

Knowledge Access Screening for Improved Health (KASIH)

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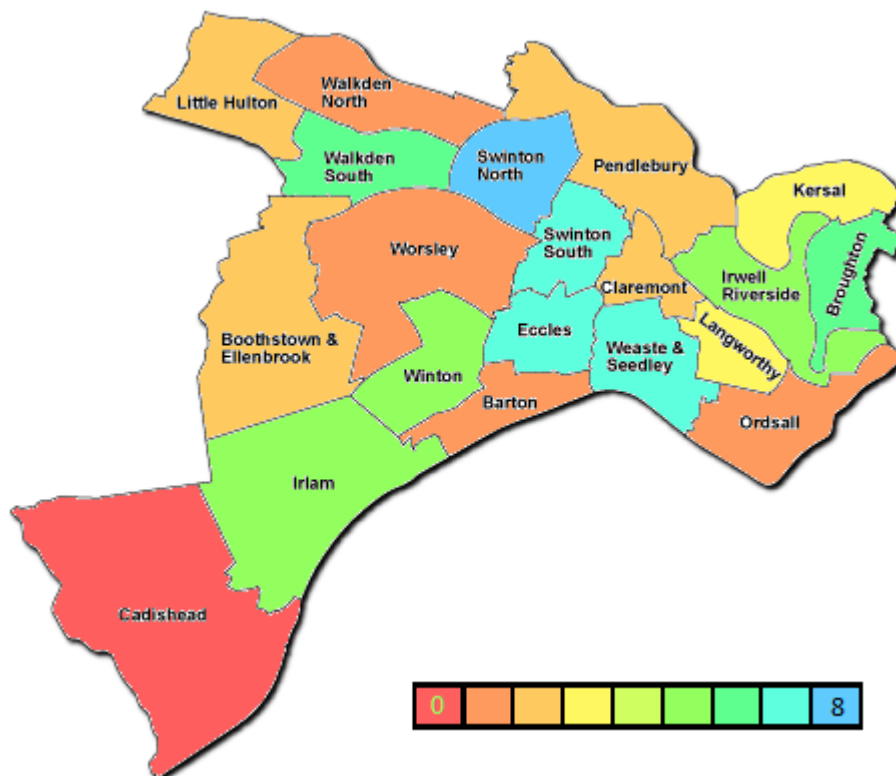


Figure i: Outlay of Salford, Manchester

About The Caribbean & African Health Network (CAHN)

CAHN is a Black-Led national voluntary communitybased organisation that was established in 2017 with the vision to eradicate health inequalities within a Generation for Black Caribbean & African People. We have six key health strands of work that are given priority attention.

Our organisation is dedicated to offering practical and educational support to enhance the health and well-being of Black men and women. To address the challenges leading to inequities for Black individuals, we have developed a platform that empowers them to engage in self-care and self-management. Our ultimate goal is to ensure that Black people have optimal health and well-being experiences.

Our commitment to Cardio Vascular Disease (CVD) awareness is grounded in the recognition that cardiovascular diseases pose a substantial threat to overall well-being. By amplifying awareness, we aim to empower individuals with the knowledge necessary to make informed lifestyle modification choices, thereby mitigating the risk factors that contribute to CVD. CVD featured in our work since our consultations in 2016 and remains our first health priority as seen in Diagram 1.0

To achieve this objective effectively, we collaborate closely with strategic partners across various sectors, aiming to influence decision-making in research, policy, and practice. The cornerstone of our approach lies in collaborative and partnership work, which is integral to

the functioning of CAHN. This collaborative effort informs how we deliver and influence services, aligning them with the needs expressed by our community to enhance their health and well-being.

For more information about CAHN and our initiatives, please visit us at www.cahn.org.uk.

