particularly amongst those with good/some levels of English ('In Controls', some 'Followers' and 'Disconnected Cynics'). It was seen to be very easy to understand, straight forward in approach and style.

Key Communication Messages

Most people understood that this was conveying the importance of reducing the spread of germs and how people could do this. The call to action was very clear: the advert was telling them to use a tissue to catch cough and cold germs, that tissues should be disposed off quickly and that killing germs required people to wash their hands or use a hand gel.

The copy was liked because it was short and to the point and the strap line 'Flu. Protect yourself and others' worked well to communicate the benefits of good RHH. Even those with lower levels of English were able to understand the communication messages regarding good RHH behaviour through the visuals.

"This is great, just to the point, simple and easy to break down."

(Black Caribbean 25 – 54 female)

"Even if you can't read, the visual tells you what to do to kill germs."

(Indian 25 – 45 female)

However, some people did not specifically make the connection of germs and swine flu as they had missed the Swine Flu Information logo at the top. For them, this was seen to communicate the need for good RHH as an everyday, 'common sense' practice.

"This is clear. It is telling people to wash their hands and use tissues. This is basic hygiene. But I did not know this was to do with swine flu. What is the connection between the two?"

(Bangladeshi 25 – 45 brought up abroad male)

"The message is clear, but it could for general hygiene. It is not evident that it is about swine flu. This could be for people working in the catering industry. It is catchy, but it is not necessarily linked to swine flu."

(Chinese 25 – 45 female)

Responses to Visuals

Most people liked the visuals and thought they were clear, bright and easy to understand. The bright green coloured spray was understood by most to represent germs and this was seen to give the advert good stand out.

The visuals were seen to work well to support the call to action via the copy.

"It's very visual. Not comfortable to look at but the message comes across."

(46 – 65 Black Caribbean female)

"You always associate green with germs for some reason so this works well and really drives home the message."

(Chinese 25 – 45 male)

"Oh can you see that the green stuff is the germs. They are telling you to catch it, bin it and kill it, kill the germs."

(Somali 25 – 45 female)

However, those with very limited English ('Disconnected Passives' and older 'Followers') struggled to make sense of the visuals. In the absence of language, not all understood that the green spray represented germs and could not see the relevance of the spray to the washing of hands.

"I really don't understand this. Is the green stuff smoke? What is it?"

(Pakistani 25 – 45 female)

"What is it saying? Is it about hygiene? Then why is there an open bin?"

(Chinese 65+ female)

Suggested Changes

Respondents thought that making the swine flu communication more up front could help focus people more clearly on the importance of killing flu germs as protection against swine flu. A headline 'Protect yourself and others from swine flu' could be an effective of doing this.

One respondent also said that if the woman placed the tissue closer to her nose and mouth, this would communicate a more effective way of reducing the spread of germs.

"If her hands were closer then it would communicate better that you should catch the germs."

(Pakistani 46 – 65 female)

8.3 RHH/Germs Adverts.

Three executions in English were shown to respondents: man on the escalator in the tube, woman on the bus and woman in the kitchen. Some executions were shown 'in situ' in a number of ethnic press titles. There was some recall of the adverts mainly amongst some younger respondents in London who had seen the poster on the London Underground and in buses. One respondent mentioned having seen this in the Gleaner (newspaper targeting the Black Caribbean community). The adverts generally worked well with most except with 'Disconnected Passive' respondents who had low levels of English, many of whom struggled to understand the communications.

Key Communication Messages

Most people (except 'Disconnected Passive' respondents) found the three executions relatively easy to understand: the key communication messages were seen to be about:

- how easy germs can spread during everyday activities;
- the impact of poor RHH on others;
- what specific actions people can take to reduce the spread of germs (picked up in the copy regarding use and disposal of tissues).

"The woman leaves germs wherever she touches and who ever touches there will come into contact with the virus. That is it. That is how easily it can be passed to one another."

(Somali 25 – 45 female)

"The message is that people need to be careful. This just shows you that it is other people and their bad habits that spread the germs."

(Black African 25 – 54 female)

Respondents generally felt that the 'escalator' and 'bus' executions communicated the above messages more clearly and effectively than the 'kitchen' execution. This was because the spread of germs to others was perceived to have been more obviously shown in those two executions.

"You can see how the man who sneezed is spreading the germs to the woman behind him. It looks disgusting but it makes the message strong. I'm not sure what the one with the woman in kitchen is all about."

(Indian 46 – 45 female)

Responses to Visuals

For many, the green colour of the germs was seen as a powerful way of communicating the dangers of not using a tissue to catch sneezes. Most people understood that people touching the green spray emitted conveyed the spread of germs clearly.

"We grew up here and we learnt in the schools that green was always associated with germs. So it is easily understood in the adverts."

(Pakistani 25 – 45 male)

However, this was clearer in the 'escalator' and 'bus' executions. This may have been because the spread of germs in crowded public places was more of a concern than within the home. Also, these visual scenarios had relevance for some younger respondents going to work by public transport and, as a result, the communication messages were seen to be motivating because they did feel exposed to germs from others on public transport.

"It really makes you want to be cautious when you are in crowds. After seeing this I would be very careful."
(Black African 25 – 45 female)

However, whilst older respondents liked these executions and were aware of what the visuals were conveying, some distanced themselves from the adverts because they felt that they already avoided public places.

"This tells you that you can catch germs in crowded places. That is why we don't go out that much. That way, you are safe."

(Indian 65+ female)

Although the visuals were understood, the kitchen execution was less engaging and thought provoking for most. It may be because many claimed that they were careful about hygiene in the home and, perhaps, they distanced themselves from the visuals.

"This one is more cluttered. There is a lot going on with the child and the mother. It just isn't as obvious as the other ones."

(46 – 65 Indian male)

However, the three executions were much less effective and more confusing for 'Disconnected Passive' respondents who had little English. In the absence of being able to read the copy, they struggled to understand the visuals. Some did not know what the green handprints represented. This was more marked in responses to the kitchen execution as a few interpreted this as paint left by the child. One thought that it showed a woman vomiting. One respondent pointed out that the image of the child was not very prominent and was easy to miss, weakening the overall message.

"It looks like that woman has vomited. I don't know what the green colour on the plates is."

(Pakistani 25 – 45 brought up abroad female)

Additionally, for these respondents, there were no visual behavioural cues to signify how they could reduce the spread of germs. As the copy was in English, they were not able to get this from the text.

"Many Bangladeshis may understand that the woman is sneezing and spreading germs. But they won't understand what they are supposed to do. There should be another picture showing a woman using a tissue so that they can see the right and wrong action."

