ART Case Studies – COVID activities and marginalised groups

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Context

System Overview

During COVID, a there were a wide range of vaccination, promotion, and engagement activities to increase vaccine uptake. The wide range of activities and the wide range of needs of different groups in the borough created a lot of complexity.

To approach this complexity, an overall picture of how these services were received in the borough was needed.
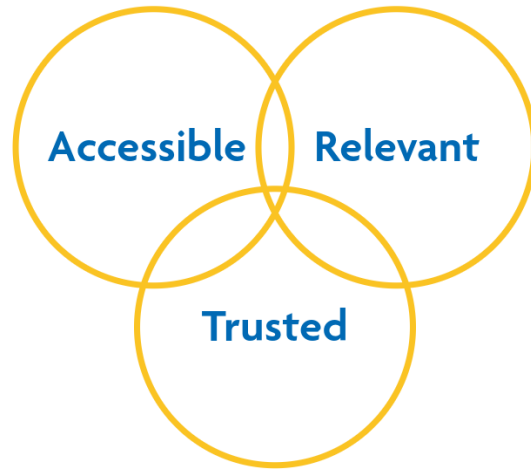
Health Equity Ambition

- The review needed to **'cut across'** the complexity of the issue
- The review should **maintain an equity** focus to ensure it tackles health inequalities.

Method of Change

- The team decided to use the ART framework to help make sense of the complexity.
- A successful application of ART would help untangle a complex system of interventions and give a clearer picture of what is and is not working to provide equitable COVID services in the borough.

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Our tools - The ART Framework

Newham London

The ART Framework

Accessible **Relevant**

Trusted

What are the barriers to uptake within our control as service providers?

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The aim of the ART framework is to **shift agency** for accessing and using health promoting services from current/potential service users to providers.

ART recognises that **accessibility, relevance and trust** are three key elements that encourage people to use our services, and that the absence of these elements can create a barrier to uptake.

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The What

ART was used as a reflection tool in two ways:

1) **Service Review**: Each service or activity that aimed to reduce the spread and burden of COVID was considered for how it measured up to each of the three criteria.

> For example, peer supporters were **very trusted but were not accessible** (particularly during lockdowns) and were not widely relevant, though they would be to the community they belonged.
>
> Services like the Health Bus **were considered to be accessible, relevant, and trusted for the groups considered**, based on uptake data and input from those involved.

2) **Theming Insights**: Key insights gathered from each of the groups were judged on which of the three criteria they were relevant too.

> For example, a common insight from people engaged in sex work was that the scheduling of sex work makes it difficult to access most activities that were scheduled by the council, which stopped the service being as **relevant** to them (and decreased their **access).**
>
> This allowed for a overview of how needs were met for the three groups, and where support or change might be needed.

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Stratifying by service or activity

Activity	A	R	T
GP based clinics	*		*
Mass Vax	*		
Pharmacy clinics	*		*
Health bus	*	*	*
Community sites (including pop-ups)	*		*
Community outreach team	*	*	*
Peer supporters			*
Community health champions			*
Public Q&A sessions		*	*
Targeted community Q&A sessions	*	*	*
Community small grants programmes		*	*
Core conversations		*	*
Social Welfare Alliance training		*	*

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Insights from specific groups

Residents who identify as Black	A	R	T
Still not good enough		*	*
The burden of responsibility	*		*
The real (pre-covid) race pandemic	*	*	*
You hear but you don't listen			*
Nothing (that we care about) ever changes			*
The vaccine is 'triggering'		*	
Having other health offers alongside Covid vaccine helps	*	*	*
The use of Covid champions to disseminate information was useful	*	*	*

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Insights from specific groups

People sleeping rough	Access	Relevance	Trust
A continuum of vaccine hesitancy		X	X
Distrust in government & vaccine efficacy			X
Unsubstantiated source of news	X		X
Negative stories are most sticky			X
Individualistic reasoning		X	
Covid 19 vaccine is not a priority		X	
The short duration of vaccine development			X
Fear of deportation	X		X
Knowledge about what services are available to them	X	X	

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Insights from specific groups

People engaged in sex work	Access	Relevance	Trust
Stigmatization	X		
GP Registration	X		
Language Barrier	X		
Too short duration for vaccine production			X
Restricted Freedom / Access	X		
Self-consciousness		X	
Timing of sex workers does not merge		X	
Poverty	X		
Inability to keep appointments		X	
Lack of awareness	X		

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Learnings and what next

The main benefit of the framework was that it was **a memorable way to break down a large problem that kept equity embedded** in the process.

It also **made it clear how difficult it can be to embed equity f**rom the beginning, particularly in emergent situations.

Feedback from staff involved in the project

"ART allows us to see across the spectrum and understand where we can do more"

"ART allowed us to develop responses that were fit for purpose including the Vaccine passport and the one stop shops"

"It showed how powerful relevance was to people taking or not taking the vaccine"

"It also showed the power of outside actors to shape and influence trust "

"ART responds to issues on the community's timeline not the Council's "

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Using the ART Framework

We're happy for organisations to use and share our case studies – however please use the credit above.
Please also let us know if you are happy for us to produce a case study on your own work.

If you have any questions and want some support – please get in touch with the Newham Health Equity Programme team:
health.equity@newham.gov.uk

Pack author – Jack Burnett

ART x Service Design - Henrietta Curzon

ART framework - Adeola Agbebiyi and Anne Pordes

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