

## Top tips: Working with communities experiencing health inequalities

[The King's Fund](#) defines health inequalities as:

*“Avoidable, unfair and systematic differences in health between different groups of people. There are many kinds of health inequality... but they are ultimately about differences in the status of people’s health [or] differences in the care that people receive and the opportunities that they have to lead healthy lives”.*

*“Health inequalities can therefore involve differences in:*

- *health status, for example, life expectancy*
- *access to care, for example, availability of given services*
- *quality and experience of care, for example, levels of patient satisfaction*
- *behavioural risks to health, for example, smoking rates*
- *wider determinants of health, for example, quality of housing.”*

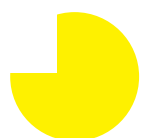
*“In England, health inequalities are often analysed and addressed by policy across four types of factors:*

- *socio-economic factors, for example, income*
- *geography, for example, region or whether urban or rural*
- *specific characteristics including those protected in law, such as sex, ethnicity or disability*
- *socially excluded groups, for example, people experiencing homelessness”.*

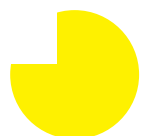
Understanding the needs and experiences of those experiencing health inequalities is a key priority for the ICS. When undertaking your [stakeholder mapping](#), engagement planning, and equalities impact assessments, it is important you identify and engage with people from communities experiencing health inequalities as part of your work.

### Making engagement work

1. **Partner with trusted community organisations** who work with and whose members are from the communities you are hoping to reach – they will be able to help you reach into their community, as well as planning and delivering your engagement work in a meaningful way. Recognise that people on the ground know their communities best.



2. Reach into communities **beyond the gatekeepers** who may not represent or have access to all parts of the community.
3. **Remember, building relationships and trust takes time.** Some communities may have never engaged with health and care organisations before or may have had negative experiences when they have. For example, many black communities have experienced consistent systemic racism and fear accessing some healthcare services. They may not be prepared to engage with organisations they do not trust, based on their past experiences. Remember to factor this into your timelines.
4. Engagement should **build on previous insight and contributions** made by the community from other similar engagement activities and maintain relationships that have been forged.
5. **Respect intersectionality** - that social categorisations (such as race, class, and gender) create overlapping and interdependent systems of discrimination or disadvantage. For example, black women experience different disadvantages and discrimination than gay migrant women. Understand that a few voices do not represent all experiences. However, the voices of the few can often be bridges to the voices of more.
6. Work with communities to understand **how they view themselves** in the context of the issue that you wish to involve them in.
7. **Engage in spaces that belong to the community**, places that are familiar, safe and welcoming to all who represent and make up the community e.g.
  - Community festivals and community groups
  - Places of worship
  - Schools, youth centres and libraries
  - Public squares and markets
  - Cafés
  - Barber shops, hairdressers or nail bars
8. **Be creative in how you engage.** People often do not always have the time or resources to go to meetings. You could try sitting in a community café with a sign that reads, “*come and talk to me about...*” This may reach a wider range of people, in particular those who are busy, but may have 15 minutes to spare or a chat.
9. **Speak to community leaders** to understand different cultures, including things like dress, physical contact, cultural behaviour, community languages and food.
10. Consider the need to **translate information** into different languages and use **interpreters**, if needed.



11. If working face to face, provide **culturally specific food** such as halal, kosher and/or vegetarian
12. Making **information accessible** – the language we use to talk about our plans needs to reflect the ways the people we are speaking to express themselves.
13. Use **culturally appropriate language** - words, phrases, analogies and concepts that speak directly to the experiences and reality of the community are useful tools of engagement as they indicate who you are trying to communicate with
14. **Be human** and bring your authentic self to the table when working with communities. This is vital when it comes to inspiring trust. If you want people to give you something of themselves, it pays to give something of yourself too.
15. **Create equality in your relationships** - if you are asking people to share their lived experience then you should think about sharing some of your own. Not to negate their experience but to bring the relationship closer to a place of equality. Consider how you dress and how you present – what are the power differences and dynamics between you and those you are engaging with?
16. **Follow up and through** - recognise that people engage with us not just because we have invited them but because they have decided they want to join us. Those who have collaborated are also vested in this issue.
17. Work with communities to **co-create training** to increase understanding of issues, community priorities and challenges.
18. **Avoid making assumptions** about culture and experiences based on your own views and biases (both implicit and explicit). Be inclusive, with respect and consideration of people's differences.
19. Plan around and take account of significant **cultural events** (e.g. religious observance) and relevant social events (e.g. school holidays). This may include avoiding engaging on certain days as well such as Fridays.
20. **Advertise** through networks, publications and channels your communities are connected to.

**References:**

NHS England (2022). *Start with communities conference – Engaging with black communities*. [PM06 Engaging with black communities - Start with People - FutureNHS Collaboration Platform](#)

NHS England (2017): *A bite-size guide to Diverse and Inclusive Participation* [Guide 07: A bite-size guide to Diverse and Inclusive Participation \(england.nhs.uk\)](#)

Lambeth Council. *Engaging with specific community groups* [Engaging with specific community groups\\_0.pdf \(lambeth.gov.uk\)](#)

Southwark Council. *A guide to engaging and working with Black and Minority Ethnic communities in Southwark*