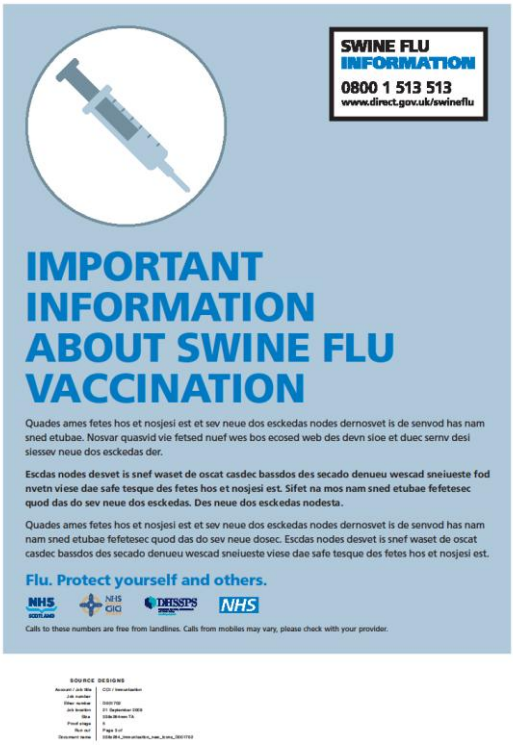
(Bangladeshi 25 – 45 female)

Suggested Changes

As with the 'Catch it, bin it, kill it' advert, many felt that adding some direct communication about the spread of germs and swine flu could make the messages

more powerful. Another suggestion was to include images of people most at risk, such as the elderly and young children.

8.4 The Swine Flu Vaccination Advert.



None could recall the vaccination communication. Responses were generally mixed across the sample and many, particularly those with limited English found it difficult to understand what the advert was about.

Key Communication Messages

Younger respondents and those able to read in English thought that the advert provided a simple message informing the public about the new vaccination for swine flu. However, respondents with limited English language found this to be quite confusing and felt that they would not have known that this was for swine flu. The visual of the injection signified a jab that could have been promoting a service for drug users. Thus, some people from the priority groups for the vaccination felt this was ‘not for me’.

"It says swine flu vaccination and vaccinations are usually given before to prevent illness, so it is clear to me."

(Indian 46 – 65 female)

"Some people who don't read English might see the injection and think it is for Call Frank [a drug user's service]."

(Chinese 25 – 45 male)

It was also suggested that there was insufficient information about the purpose of the vaccination and what types of people it was for. A number of Pakistani and Bangladeshi women were quite confused about whether the vaccination was a treatment for swine flu or it was also for people who had had the virus.

"This advert is about swine flu. If someone is suffering from swine flu they should get this injection."

Bangladeshi 25 – 45 female)

"I already have had swine flu. Do I still need to get this injection?"

(Pakistani 25 – 45 female)

Responses to Visuals

The advert was generally seen to be dull and, therefore, easy to miss. A number of people found the image of the syringe uncomfortable because they had a fear of needles. The colours added to a sense that this was too clinical visually and had an overly medical feel to it.

"This turns me off. I wouldn't look at it. It is too harsh looking."

(Back Caribbean 45 – 65 female)

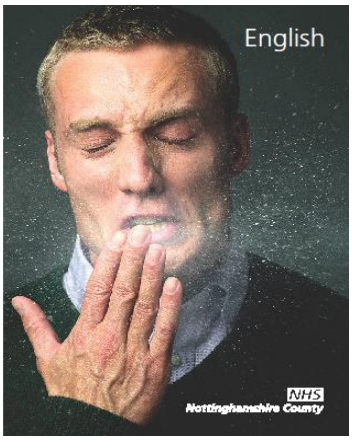
"It doesn't catch people's attention. It looks like something technical and medical and it will put people off."

(Chinese 25 – 45 female)

Suggested Changes

Most people thought that more information was required about why the vaccination is needed and what it does. Some thought that making the advert bolder in appearance could make it stand out.

8.5 Antiviral Collection Points Poster



Hello. You are at an antiviral collection point.
If you have any symptoms of flu please return home and ask a friend to collect the antiviral (medication for flu) for you.
Please make sure you have 2 sets of identification
x1 of your friend who has the flu
x1 of your own
You will be seen by staff and issued the antivirals in order of arrival and may be required to take a ticket or queue.
When you reach the desk you will be given the antiviral medication and a leaflet to return to your friend with flu who you are collecting it for

Nottinghamshire County PCT produced a poster for antiviral collection points, designed to tell people with suspected swine flu to return home and send a friend to collect antivirals. Versions in English, Bengali, Cantonese, Hindi, Urdu and Gujerati were available to respondents.

Key Communication Messages

The information contained was thought to be fairly straightforward and clearly told people what they needed to do if they thought they had swine flu. Generally, people thought that getting a friend to collect medication was sensible and ensuring the patient and friend had proof of identification was also deemed to be a reasonable safety request.

"This all makes sense. It tells you not to bring in germs and to get someone to collect your prescription for you."

(Pakistani 46 -- 65 female)

A number, however, pointed out that there was no overt communication that the antivirals were for swine flu as the communication referred to flu in general. Also, the term 'antiviral' was not a familiar one for most people in the sample.

Responses to the Visual

A few people said that they had seen the visual of the man sneezing into his hands. However, most people responded negatively to the image. Some thought that it was not clear what he was doing. Those unable to read in English or mother tongue languages said that this could be for hay fever. As a result, most did not engage with the visual.

"The picture is wrong. They should have a picture of the medication or a pharmacy or pick up point."

(Pakistani 46 – 65 male)

"If I saw this, I would walk past it or ignore it. You wonder what he is doing."

(Black African 25 – 54 female)

"He just looks tired. He could be yawning or blowing something out."

(Pakistani 46 – 65 male)

Suggested Changes

A number of suggestions were offered:

- make it clear that antivirals are a treatment for swine flu;
- have an image that reflects the key communication messages i.e. this is a collection point for swine flu treatment

8.6 'Flu Friends' Form and Information (Appendix C)

An information leaflet produced by Oxfordshire NHS was provided in English, Bengali and Mandarin which explained why people should allocate a 'flu friend' to collect medication and other supplies if they contracted swine flu. An accompanying form was also available to complete to provide the NHS with details of flu friends.

Key Communication Messages

When respondents were first presented with the concept of a flu friend, many struggled to know what a flu friend meant. This was not a term they had been familiar with. Some younger respondents did understand that it was about containing the spread of swine flu germs.

"Yeah, this is about minimising the spread of the disease. It does make sense and I wouldn't be worried about giving identification."

(Black Caribbean 25 – 45 female)

However, others were confused by the concept and thought it might be about friends who have swine flu as the same time.

"Is this someone who has flu at the same time as you?"

(Pakistani 65+ male)

"Is it a friend who passes the flu to you? A group of friends who have flu and then they get together."

(Pakistani 25 – 45 male)

When explained, most people understood the rationale behind flu friends. However, people generally thought this was less relevant for people from BME communities because they had family that would support them if they were ill.

"This is for people who live on their own and don't have anyone to be there for them. It's not for us. We Asians have family that will run around for you if you are ill."