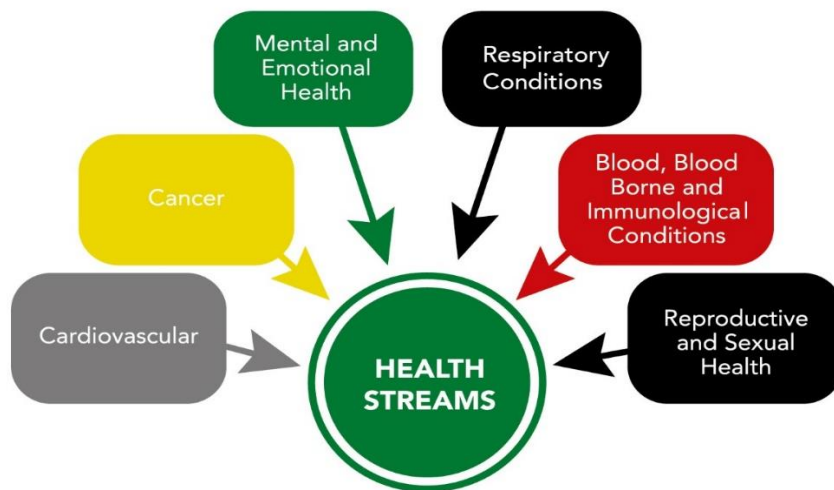


Figure ii: Six Health Priorities of CAHN

ACKNOWLEDGEMENT

We acknowledge the dedication and hard work of the community members who participated as Health Ambassadors. Their commitment to improving heart health awareness within Salford's Black community has been instrumental in the project's success.

Our sincere appreciation is extended to the CAHN clinician, and health support staff, who provided essential guidance and support to the Health Ambassadors. Their expertise in delivering tailored health education, screenings, and campaigns has significantly impacted our community's health.

We are also grateful to the external multiagency staff who played a crucial role in educating over 1200 community participants from Caribbean and African backgrounds about cardiovascular disease.

Finally, we thank the volunteer nurses and all involved in the community-based screenings, educational webinars, and peer support initiatives.

This project's success is a collective achievement, reflecting the power of collaboration, community engagement, and shared dedication to a healthier, more informed society.

Glossary

CAHN- Caribbean & African Health Network

CCG- Clinical Commissioning Group

CVD- Cardiovascular Diseases

GM-Greater Manchester

NHS-National Health Service

KASIH- Knowledge Access Screening for Improved Health

VCSE - Voluntary Community and Social Enterprise

Defining Concepts

Black African: The term refers to Black people that were born (native) in the African Diaspora.

Caribbean/African or Caribbean- African: The terms are used to refer to people of Black African ancestral descent & who migrated via the Caribbean

Caribbean/African. The word Black is capitalised when referring to people in this context. It conveys a

shared sense of racial history, identity and community among people who categorise themselves as Black.

INTRODUCTION

The Knowledge Access Screening for Improved Health (KASIH) project, an initiative by the Caribbean & African Health Network funded by NHS Salford CCG Innovation Fund, stands at the forefront of addressing health literacy in Caribbean and African communities in Salford, UK. This project is particularly significant in the context of the persistent health inequalities affecting these communities, especially in the management and awareness of cardiovascular diseases (CVD).

Health literacy is a crucial factor influencing health outcomes. It encompasses not only the capacity to understand health information but also to navigate the healthcare system effectively. The disparity in health literacy is stark; studies indicate that individuals from minority ethnic backgrounds often have lower levels of health literacy compared to the majority population (Bostock & Steptoe, 2012). This disparity contributes to poorer health outcomes and exacerbates existing inequalities.

The significance of KASIH's focus on cardiovascular health cannot be overstated. CVD remains a leading cause of mortality in the UK, with considerable disparities in incidence and outcomes among different ethnic groups. For instance, people of African and Caribbean

descent in the UK have higher rates of hypertension, a key risk factor for CVD, compared to the general population (Raleigh et al., 2010). Moreover, a study by the British Heart Foundation (2019) revealed that individuals from these backgrounds are more likely to suffer from certain types of heart diseases and are less likely to access timely healthcare services.

KASIH employs a multi-pronged approach to tackle these challenges. It focuses on community engagement, health screenings, and educational interventions, leveraging the power of digital platforms to conduct webinars and disseminate vital health information. This approach is essential in fostering a community that is knowledgeable and proactive in managing CVD risks (CAHN, 2023).

The project also aligns with broader efforts to address systemic health inequalities in the UK. Caribbean and African communities face multiple barriers to equitable health outcomes, including socioeconomic factors, cultural barriers, and systemic biases within the healthcare system. For instance, racism and discrimination in healthcare settings have been documented as significant barriers to accessing care (Szczepura, 2005). These systemic issues are reflected in stark statistics: Black women in the UK are four times more likely to die in childbirth compared to white women, and Black individuals are more likely to experience mental health issues and receive compulsory treatment (Marmot et al., 2020).

