

Toolkit How to Create Health Communications for the Jewish Community



For NHS workforce looking to engage the Jewish community.

CODEVELOPED WITH THE COMMUNITY

In partnership with



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FOR INTERNAL USE ONLY

Introduction.

This toolkit is intended to provide direction on creating inclusive and impactful communication for the Jewish community and has been validated by members of the community engaged as part of the wider NHS RHO research project, concluded in March 2024.

The first section of this toolkit provides general advice. The second section provides guidance on communicating with the strictly Orthodox communities.

This toolkit is not designed to provide medical advice on caring for Jewish patients.

For healthcare professionals looking to understand how to provide the best medical care for those of Jewish faith, see this interactive guide from **Jewish Visiting**:
<https://www.jvisit.org.uk/caring-for-a-jewish-patient-a-guide-for-medical-professionals/>

Co-creation and co-production

It's important to involve representatives from the Jewish community if you are keen to see an impact with any health communications you develop.

Please refer to the **Co-Production Guide**, developed as part of the same research project in 2024, to review with organisations and individuals you may wish to engage as part of the development of engagement.



Building trust.

The most important phase of any positive relationship is building trust and understanding of the community you wish to engage with.



Can you undertake any cultural awareness or sensitivity training prior to beginning this work? This is the best way to upskill yourself and your team in advance of any health communications.



Start your community engagement as soon as possible. Long-term relationships build trust and help build your reputation amongst community members.



Could you spend some time one-to-one getting to know the community on the ground? Get in touch with local community hotspots such as pharmacies, synagogues, community centres and ask to visit.

Inclusive approach.

Plan your communications with inclusion in mind, collaborate with the community and ask for feedback to improve future communications.

- Familiarise yourself with the segment of the community you are trying to reach. i.e. is it all people of Ashkenazi descent? Is it the strictly Orthodox community? Is it elderly people across all segments of the community?
- Understand the language used to describe the community and used by the community to describe aspects of their identity.
- Use a variety of communication channels – do not assume an SMS message will reach everyone in the community, for example.
- Ask yourself if you have any pre-conceived ideas about the Jewish community which might influence your work?
- Plan for evaluation or follow-up. What happens after you send out this communication? What do the community hear next, and how do you discuss the successes or areas for improvement?

Language.

Use plain English. Do not use language that reinforces stereotypes or that the community doesn't use to describe themselves or their health.



Consider the assumptions you are making in your communications (i.e. are you assuming a strictly Orthodox community don't want to get vaccinated?) Challenge these and listen to your community partners to ensure you don't fall into stereotypes.



Use language which demonstrates respect and a desire to support. Avoid language which is condescending, or accusatory, or might make people feel alienated.

Imagery.

Imagery used in material should represent the community you are looking to engage.

Use imagery that represents the Jewish community in a positive way and doesn't reinforce stereotypes.



Do not assume to use images of strictly Orthodox or Charedi people as it can emphasise incorrect stereotypes.



Use images related to Judaism (in its broadest sense) or use imagery which celebrates the community.

Consider barriers.

Different Jewish people may face complex barriers or challenges in accessing care & trusting services.

Educate yourself and your colleagues who will be engaging with the Jewish community about these barriers and reasons for any potential mistrust.

Mistrust can damage feelings of safety when engaging with healthcare services and can lead to disengagement with services or programmes. Your communications can build bridges or reinforce barriers.



Design your communications so that they don't add to any challenges experienced by the community. For example, for large families, sending a separate SMS for all seven children's appointments over the course of a week makes it hard to plan and attend appointments. Consider how streamlined communications 'per family' would encourage engagement and attendance.



Consider how you can build trust through your communications, for example, can you show the community you've listened to them? Can you show the community that you will create a safe space for them? Can you demonstrate through your communications a level of respect for the Jewish faith which might encourage engagement?

Language.

Language can demonstrate a respect, awareness and understanding of a community, which in turn, can encourage trust and engagement.

- You may need to be more discrete when talking about pregnancy and choose words which are used by the community. For example, using words like 'expectant mother' rather than 'pregnant mother' can help build positive relationships with the community.
- Consider translating the material into Yiddish and/or Hebrew using local support or translations services if this will help you reach members of the community (it is almost more important to consider the channels you will use when engaging with this community).
- Language which might raise fear is likely to encourage disengagement within strictly Orthodox communities and encourage isolation. Consider how to frame a service or engagement so that the goal and solution are clear and positive.

Imagery and visuals.

For observant and strictly Orthodox communities, imagery and visuals should respect the practices and views of the community.

Generally, strictly Orthodox communities do not want to see themselves reflected in any communications that can be seen or picked up by wider society.

- If your imagery will feature food (for example during a hospital stay), you should use imagery of Kosher food (if this will be an option for the patient).
- In more religiously conservative Jewish community, images should be modest and not feature open wounds, or images one may consider too graphic. Non-anatomical imagery (on external materials).
- Steer away from using imagery of pregnant women in public spaces, waiting rooms, etc. where children may see the images.
- Jewish patients are likely to prefer single-sex wards, and so photography or imagery should reflect this, in particular avoid images of women in communication seen by Jewish men (if it will be a viable option on the patient's journey through the service). Similarly, a female Jewish patient may be likely to request a female HCP for an appointment, so photography or imagery should reflect this and not show a male doctor talking alone to a female patient in a consultation, for example.

Rabbinic consultation.

Observant Jewish people may want to speak to a Rabbi before making decisions about some healthcare services, including abortion, fertility treatment, contraception, organ donation, genetic or experimental treatments.

Additionally, patients may wish a Rabbi to speak directly to a consultant or would feel more trusting of information that has been authorised by their Rabbi.



Consider how you can demonstrate an openness to engage with Rabbis as part of your engagement, communication, campaign or programme.



As well as engaging Rabbis, you may want to make sure your materials are 'rubber-stamped' by Jewish HCPs who are respected amongst the community. This will help content to be trusted by those who see it.

Channels.

Some observant Jewish people don't use smartphones, and information is shared in different channels.

Plan ahead and work with your community partner to think about what kind of material and what kind of channels will work best to build trust with a community.



Think about offline channels, for example, posters in corner shops; magazines distributed amongst the community; synagogue materials; school leaflets.



You will need to build a relationship with people who own or have access to these channels if you would like to disseminate information across them. As ever, start with building trust with key organisations or people.