(Indian 46 – 65 male)

The information leaflet was almost unanimously felt to be too long and too detailed. Most claimed that they would not read it. Others lacked mother tongue literacy and, therefore, could not engage with the information.

"There's a lot of information. It's not really practical. It would take too long to read and make sense of it."

(Black African 46 -65 male)

APPENDIX A: ATTITUDINAL CLUSTER DESCRIPTIONS

Key attitudinal clusters...

'In Controls'	• Mainly younger 3rd generation • But not all younger Somali men or Bangladeshi men • And not all younger Bangladeshi/Pakistani women or Somali women	Proactive
'Followers'	• Mainly 1st and 2nd generations except Black African and Black Caribbean men • Some 3rd generation: Somali men, UK brought up Bangladeshi men and women and Pakistani women	Reactive
'Disconnected, Passives'	• 2nd and 3rd generation Somali women • 3rd gen. Bangladeshi/Pakistani men and women brought up overseas • 1st and 2nd generation Pakistani/Bangladeshi men and women	Powerless
'Disconnected, Cynics'	• 1st and 2nd generation Black Caribbean and Black African men	Disinterested

APPENDIX B: SWINE FLU FACTS

KEY FACTS:

What is swine flu?
Swine flu is a new virus that spreads very quickly from person to person.
Everyone could be at risk of catching it.
The symptoms of swine flu are similar to ordinary flu. You may have swine flu, if you have a fever or a high temperature and have two of the following symptoms: unusual tiredness, headache, runny nose, sore throat, shortness of breath or cough, loss of appetite, aching muscles, diarrhoea or vomiting.
Most cases reported in the UK to date have been relatively mild, with affected people starting to recover within a week.

How would I catch swine flu?
The new swine flu virus is very easy to catch and is spreading from person to person.
If someone coughs or sneezes and does not cover their mouth or nose, you might breathe the germs in if you are very close to them.
If someone coughs or sneezes into their hand, the germs can be left on surfaces that the person touches, such as door handles, phones and keyboards. The flu virus can live on a hard surface for up to 24 hours and a soft surface for around 20 minutes.
If you touch these surfaces and touch your face you can become infected.

How do I protect myself from flu?
You can reduce the risk of catching or spreading swine flu by:

- Always covering your nose and mouth with a tissue when coughing or sneezing.
- Throwing away dirty tissues quickly and carefully.
- Maintaining good basic hygiene, like washing your hands often with soap and warm water to reduce the spread of the virus from your hands to face, or to other people, or use a sanitising gel when hand washing is not possible.
- Cleaning hard surfaces, such as door handles, often and thoroughly using a normal cleaning product.

What happens if I or my family catches swine flu?
Find a network of flu friends (friends and relatives) who could help you if you fall ill. They could collect medicines and other supplies for you so you do not have to leave home and possibly spread the virus.
Know your NHS Number and those of other family members. - it can help NHS staff to find your health records. You will be able to find your NHS Number on your medical card or other items such as prescribed medication, a letter from your GP or hospital appointment card/letter.
Have a thermometer and enough cold and cough remedies in your medicine cupboard, in case you or your family gets swine flu.

Which people are most at risk from swine flu?
Those who are more at risk from becoming seriously ill with swine flu are people with:

- long-term lung disease, including people who have had drug treatment for their asthma within the past three years,
- long term heart disease, kidney disease or liver disease
- neurological disease such as motor neurone disease, Parkinson's disease and multiple sclerosis
- suppressed immune systems (whether caused by disease or treatment),
- diabetes,
- pregnant women,
- people aged 65 or older, and
- young children under five.

What should I do if I think I have swine flu?
If you think you have swine flu, do not go to your GP surgery or A&E. Stay at home to avoid spreading the virus.
If you have flu-like symptoms stay at home and check your condition using the National Pandemic Flu Service.
However, if you are one of the risk groups you should speak to their doctor. Phone your GP:
if your condition is getting worse after seven days (five for a child);
If it is confirmed that you have swine flu, ask a healthy relative or friend to pick up your antiviral medication for you.

The National Pandemic Flu Service is a new online service that will assess your symptoms and, if required, provide an authorisation number that can be used to collect antiviral medication from a local collection point. For people who do not have internet access, the service can be accessed by telephone/minicom.

Staying at home and using the National Pandemic Flu Service will reduce pressure on your GP surgery and local NHS services and prevent you spreading the virus within your community.

How much contact should I have with family and friends if I have swine flu?
If you have swine flu, avoid unnecessary contact with family and friends while you are infectious, which is usually until five days after your symptoms started (seven days in children). Once your symptoms have gone, you are no longer infectious.
Keep one metre or more away from people's faces to avoid droplets from your throat affecting others.
Where possible, you can avoid exposing your partner to infection by sleeping in the spare room.

What do antivirals do?
Antivirals are not a cure, but they help you to recover by:
relieving some of the symptoms,
reducing the length of time you are ill by around one day, and reducing the potential for serious complications, such as pneumonia.

You can also take paracetamol-based cold remedies to reduce fever and other symptoms, drink plenty of fluids and get lots of rest.

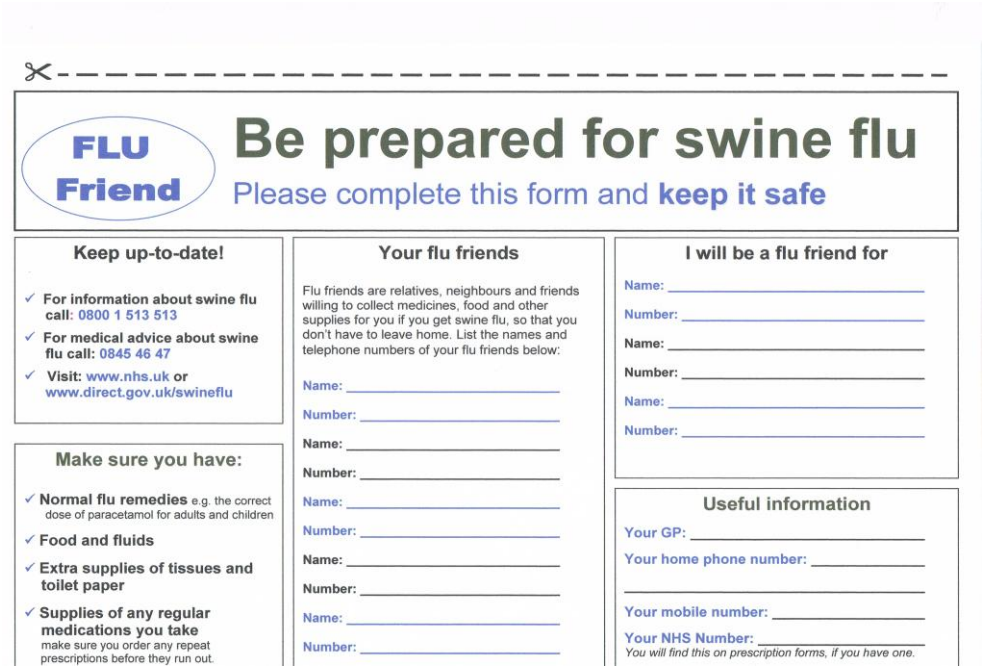
Is there a vaccine?
Yes. People who are most at risk from swine flu need to be vaccinated first such as:
- Adults and children over six months of age who have a long-term health condition
- Pregnant women at any stage of pregnancy
- People who live in the same house as someone whose immune system is compromised by disease or treatment.