KASIH's work is thus vital in building community resilience and advocating for culturally sensitive, racially informed health interventions. The project not only educates individuals on health matters but also contributes to addressing systemic issues, ensuring equitable health care access and outcomes for Caribbean and African communities in Salford and beyond.

The success of KASIH serves as a model for similar interventions, demonstrating the potential for significant change in public health. By integrating community engagement, health education, and advocacy, KASIH highlights the importance of a holistic approach in addressing health disparities, especially in underserved populations.

The Knowledge Access Screening for Improved Health (KASIH) project represents a critical endeavour in addressing health literacy and cardiovascular disease management in Caribbean and African communities in Salford. Its comprehensive approach, encompassing education, empowerment, and advocacy, is pivotal in reducing health disparities and promoting equity in health care. The project's outcomes will not only benefit the immediate community but also provide valuable insights and strategies for tackling similar challenges in other communities.

Methodology:

The KASIH project employed a mixed-methods approach, integrating both quantitative and qualitative research and interventional methods. This design was effective for achieving the multi-dimensional objectives of the project.

Quantitative: The quantitative component involved a cross-sectional study to screen 500 individuals for cardiovascular risk factors, using epidemiologically sound techniques as suggested by Smith et al. (2018). This approach is critical in establishing the prevalence of CVD risk factors within the target population.

Qualitative: The project adopted qualitative methodologies (such as Key informant interviews and In-depth interviews and interventions) to engage community members. The in-depth educational interventions through webinars and workshops, aiming to improve cardiovascular health literacy. Such community-based education strategies have been

shown to be effective in enhancing health knowledge and practices (Johnson & Johnson, 2016).

Interventional Strategy:

Recruitment of the Ambassadors

Advertisements were strategically placed on the Caribbean & African Health Network (CAHN) website and across various social media platforms, including Facebook and LinkedIn. The focus was on engaging laypersons from the community who had little or no prior knowledge about cardiovascular diseases. This approach was aimed at harnessing the unique perspectives and community connections of these individuals, empowering them to become effective communicators and educators about cardiovascular health within their networks. Twelve Health Ambassadors from the Salford community using ***the criteria were as follows:***

- Individuals of African and Caribbean origin
- In jobs(or artisans) that involve regular interaction with the public and people of African and Caribbean origin (e.g. barbers, drivers religious leaders).
- Comfortable with initiating and carrying out discussions in English.
- Minimum age of 18 years and above.

These ambassadors underwent trainings, enabling them to efficiently disseminate health information within the community, a method reflecting successful public health initiative models (Williams et al., 2017).



Figure ii & iii: KASIH ambassadors event



Figure iv & v: KASIH ambassadors event

Recruitment of 500 participants for screening

The recruitment of 500 participants for cardiovascular screening involved a systematic and community-focused approach. Informative flyers were created and disseminated in local community centres, announcing a specific weekly screening date.

This procedure was consistently executed over 20 consecutive weeks to reach the target number of 500 participants. For the screenings, CAHN mobilised culturally competent nurses to the designated locations. These nurses conducted the screenings, ensuring that each session was not only medically sound but also culturally sensitive and tailored to the community's needs.

TRAINING OF THE OF THE AMBASSADORS.

The orientation session for the ambassadors involved a comprehensive review of the KASIH project, elucidation of their responsibilities as health ambassadors, and the development of effective communication skills for meaningful interaction within their community.

A key aspect of the delivery was to advocate for health within their communities. The curriculum, designed with cultural sensitivity, empowered ambassadors to effectively address the nuanced health concerns specific to Caribbean and African populations in the UK.

Development of training guide for the ambassadors

In order to gauge the ambassadors' initial understanding of cardiovascular diseases (CVD), baseline data was systematically gathered. This data served as a foundation for designing a tailored training guide, which was subsequently implemented in a weekly training program spanning eight consecutive weeks for the ambassadors.

