



NHS Greater Glasgow & Clyde
“Search for Multilingual Health Information Resources”: A Report



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Executive Summary

In 2002 findings from an open space event entitled “Listening to Communities: Involving People in Health”, highlighted the need for translated health information to be made available to members of the Black and Minority Ethnic Community. In response, the Health Promotion Department within Greater Glasgow NHS Board commissioned research to investigate the existence of Black and Minority Ethnic health information resources. The report “Search for black and ethnic minority health information resources” was published in 2004.

Since the publication of the 2004 report, the demand for non-English language health resources has continued to increase. The Public Education Resource Library receive daily requests for health information in numerous languages and this increased demand for resources led to a commission for an update of the 2004 original research. This new research was commissioned in December 2006 and was completed June 2007.

Health information resources were searched for across a wide variety of health promotion topics in the last ten years. The search for resources included local, national and international organisations, either through telephone, post, e-mail or the Internet. In line with the 2004 report, formats of resources searched for included leaflets, booklets, posters, DVD’s, videos and audiocassettes.

The 2007 report also considers the availability of telephone help lines and web based multimedia formats. The findings from this 2007 search show a shift in the format of resources, with some smaller exciting portals that have opened up access to multimedia formats such as films and slide shows. This is trend that we should continue to see as it is a quick and cheap format for production and distribution.

The 2007 report findings show that the best-represented topics were cancer, mental health, accident prevention, child health and parenting. However, compared to the 2004 research, all topics have seen a dramatic increase in the volume of resources available. The most poorly represented topics were oral health and heart health. Comparisons with the 2004 report show that accident prevention has shown the most dramatic increase, being rated one of the poorest topics in the 2004 report.

The languages searched for were the same as in 2004, but with the addition of Eastern European languages. Language availability varied from topic to topic but consistently Arabic, Chinese, Punjabi, Turkish and Urdu were the best represented. Russian and Polish were also very well presented, which fits in well with the rise in these populations in Scotland.

The largest source of resources by far is the New South Wales Multicultural Health Communication Service, and this has not changed since the 2004 report. Worldwide this model for delivery is still the most impressive and comprehensive for topics and by language.



Introduction

Background

In 2002 findings from an open space event entitled “Listening to Communities: Involving People in Health” – a programme of consultations with minority ethnic communities in Glasgow”, highlighted the need for translated health information to be made available to members of the Black and Minority Ethnic Community. As part of their response in 2004, the Health Promotion Department within Greater Glasgow NHS Board conducted research investigating the existence of Black and Minority Ethnic health information resources. The outcome of this research was a report and directory, “Search for Black and Ethnic Minority Health Information Resources”.

Since the 2004 report was published, the demand for non-English Language health resources has increased considerably over the last few years. The Public Education Resource Library, NHS Greater Glasgow & Clyde has seen an increase in daily requests for health information in non-English languages since 2004. This increased demand led to a commission to update the original research and this was commissioned in December 2006.

Methods

At the time of the first report in 2004, the languages mainly in use by the communities within the Greater Glasgow NHS Board area was the deciding factor in language selection. The languages were Albanian, Arabic, Chinese Script, Farsi, French, Kurdish (Kirmanji or Sorani), Punjabi, Somali, Swahili, Turkish and Urdu. However, in the last few years there have been dramatic shifts in certain ethnic groups mainly brought about by asylum seekers populations. This highlighted the need for further languages to be considered. The languages selected were Russian, Polish, Slovak, and Lithuanian.


The following health promotion topics were selected to search for health information: accident prevention, alcohol, cancer, child health, parenting, drugs, heart disease, stroke, diabetes, men’s health, mental health, nutrition, oral health, lifestyle, sexual health, smoking and women’s health. This remained unchanged from the 2004 report.

A key factor in the search for resources was that they were not more than ten years old. The following formats were searched for; health information campaigns, leaflets, booklets, books, posters, audiocassettes, videos/DVD, and CD’s. In an update from the 2004 report the search was extended to include telephone help lines and formats such as web-based multimedia. The search for resources was worldwide, with organisations, governments, individuals and media companies being contacted by Internet websites, e-mail, post or phone. Contacts were always asked to recommend other sources and points of contact.

To ensure a comprehensive study of the health promotion topics the research focussed on two key areas of sources:

- Specialist sources for individual topics
- General portal for multilingual health information

There was no assessment of the quality of resources in terms of written information. This would not have been possible within the time and financial constraints of the project. However “presentation quality” was paramount for inclusion into the final report. Discussions with the project team highlighted the key features that would constitute good “presentation quality”; clearly titled, language indicated on front page, and good production quality.



Resources that originated from credible organisations were also seen as an indicator of quality and content.

Project timetable

Each health topic was given a one-week research slot, which was an adequate time frame to complete the research.

The findings of this report should be considered a snapshot in time and the details were correct at the time of the research being carried out. However users of this report should be vigilant to changes.

Detailed below is the chronological timetable of the research.

Cancer	w/b 08/01/07
Accident prevention	w/b 15/01/07
Smoking	w/b 22/01/07
Stroke	w/b 29/01/07
Nutrition	w/b 12/02/07
Heart health	w/b 19/02/07
Diabetes	w/b 26/02/07
Drugs	w/b 05/03/07
Oral health	w/b 12/03/07
Women's health	w/b 19/03/07
Parenting	w/b 26/03/07
Lifestyle	w/b 02/04/07
Alcohol	w/b 16/04/07
Men's Health	w/b 23/04/07
Child Health	w/b 30/04/07
Sexual health	w/b 07/05/07
Mental health	w/b 15/05/07

Topic scopes

At the project preparatory meeting in November 2006, topic expansion and further definition of the broad subject headings were discussed. The sub-topic headings were reviewed and updated as required for the 2007 report.