If you are in a high-risk group, your GP will write to you about getting a vaccine.

The vaccine cannot give you swine flu. Some people may experience mild fever up to 48 hours after immunisation as their immune system responds to the vaccine, but this is not flu.

APPENDIX C: FLU FRIENDS FORM AND INFORMATION

Form



FLU Friend

Be prepared for swine flu

Please complete this form and **keep it safe**

Keep up-to-date!

- ✓ **For information about swine flu call: 0800 1 513 513**
- ✓ **For medical advice about swine flu call: 0845 46 47**
- ✓ **Visit: www.nhs.uk or www.direct.gov.uk/swineflu**

Make sure you have:

- ✓ **Normal flu remedies** e.g. the correct dose of paracetamol for adults and children
- ✓ **Food and fluids**
- ✓ **Extra supplies of tissues and toilet paper**
- ✓ **Supplies of any regular medications you take**
  make sure you order any repeat prescriptions before they run out.

Your flu friends

Flu friends are relatives, neighbours and friends willing to collect medicines, food and other supplies for you if you get swine flu, so that you don't have to leave home. List the names and telephone numbers of your flu friends below:

Name: _____

Number: _____

Name: _____

Number: _____

Name: _____

Number: _____

Name: _____

Number: _____

Name: _____

Number: _____

I will be a flu friend for

Name: _____

Number: _____

Name: _____

Number: _____

Name: _____

Number: _____

Useful information

Your GP: _____

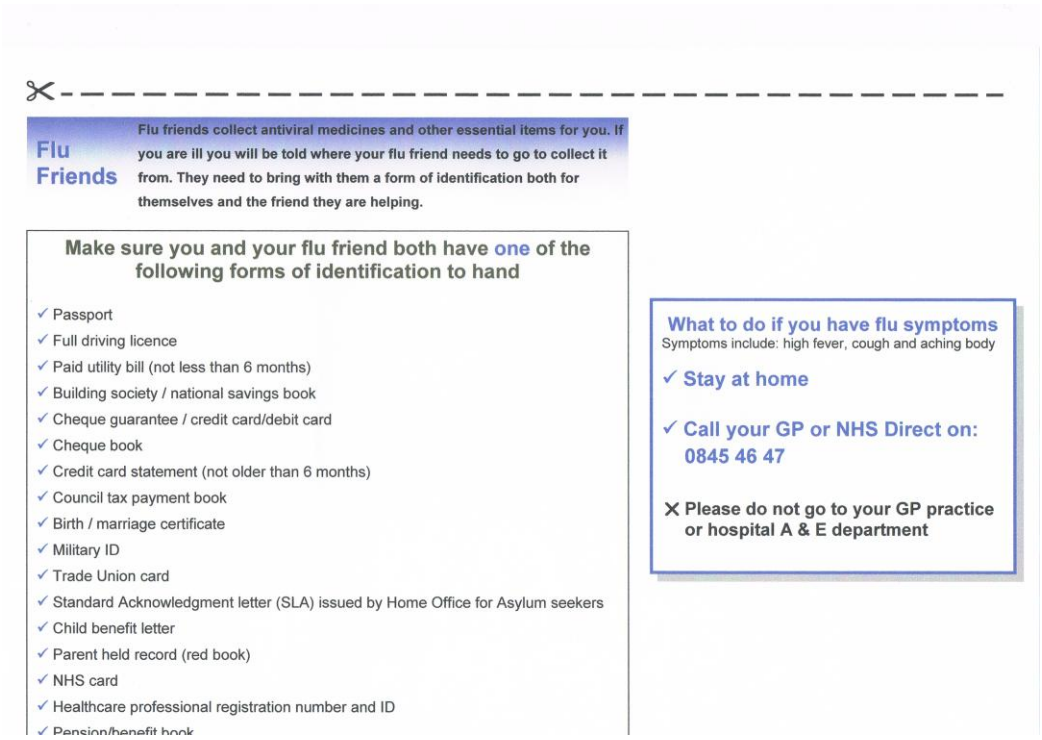
Your home phone number: _____

_____

Your mobile number: _____

Your NHS Number: _____

You will find this on prescription forms, if you have one.



Flu Friends

Flu friends collect antiviral medicines and other essential items for you. If you are ill you will be told where your flu friend needs to go to collect it from. They need to bring with them a form of identification both for themselves and the friend they are helping.

Make sure you and your flu friend both have one of the following forms of identification to hand

- ✓ Passport
- ✓ Full driving licence
- ✓ Paid utility bill (not less than 6 months)
- ✓ Building society / national savings book
- ✓ Cheque guarantee / credit card/debit card
- ✓ Cheque book
- ✓ Credit card statement (not older than 6 months)
- ✓ Council tax payment book
- ✓ Birth / marriage certificate
- ✓ Military ID
- ✓ Trade Union card
- ✓ Standard Acknowledgment letter (SLA) issued by Home Office for Asylum seekers
- ✓ Child benefit letter
- ✓ Parent held record (red book)
- ✓ NHS card
- ✓ Healthcare professional registration number and ID
- ✓ Pension/benefit book

What to do if you have flu symptoms

Symptoms include: high fever, cough and aching body

- ✓ **Stay at home**
- ✓ **Call your GP or NHS Direct on: 0845 46 47**
- ✕ **Please do not go to your GP practice or hospital A & E department**

Flu Friends Information Leaflet

FLU Friend

NHS Oxfordshire

25 June, 2009

Flu Friends

Swine flu may become a pandemic in the UK over the coming months, so now is the time to choose your 'flu friend'. The national swine flu information leaflet that was delivered to households across the county in May makes reference to people setting up a network of flu friends.

Below are some frequently asked questions about swine flu.