The training also covered topics related to cardiovascular disease, such as barriers to engaging the Black community in CVD prevention and solutions to increase participation. Additionally, the ambassadors were educated about screening and intervention measurements and knowledge of modifiable factors that can improve CVD outcomes

As part of intervention of the KASIH initiative, the introduction of the Caribbean and African Targeted Health Improvement Programme (CATHIP) played a crucial role. This program was specifically crafted to address the unique health challenges of the Caribbean and African communities in the UK.

The ambassadors underwent a thorough orientation, immersing themselves in the program's comprehensive curriculum that covered a range of health topics directly relevant to the identified needs and disparities within these communities.

Recognising the pivotal role of ambassadors, the trainings emphasised the important position of the ambassadors. It ensured that health information and discussions are pertinent and culturally nuanced, reflecting a commitment to comprehensive and culturally competent health improvement.

SCREENING IN THE COMMUNITY

In organising the screening sessions for the health target audience of the KASIH project, a specific day each week was carefully chosen to ensure maximum attendance and effectiveness. On these designated days, CAHN nurses, volunteers with medical expertise and familiarity with the project's goals, were deployed to the chosen training centres. This arrangement facilitated an organised and focused training environment, ensuring that the screening team received comprehensive and practical instruction tailored to the needs of the project and the community they served..



Figure vii: CVD Screening exercise

Data Collection and Analysis: The project collected both qualitative data (e.g., feedback from educational sessions) and quantitative data (e.g., screening results). The analysis included descriptive statistics to present the prevalence of cardiovascular risk factors and thematic analysis for qualitative data to understand community perceptions and knowledge (Brown & Clark, 2020).

RESULTS

QUALITATIVE

on the 6th July 2023, the ambassadors were celebrated and decorated. The following were direct quotes from the KASIH ambassadors:

*"As a KASIH ambassador, I've witnessed changes in our community's approach to heart health. It's been an enlightening journey, educating others and learning about the critical importance of early detection and prevention of cardiovascular diseases. I created awareness among members of my church and I am confident that they are more health conscious" ..***Pastor**

*The satisfaction of seeing our community members benefit from our screenings and educational sessions is indescribable. I initiated discussions on CVD to my customers while barbing. In addition I ensured I joined the CAHN Healthy Hearts webinar and watched with my customers every Saturday at 11am. I am happy that I encountered CAHN and they involved me in KASIH...***Barber**

"Joining KASIH has been a life-changing experience. I am excited to be an ambassador because hypertension runs in my family, therefore I feel fulfilled that I am making a difference by educating people about CVD." **Jasmine**

"Empowerment is the core of KASIH. As an ambassador, I've not only gained invaluable knowledge about cardiovascular health but also the ability to effectively share this knowledge, inspiring others to take charge of their health." - **Val**

"This project taught me the power of communication in health advocacy. Seeing the community respond positively to our efforts has been incredibly fulfilling." - Sarah

"Being part of KASIH means being at the forefront of promoting well-being in our community. It's a role I take great pride in, knowing every conversation I have could lead to a healthier life for someone." -

"KASIH showed me that health is a journey, and even small steps can make a big impact. It's been rewarding to guide others on this path." -

"

*"My journey with KASIH has been as much about personal growth as it has been about community-***Pastor**

QUANTITATIVE RESULT

CVD DETECTION RATE

Over 1,200 community members received CVD education, and more than 500 individuals were screened for high blood pressure, atrial fibrillation, and pre-diabetes. The community-based screenings led by volunteer clinicians detected early signs of CVD in 40% of individuals screened. The project also effectively utilised webinars and peer support to educate and engage the community about heart health.

