Theory of Change – Covid Health Equity Manchester (CHEM)

The Problem to be addressed
Certain social and demographic groups in Manchester are at high risk of Covid infection, serious illness and death. They are also disproportionately vulnerable to the indirect consequences of Covid pandemic. While conclusive evidence is sparse, this disproportionate vulnerability is understood to be related to a number of factors: Genetics, deprivation, low wage employment, frontline roles, multigenerational households, cultural practices, language barriers, mistrust of public health messages, cultural obstacles to support services, cultural practices, susceptibility to mis-information and the prevalence of LTCs amongst high risk groups.

The Model
Target groups:
Black, Asian and Minority Ethnic citizens, people born outside UK, specific occupational groups, Disabled people, Inclusion health groups **Outputs**
1. Recruit x Community Connectors to engage target groups and develop networks of community champions to inform, advise and support safe behaviours
2. Improve the reach of public health guidance through culturally competent, targeted messaging using a range of media formats and removing digital barriers
3. Remove cultural/language barriers to services, such as Test and Trace and vaccination sites
4. Train frontline public and VCS sector staff
5. Distribute Spring Wellness Packs
6. Counteract misinformation
7. Promote safe behaviours and self-care
8. Encourage take-up of vaccinations
9. Provide health literacy counselling

Measurement
Host organisations to measure what they deliver: e.g.:
- Number of people attending webinar,
- Number of Spring Wellness packs delivered
- Number of social messages published
- Number of people receiving health literacy coaching
- ….. and so on

Outcomes

Information, Understanding and Access
Citizens in target groups:
- Have a better understanding of Covid infection and the risks
- Are better informed about how to protect themselves
- Have better access to appropriate services
- Are better connected to community support
- Are more trusting of and better access to public health messages
- Are less susceptible to misinformation
- Are more aware of health issues and strategies for self-care

Measurement
Direct feedback from participants where possible. More generally from sounding boards, HTC's or community surveys.

Behaviour change
Citizens in target groups:
- Adopt safer practices at home, in community and at work
- Practice self-care more effectively
- Follow public health guidance
- Respond appropriately to test and trace, surge testing etc.
- Have Covid vaccinations
- Have flu vaccinations

Measurement
Monitor vaccination take-up amongst target cohorts (where stats identify relevant demographics)
For more general behaviour change use sounding boards and community surveys

IMPACT
Target cohorts:
- Have reduced Covid infection rates
- Have reduced hospitalisation rates
- Have reduced ICU rates
- Have reduced death rates
- Have reduced prevalence of the indirect consequences of Covid:
  - Mental Health issues
  - Social isolation
  - Adverse educational outcomes
  - Domestic violence incidents

Measurement
Given nature of the programme, there isn't really the option to identify the counterfactual through a control group. Probably best option would be to focus on logic of the programme, supported by quali & quant evidence from outcomes together with relevant benchmarking. This wouldn't allow us to conclusively attribute any change in the impact measures to the programme but may allow us to provide some sort of estimate of the validity of the ToC.