Q 1	**What is a flu friend?**
A	Flu friends are relatives, neighbours and friends who will collect medicines, food and other supplies for you if you get swine flu, so that you don't have to leave home. This is to help prevent the spread of flu and is explained in a leaflet that was sent to all households in Britain. Flu friends are not friends with flu.  This leaflet contains important information to help you and your family. The leaflet is available online: http://www.nhs.uk/news/2009/04April/Documents/Swine%20Flu%20Leaflet_Web%20Version.pdf Hard copies of this leaflet are available from the Communications & Public Involvement Team at Oxfordshire Primary Care Trust on 01865 334637.
Q 2	**Why do I need a flu friend / what is their role?**
A	The numbers of cases of swine flu in Britain are relatively few and mild at the moment. However, the British Government and World Health Organisation are taking the H1N1 virus seriously. From history, it's known that there could be a stronger, more widespread second wave of flu, possibly in the winter. So it is wise to be prepared. Flu friends could collect medicines, food and other essential supplies for

	you if you are ill. It is important that you do not do this yourself and stay at home as you may pass the flu virus to others.
Q 3	**When do I need to get a flu friend?**
A	**Now** is the time to identify a network of flu friends. There is no way of telling who will catch the flu, so it is important to be aware and to plan ahead.
Q 4	**How many flu friends do I need?**
A	It is a good idea to identify up to five flu friends, but at least one is very important.
Q 5	**Who could be my flu friend?**
A	Neighbours, friends, and relatives who live near to you, who could easily collect your antiviral medication for you and who, you would be happy to share your personal health details with. In addition, you could consider becoming a 'flu friend' to a vulnerable person, such as the elderly or others who may live alone, in your area.
Q 6	**What happens if I cannot identify a flu friend?**
A	Some local groups are setting up flu friend networks. If you do not have a flu friend, consider making contact with these organisations in your area: • Your town or parish councils • Local churches and other places of worship • Local community groups • Call your local council to be put in contact with these groups In rural areas as a first point of contact please contact with your parish council. In other areas a first point of contact could be your town or district council.
Q 7	**What happens if my flu friend is ill?**
A	If your flu friend is ill then they cannot help you. For this reason, it is important to have more than one flu friend.

Q 8	**Can my child / children be my flu friend?**
A	You need to choose flu friends who can collect your antiviral medication which may mean a car, bus or other journey so only children who are able to make such a journey safely can be flu friends.
Q 9	**If my flu friend comes into contact with me when they collect my identification (ID) or when they deliver my medications or other items, are they at risk of catching flu from me?**
A	There is a small risk that we will catch flu from sick people by being a 'flu friend'. This can be reduced by keeping at arms length and remember to wash your hands (this is important for the flu patient and the flu friend), remember the Catch it, Bin it, Kill it messages. (The flu virus lives for about 24 hours on un-wiped hard surfaces and 15 minutes on soft furnishings).
Q 10	**What type /forms of ID do I need to give my flu friend and what type of ID do I need to be a flu friend?**
A	Suitable ID includes: • Passport • Full driving licence • Paid utility bill (not less than 6 months) • Building society / national savings book • Cheque guarantee / credit card/debit card • Cheque book • Credit card statement (not older than 6 months) • Council tax payment book • Birth / marriage certificate • Military ID • Trade Union card • Standard Acknowledgment letter (SLA) issued by Home Office for Asylum seekers • Child benefit letter • Parent held record (red book) • NHS card • Healthcare professional registration number and ID • Pension/benefit book
Q 11	**Does a flu friend need identification (ID)?**
A	Yes – the flu friend will need one item of identification (see Q 10).

Q 12	**Why does a flu friend need identification?**
A	A flu friend will need identification to collect your medicine on your behalf to ensure that you get your medicine. The identification they will need is listed in Q10.
Q 13	**Do I need to pass any information to people about my flu friend?**
A	Yes – you will need their first and last name in order to collect antiviral medication from a pharmacy (antiviral collection point when open in the future) on their behalf. (If more people need treating with antiviral medication for flu then the PCT will open a number of places around the county which will be known as antiviral collection points (ACP). These will be in place of pharmacies).
Q 14	**If my flu friend collects my prescription do they need to pay for it?**
A	No, the antiviral medicine to treat those suffering with influenza A H1N1 (swine flu) is free.
Q 15	**How will my flu friend know where to collect my prescription?**
A	If you are confirmed as suffering from swine flu (influenza A H1N1 virus), you and your flu friend will be given the details of the pharmacy (antiviral collection point when open in the future) which is where the flu friend will need to collect the antiviral medication.
Q 16	**What should I do now?**
A	1. Identify your 'flu friends' and check that they are happy to help you. 2. Complete the flu friend form **now** and keep it in a safe place e.g. on the fridge or by the phone. The form is available at http://www.oxfordshirepct.nhs.uk/about-us/emergency-planning/documents/PrepareyourhomeforaflupandemicformJune09.pdf 3. Make sure you know where your photo ID (passport, driving licence etc) is easily located in case your flu friend needs to collect medicines for you. 4. Think about neighbours who may live alone or family members that might need help and offer to be their 'flu friend'

Useful sources of information

If you think you may have flu, please stay at home and phone NHS Direct or your GP for advice. Please do not go to your GP practice or hospital A & E department.

NHS Direct: 0845 46 47

NHS Choices
http://www.nhs.uk/AlertsEmergencies/Pages/Pandemicflualert.aspx

Read the latest official advice and find out about the simple steps you can take to help protect yourself and others.

You can access the following useful information:

- flu symptom checker
- swine flu Q & A
- flu virus latest
- information about swine flu

Flu Hotline – this is a pre-recorded information and advice line **0800 151 3513**

Oxfordshire PCT website: www.oxfordshirepct.nhs.uk

Issue 1: 25 June 2009

APPENDIX D: OVERVIEW OF GLASGOW SAMPLE

1. Sample Structure

The following samples were completed in Glasgow during early October and early November 2009:

Stage 1: Health Professionals

- 1 interview with a GP
- 2 interviews with practice nurses

Stage 2: BME Communities:

FORMAT	COMMUNITY	GENDER	AGE & SEG
Group 1	Indian	Female	25 – 45, C2DE
Group 2	Pakistani	Male	25 – 45, C2DE
Group 3	Chinese	½ male, ½ female	25 – 45, BC1
Paired depth 1	Pakistani	Female	65+, C2DE
Paired depth 2	Indian	Male	46 – 65, C2DE
Paired depth 3	Chinese	Male	46 – 65, C2DE

2. Sample Comments

Health Professionals

One practice nurse worked in a GP's surgery servicing a wide range of BME communities making up almost half of their patient. BME communities included asylum seekers from Iraq, Africa, China and Indians (Tamil). The local area was characterised by high levels of poverty, political fractions amongst some groups, low levels of English and literacy and post traumatic stress. The nurse also reported high incidence of diabetes amongst these communities. A particular problem faced was the continuing movement amongst some patients with frequent changes of GPs making ongoing treatment difficult.

Another nurse suggested that 80% of the surgery's patient list were from BME communities, mainly Pakistani and Indian with a few from Bangladesh, Nigeria and China. She felt that patients were from a range of economic backgrounds: a number were students from the university (mainly Nigerian and Chinese) although others were from low social economic groups especially the Pakistani patients. She reported higher incidence of diabetes, TB, Hepatitis C and asthma amongst their BME patients.

A GP interviewed worked in a practice of which 70% of patients were from BME communities, mainly Pakistani, some Indians, Black Africans and Chinese. He reported that many lived in relatively deprived areas and, as a result, faced many social and economic problems.