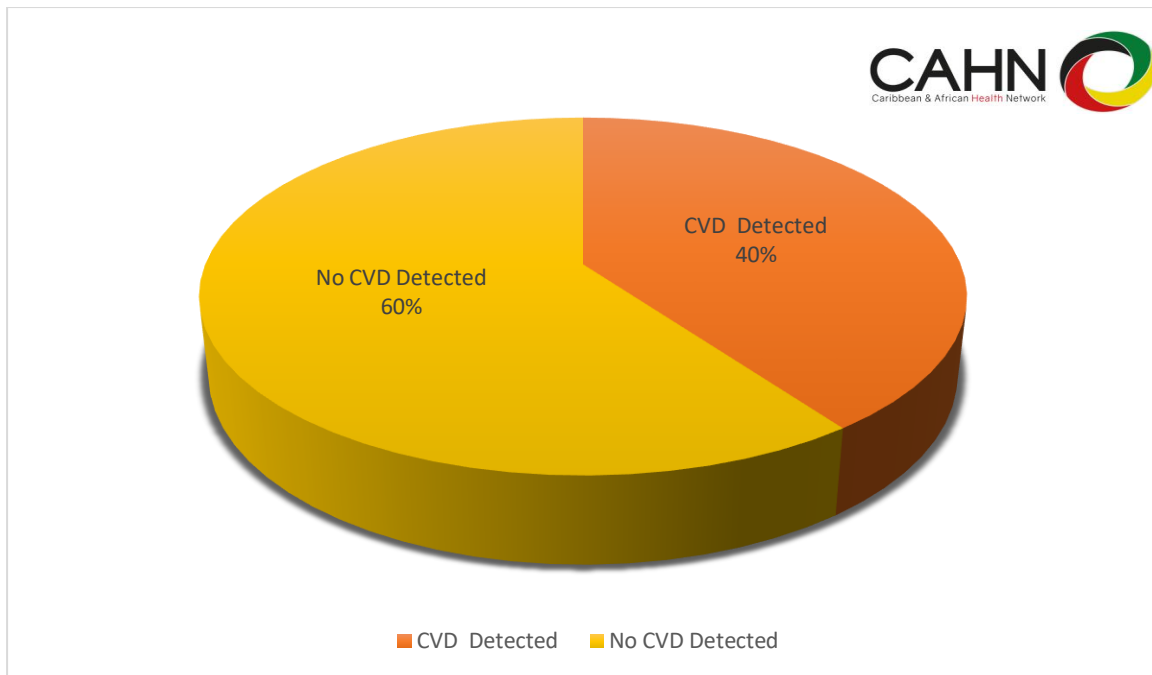


Figure viii: The distribution of cardiovascular disease (CVD) detection among the screened individuals in the KASIH project, with 40% showing signs of CVD and 60% not showing signs.

COMPARISON BETWEEN COMMUNITY MEMBERS EDUCATED vs SCREENED FOR CVD

The intervention set out to conduct CVD screenings for all participants. However, the outcome revealed that only approximately one-third of the participants consented to undergo the screening process. This limited uptake indicates a notable divergence between the intended and actual participation rates in the CVD screening initiative.