The main changes to the topic scopes were to remove the sub-topic "HIV" from the sexual health section. In the 2004 report the resources in sexual health were heavily dominated by HIV titles and the project team considered that "HIV" merited its own topic. However, due to financial and time constraints it was not possible to include HIV in the 2007 research.

Resources format

All the resources included in the report are fully summarised and detailed in their own sections. In a change to the 2004 report, individual sections will be downloadable electronically.

The format for the resources is as follows

- Title
- Description
- Format

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- Language availability
 - Cost (if known)
 - Published date (if known)
 - Contact details (home website only)

The report is available to view and download in PDF format from <http://www.nhsggc.org.uk/mhid>



General multilingual health portals

The general portals for multilingual health information formed the backbone of the search process and this was supported by also looking at specialist topic related portals. The specialist sources can be viewed in the individual topic sections. However, the bulk of the resources selected came by searching these large broad entry portals.

These are the complete details for all the general multilingual portals used.

24 Languages Project

<http://library.med.utah.edu/24languages/>

Black Health Initiative

www.bcathealthinitiative.co.uk/

DOH (Department of Health)

<http://www.dh.gov.uk>

EQUIP

<http://www.equip.nhs.uk>

Ethnomed

<http://ethnomed.org>

HARP (Health for Asylum Seekers & Refugees)

<http://www.harpweb.org.uk>

Health Information East London

<http://www.hiel.nhs.uk>

Health Information Translations

<http://www.healthinfotranslations.com/>

Health Scotland


<http://www.healthscotland.com/>

Health Translations Online Directory

<http://www.healthtranslations.vic.gov.au>

Healthy Roads Media

<http://www.healthyroadsmedia.org>



Multilingual & Multicultural Health Brochures & Information Sites
<http://medlib.overlakehospital.org/library/multi.htm>

Multikulti
<http://www.multikulti.org.uk>

National Network of Libraries of Medicine
<http://nnlm.gov/>

NHS Direct Online
<http://www.nhsdirect.nhs.uk>

NHS Greater Glasgow & Clyde
<http://www.nhsggc.org.uk/content/default.asp>

NSW Multicultural Health Communications Service
<http://www.mhcs.health.nsw.gov.au/>

Ohio State University Medical Center Patient Education Materials
<http://medicalcenter.osu.edu/>

Patient UK
<http://www.patient.co.uk>

Sounds Healthy
<http://www.soundshealthy.nhs.uk/>

SPIRAL
<http://spiral.tufts.edu/>

Surgery Door
<http://www.surgerydoor.co.uk/>

General Report Findings

A comprehensive search of the general and specialist sources showed that there are still many gaps in coverage for topics and languages.

However the findings of the research show an overall general increase in the numbers of resources available since the 2004 report.

Table 1 compares the number of resources in the 2004 and 2007 report.

	2004	2007	change
Cancer	30	97	3.2 fold increase
Accident prevention	7	41	5.8 fold increase
Smoking	9	30	3.3 fold increase
Stroke	1	14	14 fold increase
Nutrition	34	28	0.8 fold decrease
Heart health	6	20	3.3 fold increase
Diabetes	2	60	30 fold increase
Drugs	10	22	2.2 fold increase
Oral health	15	17	1.1 fold increase
Women's health	36	52	1.4 fold increase
Parenting	11	45	4.1 fold increase
Lifestyle	11	33	3 fold increase
Alcohol	5	18	3.6 fold increase
Men's Health	6	13	2.1 fold increase
Child Health	21	108	5.1 fold increase
Sexual health	43	26	0.6 fold decrease
Mental health	37	92	2.5 fold increase

Although new languages had been added to the search since 2004 these figures are still quite impressive. There are two decreases to report. Firstly, nutrition with a 0.8 fold decrease is almost staying the same. Secondly, sexual health has seen a 0.6 fold decrease and this mainly due to the "HIV sub-topic" being taken out of the sub-topic list for sexual health.

The languages availability was quite similar to that of the 2004 report. The traditional languages are well reported such as Arabic, Chinese, Punjabi, Somali, Turkish and Urdu. Of the new languages searched, Russian and Polish were more widely available and ranked high in comparison. Albanian, French, Kurdish, Swahili, Lithuanian and Slovak were all poorly represented.

The most striking difference in the resources was the new types of formats available now. We seem to be seeing the start in the shift away from downloadable leaflets to multimedia formats such as web based films and slide shows. There are two portals that are delivering in these new formats and seem to be setting a standard for others to follow.

Sounds Healthy

<http://www.soundshealthy.nhs.uk/>



Healthy Roads Media
<http://www.healthyroadsmedia.org>

Both of these portals offer easy to navigate websites, with good quality information.

The New South Wales Multicultural Health Communication Service <http://www.mhcs.health.nsw.gov.au/> continues to be the most comprehensive and important gateways to non-English language health resources. This remains unchanged since the 2004 report. Worldwide there are no competitors offering variety, depth and quality in topics and language coverage. This continues to be a good model for delivery and for replication.



Author Information


Joanna Ptolomey is an independent information professional who has held positions in the NHS and private sector consultancy.

Joanna is also the author of the original 2004 research on which this research is based; “Search for Black and Ethnic Minority Health Information Resources”.

Her practice portfolio covers three main areas

- Bespoke training session: quantitative and qualitative evidenced based searching in the health and social sector.
- Research services: to support evidenced based decision-making.
- Consultancy work including information service audits and the development of new information services.

Joanna specialises in the health and social care sector and can be contacted at Joanna.ptolomey@ntlworld.com.



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