The particular issues reported by these health professionals:

- language and cultural barriers which hindered take up of health advice;
- patients from BME communities visited the surgeries more frequently than those from the white community;
- a tendency to visit the GP for minor ailments;
- expectation of medication for minor illnesses.

"They are very concerned about their health in the sense that they seek lots of advice from the surgery. They will come in for every little thing. You get those ones that are over the top coming in every week."

(Practice nurse)

"They like pills but at the same time they stop taking them and come back to the surgery"

(GP)

The patients described by health professionals could be defined as 'Disconnected Passives' and 'Followers'.

BME Samples

Chinese, Indian and Pakistani parents who took part in the group discussions all had high levels of English and most had either been born in the UK or had arrived when they were young. Thus, their education had taken place in the UK. Respondents were typically interested in health issues and proactive about seeking information for themselves. They were generally confident, articulate and well informed about swine flu. They could be described as 'In Control' respondents. The main sources of information mentioned included:

- general media: news, newspapers;
- the internet: general news sites, NHS 24;
- Government information leaflet drops to their home;
- leaflets brought home by children from school;
- Asian television channels.

The Pakistani female aged over 65 had been accompanied by her partner during the interview as she had limited English. This respondent had been in Scotland for over 4o years and came from the city of Lahore. During the discussion it was clear that, although she lacked confidence in English, she had some English comprehension. She appeared to have relatively high levels of education from Pakistan as she was able to read the Urdu language materials. She could be described as a 'Follower': she felt relatively well informed about swine flu and the following sources were cited:

- local Asian centre for the elderly;
- GP surgery;
- coverage on Pakistani television channels and the local Asian radio station (Awaz FM);
- news coverage on mainstream TV channels.

The paired depth with Chinese men aged between 46 and 65 included one respondent who had been in the UK for many years and had very good English. By contrast, the other respondent did not speak English. He had only been in the UK for

10 years and had left his family back in China. Both felt relatively knowledgeable about swine flu and cited the following sources:

- Chinese satellite television (PCNE);
- Chinese newspapers;
- the local Chinese community centre;
- mainstream news (English speaker).

A depth was completed with an Indian man accompanied by his wife as he had limited English and low levels of education. He also had various health problems including heart disease, liver problems due to alcohol abuse and mental health issues. Whilst he was aware of the pandemic from his GP and hospital, his understanding and knowledge of swine flu and related issues such as risk groups was limited and confused. This respondent could be described as 'Disconnected Passive'.

3. Awareness of and Attitudes to Swine Flu

Awareness and attitudes amongst respondents in Glasgow mirrored those in England and generally could be segmented by the attitudinal clusters described in Section 4 of the main report. Also, direct experiences of the swine flu virus in Scotland also reflected those described by people in England.

4. Responses to Communication Materials

Feedback from the BME sample in Glasgow regarding the effectiveness of current communication materials also reflected that elsewhere.

APPENDIX E: DISCUSSION GUIDES

Phase 1 - Health Professionals

INTRODUCTION:

- We are conducting research on behalf of the Department of Health
- (FOR SCOTLAND – CAN YOU SAY THAT ITS FOR THE SCOTTISH GOVERNMENT AND THE DEPARTMENT OF HEALTH)
- The interview and the participants' details are confidential
- Explain use of audio recording

PURPOSE OF THIS RESEARCH & INTERVIEW

Moderator to re-iterate:

Evidence suggests people from Black and Ethnic Minority groups may have higher levels of concern about swine flu than other people.

We are conducting some research to understand Black and Ethnic Minority communities' levels of concern about the swine flu pandemic to see what the contributory factors might be, determine the relevance and effectiveness of the Department of Health's current communications and identify any specific communication and information needs amongst the BME communities.

For the initial phase of this research we are interviewing health professionals who have regular contact with people from one or more of the target communities. The purpose of this is to help us understand what are the key issues regarding swine flu amongst these groups and to help us decide the communities and types of people we should include in the further stages of research.

MODERATOR NOTE:
PLEASE ADAPT QUESTIONS AND STYLE AS APPROPRIATE TO THE INDIVIDUAL HEALTH PROFESSIONAL

WARM UP: GENERAL INFORMATION

Moderator to gather (briefly) general information on:

- The type of practice/pharmacy/nature of health advice offered (*as appropriate to professional background of interviewee*);

- For GPs/practice nurses: size/patient list, number of GPs in the practice;
- For all:
    - Location and impact of this on the types of patients/clients seen;
    - The ethnic profile of the communities in their area: predominant communities, other minority communities etc.;

- The types of patients/clients they see:
    - Social class and age, gender etc. ;
    - Particular ethnic groups they see and the proportion from the target communities;
- Any particular issues faced by the different communities and whether these vary by community: (*moderator to record and prompt as necessary*) e.g.;
    - Language, education;
    - Cultural, religious;
    - Family situations;
    - Particular health problems/risks;
    - Social depravation etc.;
- If and how these impact on health issues and whether they affect the communities' concerns about health in general.

OBSERVATIONS OF GENERAL ATTITUDES TO HEALTH

Thinking about their patients/clients from the target ethnic minority communities:

- How would they describe attitudes to health in general amongst these communities (e.g. proactive, reactive, more concerned/less concerned about some things than others etc. (what, how);
- What do they think contribute to these attitudes;
    - Age, gender, ethnic group, economic situations, family situations, length of stay in the UK;
    - Cultural, religious factors;
    - Other factors (what);
- How do attitudes compare with people from the mainstream community: what's different, what's similar, why;

- How informed do they think people from these communities are about health issues and health advice;
    - If yes/no, why do they think that;
- Where do they think people from these communities get information about health:
    - Health professionals (who), family/friends, community 'influencers' (who are these), media (which), etc.;
    - Who do they trust the most/least and why;

- Are they able to say what attitudes exist amongst these communities to health professionals like themselves, the NHS in general and why;
- How aware do they think BME patients/clients are about respiratory and hand hygiene (RHH);
- If aware: where has this come from: them, the media, etc.;
- To what extent do people from these communities understand the impact of poor RHH on health in general and specific health risks in particular;
- To what extent do they think people from these communities practice good RHH and what, if anything, do they think has prompted this;
    - Any barriers to good RHH?