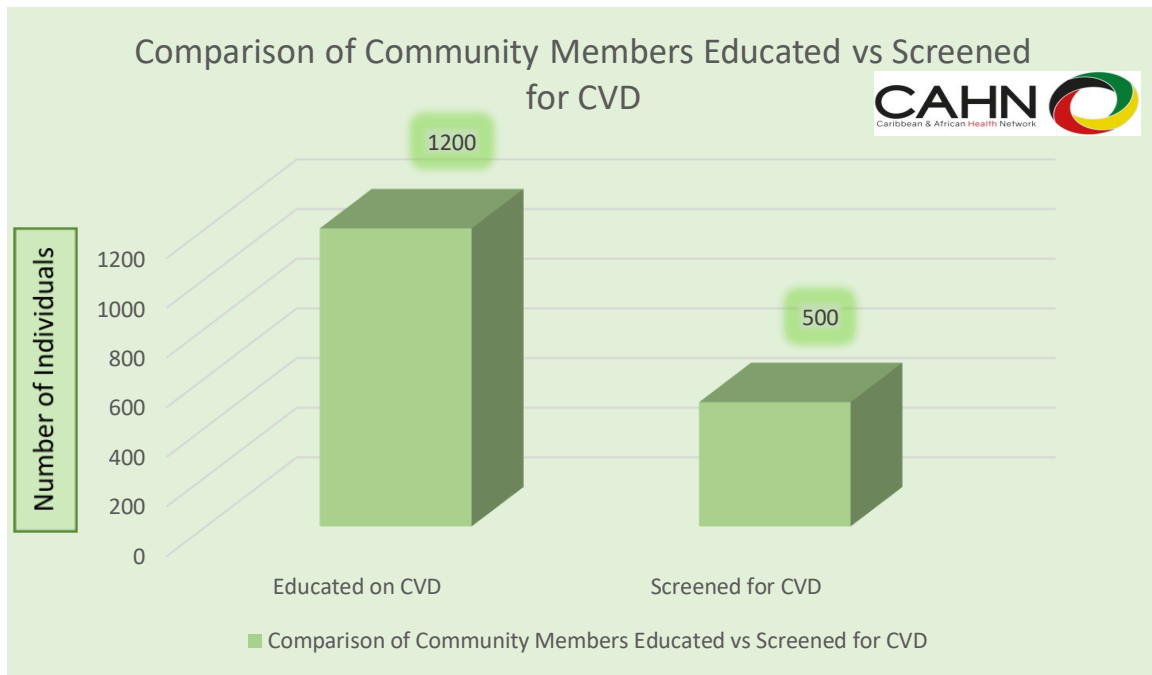


Figure ix: Comparison between the number of community members educated on cardiovascular disease (over 1,200) and those who were screened for CVD (over 500) in the KASIH project.

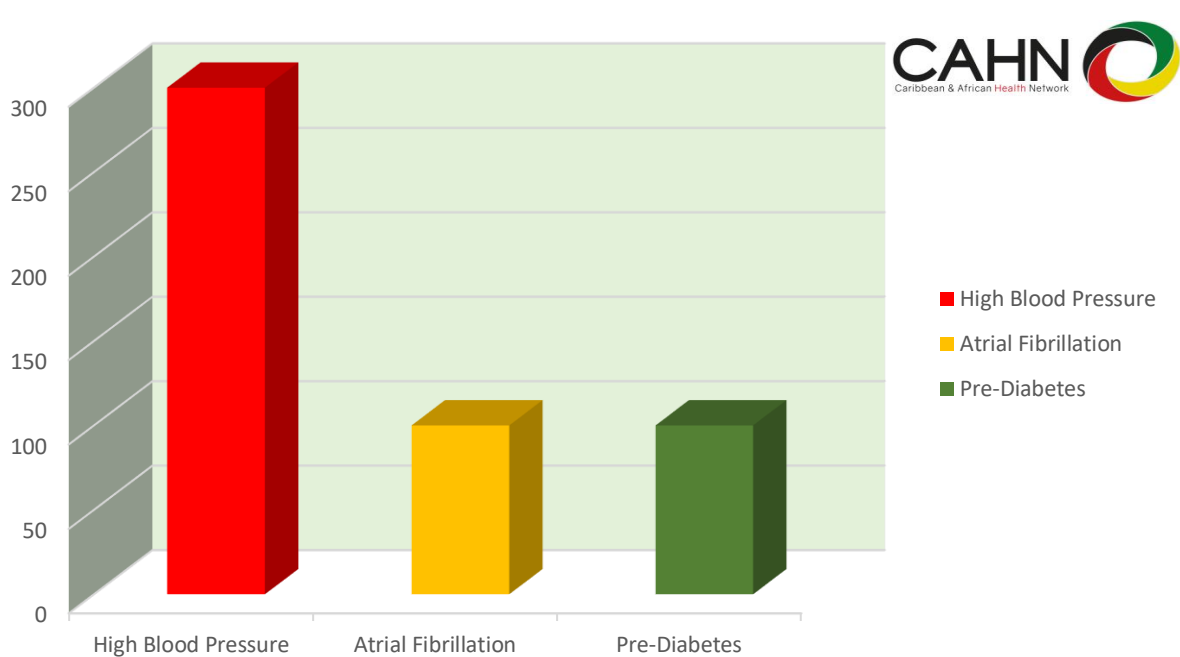


Figure x: The distribution of different cardiovascular risk factors identified during screenings in the KASIH project. The histogram shows the number of individuals identified with high blood pressure, atrial fibrillation, and pre-diabetes.

DISCUSSION

The outcomes of this project, particularly the detection of CVD risk factors in a significant portion of the screened population, align with existing research indicating disparities in cardiovascular health among ethnic minority groups; particularly the blacks.

Research indicates that people of African and Caribbean heritage in the UK, representing about 1-2% of the population, have a higher risk of certain heart and circulatory diseases. This increased risk is attributed to various factors, including higher rates of hypertension and diabetes, which are key risk factors for cardiovascular disease (BHF, 2018). Furthermore, a systematic literature review on cardiovascular disease disparities among Caribbean populations found that the prevalence of coronary heart disease and peripheral artery disease is significantly lower in Caribbean populations compared to other ethnic groups, except for immigrant Chinese and African Blacks in the UK (Gasevic and Ross, 2019)

The KASIH project's focus on community engagement, health screenings, and educational interventions is crucial in this context. The project contributes to the early detection and potential prevention of heart diseases by identifying CVD risk factors in the community. These efforts are particularly significant considering the disparities in the prevalence and incidence of CVD among ethnic minority groups in the UK. For instance, Black groups in the UK, despite having lower risk of heart disease, experience higher-than-average incidence and mortality from hypertension and stroke (The King's Fund, 2021)

The KASIH project's approach also aligns with the need for greater awareness and improved management of CVD risk factors among ethnic minority groups. Recent evidence suggests that increased awareness among healthcare providers and improved management of diabetes and CVD have reduced CVD mortality risks among South Asian groups relative to white Europeans (BHF, 2023).

The results from the KASIH project, therefore, emphasises the ongoing challenges and disparities in cardiovascular health among ethnic minority groups in the UK. Such initiatives are crucial in addressing these disparities, promoting health equity, and improving overall cardiovascular health outcomes.

CONCLUSION

The KASIH project, significantly enhanced cardiovascular health awareness within Salford's Black community. The initiative successfully tackled cardiovascular disease (CVD) through a collaborative effort involving diverse community members. The project's methodology, which included screenings and educational campaigns by health ambassadors, led to the detection of early signs of CVD in 40% of the individuals screened. The initiative's use of webinars and peer support effectively optimised community engagement regarding heart health. The project built trust within the community, leading to an increase in awareness and proactive health management. The success of KASIH provides valuable insights for future health improvement efforts in diverse communities and represents a crucial step towards creating a healthier, more informed society.

Recommendations

- Increasing screening accessibility and Implement more mobile or pop-up screening clinics in community centres to reach a broader segment of the population.
- Develop more customized educational materials and sessions that address the specific health concerns and cultural nuances of the Caribbean and African communities.
- Strengthen Digital Outreach, programmes like CATHIP should be promoted to enhance the use of digital platforms for health education and support, considering the success of webinars in reaching a wider audience.

- Undertake additional studies to better understand the barriers to healthcare access and participation in screenings within the community.
- Advocating for policy changes to address healthcare inequalities in Caribbean and African communities is crucial. This involves lobbying for policies that enhance access to healthcare services and address social determinants of health such as housing, employment, and education. Advocacy should focus on cultural competency in healthcare delivery, ensuring that services are sensitive to the unique needs of these communities. Collaborating with policymakers, healthcare providers, and community leaders to develop inclusive health policies and programs is essential. Developing more customised educational materials and sessions that address the specific health concerns and cultural nuances of the Caribbean and African communities. This will help in reducing disparities and improving overall health outcomes in these communities.
- Developing a sustainability plan for the KASIH project involves creating a long-term strategy to ensure its ongoing impact and growth. This plan should include securing continuous funding, perhaps through partnerships with health organisations, government bodies, and community groups. It's also important to establish a framework for regular evaluation and adaptation of the project's methods based on changing community needs and health trends. Additionally, training new health ambassadors and integrating innovative health education methods will ensure that the project remains relevant and effective. Establishing strong community ties and a legacy of health awareness will contribute to the enduring success and expansion of the project's impact.

CALL TO ACTION

- **Expand Health Literacy Efforts:** Continue to prioritise health education within Caribbean and African communities. Extend outreach to cover more areas and age groups, particularly focusing on young people and the elderly.
- **Advocate for Policy Changes:** Actively engage with policymakers to address systemic barriers in healthcare access and quality that disproportionately affect Caribbean and African communities.
- **Promote Sustainable Health Practices:** Encourage the adoption of healthy lifestyle choices within the community, emphasising the importance of regular health check-ups and preventive care.
- **Secure Funding for Future Initiatives:** Seek sustainable funding sources to ensure the continuity and expansion of health initiatives. Explore grants, sponsorships, and community fundraising events.
- **Implement a Feedback System:** Establish a mechanism for regular feedback from the community to continuously assess and improve the project's effectiveness.

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