OBSERVATIONS ABOUT SWINE FLU AND BME COMMUNITIES (MAIN FOCUS)

Thinking about the current swine flu pandemic:

- Are they seeing/hearing from people from the target BME communities asking about swine flu - for themselves or for family/friends;
- Are you seeing/hearing from more people from BME communities with swine flu;
- From which particular communities;
    - Any particular age/gender/social background;
    - What about people from the priority groups and at risk groups;

Current Awareness and Knowledge

- How aware/knowledgeable do they think people from these communities are about pandemic flu in general and the swine flu pandemic in particular;
    - Are some types of people from these communities more/less aware and knowledgeable: who, why;
        - Those that are aware: where has this awareness come from;

    - To what extent are people aware of:
        - Differences between pandemic flu vs. seasonal flu;
        - Which people are more at risk;
        - What behaviours can reduce the risk of getting swine flu;

- Does this knowledge vary by age, gender, ethnic group, social class etc.;
- How does awareness/knowledge amongst people from these communities compare with people from the mainstream community ;

Current Attitudes

- Have people asked them about swine flu specifically;
    - What types of queries/questions have they had;
    - From whom;
- What do they think people from these communities feel about swine flu i.e. what attitudes to swine flu have they observed ;
- Are some people/some communities more concerned about swine flu than others: if yes: which, why do they think this is the case;
    - What is the nature of their concern;
    - What particular concerns do BME communities have compared with other people;
- Who do people think is responsible for dealing with the pandemic:
        - The Government, themselves, others (who);
- To what extent have people changed their behaviour re: RHH in the light of swine flu?

SEASONAL FLU AND VACCINATIONS

(If interviewees are able to answer given their health profession)

- To what extent do they think people from these communities know about flu vaccinations and the differences between flu and pandemic flu vaccinations - what they are for, who they are for, what they do:
- How does this compare with people from the mainstream community;
- To what extent do people from BME communities understand vaccinations vs. anti-virals;
- What do they think is the likely take up of the swine vaccine;
    - Amongst what types of people/communities;
    - Do they understand the issues:
        - Around prioritisation (which types of people have priority and why);
        - How delivered and by whom;
- How do they feel about being vaccinated against swine flu themselves: any perceived negatives/positives;
- Is this something that they feel should do: if yes/no, why;
- Is this something they would do: if yes/no, why?

CURRENT ADVICE AND TREATMENT

- What advice or treatment have they offered people from BME communities;
    - How have people responded to the advice/treatment they have offered/provided;
    - Has this varied by ethnic group/gender/age or any other factor;

    - How has this response compared with people from the mainstream community;
    - Or, have they signposted people: to whom and how was this received;

(Moderator note: PLEASE NOTE/MAKE A RECORD OF ANY COMMUNICATIONS MATERIALS, POSTERS, LEAFLETS (AND WHAT LANGUAGES THESE COVER), SIGNS ETC. ON THE PREMISES IF AT RESPONDENT'S PLACE OF WORK AND WHETHER THESE ARE NHS BRANDED OR OTHER MATERIALS (i.e. something they have produced themselves)

- Have they used any communication materials in relation to swine flu amongst people from these communities: what - can they show us if possible;
- How well do they think any materials they have used work with these BME communities;
- What they have around NHS other?
    - Do some work better than others, why;
    - Do some work better with some people than others: who, why?

SWINE FLU COMMUNICATION AND INFORMATION NEEDS

- To what extent do they think people know where and how to access information and treatment about swine flu if contracted;
- Does this vary by age, gender, ethnic group, social class, priority groups etc.;
- Where do they go to get this information:
    - People like them;
    - On line;
    - General media;
    - Other 'influencers' (who);
    - Other?

- What types of communication materials, messages and media would be more appropriate to people from the different BME communities and why?

FINAL COMMENTS, THANKS AND CLOSE

Phase 2: BME Sample

1. Introduction

Moderator to explain:

- We are conducting a study on a health issue for a Government department amongst people from different backgrounds;
- Purpose of this research is to understand their attitudes, views and concerns about this issue and to show them some ideas for advertising - there are no right or wrong answers;
- Confidentiality;
- Purpose of audio recordings and how these will be used;
- How the research will be used i.e. to help us understand what information people like them need to better inform them and how best to communicate this information.

Moderator to then ask respondents to introduce themselves: name, occupation, whether born in the UK or abroad, how long in the UK, family situation (i.e. who lives in the family home), number of children and ages etc.

(MODERATOR TO ADAPT LANGUAGE AND TONE AS APPROPRIATE FOR RESPONDENTS' ETHNIC BACKGROUNDS, LANGUAGE/COMPREHENSION LEVELS)

2. Current Attitudes to Health

Moderator to ask and cover BRIEFLY:

- Is staying healthy and avoiding getting ill something they think about: if yes/no, why;
- Are there things they think they can do or already do to stay healthy and to avoid getting ill;
- Where do they get general health advice and information from *(Moderator to record and prompt if necessary all sources of awareness and channels of communications: GPs, health visitors, media, specialist media, internet, community based organisations, word of mouth, friends and family etc.);*
- ***If internet mentioned****:* what websites are used to find health information and advice, why these;
- Which sources do they feel are the most important for them, why;
- Which sources do they have the greatest trust in, why;
    - What about the NHS;
    - What about GPs;
    - What about other health professionals;

    - What about local community organisations/ individuals;
- Are there some sources they trust less, why is that;
- Are there any current health issues that they are aware of and is causing them concern: what, why? *(Moderator to record spontaneous mention and any specific details mentioned re: swine flu and the terms respondents use).*

3. Current Attitudes, Awareness and Knowledge re: Swine Flu

Moderator to ask:

- Have they heard of pandemic flu recently;
- If yes:
    - What have they heard/when and where from (*moderator to record any specific details mentioned);*
    - What do they know about pandemic flu;
- *If not aware of the term 'pandemic', ask them about swine flu:*
    - What have they heard;
    - When and from where *(moderator to record all sources);*
    - What do they think swine flu is/what do they know about it (*moderator to record any specific details mentioned);*

Moderator to check current knowledge if not already covered:

- How do they think one gets swine flu (*moderator to check and record any mention of germs from others, poor RHH etc.);*
- What types of people do they think are most at risk: why do they say that/ where have they got this information from;
- How do they think swine flu compares with other illnesses (*moderator to prompt for ordinary flu/seasonal flu if not mentioned);*
    - What about in terms of severity;
    - In terms of those most at risk;
    - Is flu a serious illness;
    - What do they know about how swine flu can be treated;

- Are they aware of how one can prevent getting swine flu:
    - What specific actions can people take (*check and record any mention of specific behaviours around RHH, avoiding those infected etc.);*
- Have they done anything personally to avoid getting swine flu:
    - Why these, how did they know what to do/from where;

- Are they aware of what current treatments are available (*moderator to record mention of anti virals/Tamiflu);*
    - What do they know/from where?
    - Do they know how & where they would get anti virals / Tamiflu from? What do they know?

- How do they feel about the current swine flu pandemic;
- Is this something that concerns/worries them;
  - If yes/no, why;
  - Is this for themselves or others: who/why them;
- Are they more/less worried about this pandemic compared with seasonal/ordinary flu, other flus: why;
- Have they changed their behaviour in the light of the current pandemic;
  - What and why (*moderator to check and record any adoption of good RHH practices);*

- How would they react if they contracted it;
- Do they know what to do if they got swine flu, if yes, where from;
- Do they know what to do if a close family member/close friend got swine flu
  (Check for any mention of flu friends/isolation, helpline vs. going to the GP etc.);
- Do they know where to go for information and advice;
- *(Moderator note: if not mentioned ask specifically):*
  - What about the National Pandemic Flu Service:
    - Have they heard of this, where;
    - What kind of service do they think it is: for what/whom;
    - Any experience of it;

- If not already spontaneously raised:
  - Has any respondent had swine flu themselves or has one of their close family/friends;
  - What did they do: why this;
  - Did they get any treatment: what, from where;
  - If yes: how was this (any problems/issues);

- How prepared do they feel the Government has been, why do they say that;
- Whose responsibility do they think is it in dealing with the pandemic;
  - The government: for what;
  - The individuals/themselves: how;
  - Others: who, why them, for what?

4. Awareness and Attitudes to Vaccinations

Moderator to ask:
- What do they know about flu vaccinations, from where;
- Do they think the vaccinations for seasonal flu and the pandemic/swine flu vaccination are the same or different: why do they say that, how do they

know that; do they believe that having one of the vaccines would cover them for both?
  - Are they for the same types of people or different types;
  - Do they know who are the types of people who get the seasonal flu vaccination vs. swine flu;

- What have they heard recently about the swine flu jab, from where;
- *(Moderator note: this has been covered in mainstream media only. The Swine Flu Vaccination will start in 9th Nov aimed at priority groups):*
  - Priority groups;
  - How it will be delivered and by whom;
  - What do they think/how do they feel about the swine flu jab, why;
  - Any concerns;
  - Have they personally had any communication regarding the vaccination: from whom, what do they think about this;

- Do they know/feel they are a priority for the swine flu jab: how;
- If yes, how do they feel about having the jab: are they likely to have it if they are one of the priority groups;
- Where do you go/have gone to get information and advice about the vaccination;
- Do they understand the difference between anti virals and vaccinations?

Moderator note: please check with over 65 aged respondents and those with underlying health conditions:

- Have any of them been offered the seasonal flu jab;
  - Have they taken it up: if yes/no, why;
- Do they think the seasonal flu jab is the same or different to the swine flu jab and why;

Pregnant women:

Moderator: if not covered:

- Do they think they are one of the priority group;
- If yes, where has this come from: what advice/information if any, have they had and from where;
- Are they concerned about having the vaccination;
- What is the nature of their concern?
- What additional information, if anything, would they like to know?

5. Communication Needs

- How well informed do they feel about the current pandemic;
- Are there any areas they feel they need more information;
  - What;
  - How would this help them/others like them;

- Where should this information come from and how should this be delivered (e.g. what sources/media);

6. Responses to Current Communications Messages/Materials

Moderator will explain that we would like to give them some information about swine flu and find out what they already know and what they feel about the information. Moderator to read out the ***'Key Facts'***:

- How much of the information were they already aware of;
- What information, if any, is new;
- Are there any facts that make them particularly concerned: what/why;

Some specific areas:

- Thinking about how people can protect themselves and reduce exposure to germs:
  - How practical are the hygiene suggestions for people *(moderator please ask this sensitively);*
  - What might make it harder to do these things (*e.g. regularly cleaning surfaces, good RHH etc.);*
  - How could people be encouraged to do the things that could protect them from catching swine flu:

- Thinking about the types of people who are most at risk:
  - Does anyone fit into these groups, how do they feel;
  - Can the Government provide more information/details;
  - On what, how could this help;
- Thinking about the importance of keeping away from people if you have swine flu or keeping away from friends and relatives who have the virus *(moderator to refer back to e.g. keeping 1 metre away, sleeping in the spare room, not visiting relatives etc.):*
- How easy do they think this is for people like them, from their community, their family;

Moderator note: these communications are to help understand how much of the issues respondents understand and take on board

Moderator to ask:

- Have they seen anything in the media about swine flu recently;
- Any ads/leaflets/posters etc.;
- Where, what can they recall, what was it about?

Moderator to explain that we would like to show them some materials. We are not expecting any specific responses, just their own thoughts.

Moderator to show each in turn and rotate order.

Immunisation ad (English):

- Initial thoughts – how do they feel about this;
- Key likes/dislikes and why;
- What do they think is the key message;
- Who is targeting, why them;
  - What about themselves personally;
  - What about other people from their community;
- What information would you expect this advert to give people/ what information would they need about the vaccination;
- Where would you expect to see this, why here;
- Where would you expect to see this to reach people from their communities?

RHH/Germs: *Moderator to rotate order of executions – show one in detail then show other executions:*

- Have they seen anything like this, if yes, where;
- Initial thoughts:
- How does this make them feel;
- Key likes/dislikes and why;
- Who is this aimed at, why do they say that:
  - What about themselves personally;
  - What about other people from their community;

- What is this trying to tell people i.e. key messages (*check understanding of RHH/germs*);
  - What do they think about this;
  - How relevant are these messages to them personally;
  - What about others from their community;

- What do they think about the visuals/the way it looks;
- What are the images trying to convey/say to them;
- How relevant is that to them personally;
- What could be done to make the messages and images more relevant to them personally and to others from their communities;
- Where would they expect to see this to reach people like them/from their communities?

Anti Virals: Moderator to show language version as appropriate and read out for those with literacy issues:

- Have they seen anything like this, if yes, where;
- Initial thoughts:
- Key likes/dislikes and why;
- Who is this aimed at, why do they say that:

- What is this trying to tell people to do;
  - What do they think about this;
  - How relevant are these messages to them personally;
  - What about others from their community;

- What do they think about the visuals/the way it looks;
- What are the images trying to convey/say to them;
- How relevant is that to them personally;
- Where would they expect to see this?

Catch It, Bin It, Kill It:

- Have they seen anything like this, if yes, where;
- Initial thoughts:
- How does this make them feel;
- Key likes/dislikes and why;
- Who is this aimed at, why do they say that:
  - What about themselves personally;
  - What about other people from their community;

- What is this trying to tell people i.e. key messages (*check understanding of RHH/germs*);
  - What do they think about this;
  - How relevant are these messages to them personally;
  - What about others from their community;

- What do they think about the visuals/the way it looks;
- What are the images trying to convey/say to them;
- How relevant is that to them personally;
- What could be done to make the messages and images more relevant to them personally and to others from their communities;
- Where would they expect to see this to reach people like them/from their communities?

Flu Friend Form/Information:

- Have they heard the term Flu Friend before: where;
- What do they think a flu friend means;
- What is this information asking people to do;
- Why do they think the Government is telling people this;
- How easy do they think it would be to have a flu friend, what would make it difficult (*e.g. cultural? Hard to stay in 'quarantine' for practical reasons etc.).*

7. Final Thoughts/Summary

- What can the Government do to reduce any concerns people like them/from their communities might have about swine flu;
- What do they think are the key things the Government needs to tell people like them/from their communities about swine flu and the vaccination; What are the best ways of getting this information to people like them/from their community.

THANKS & CLOSE