Knowledge Access Screening for Improved Health (KASIH) Project

Commissioned by NHS SALFORD CCG INNOVATION FUND

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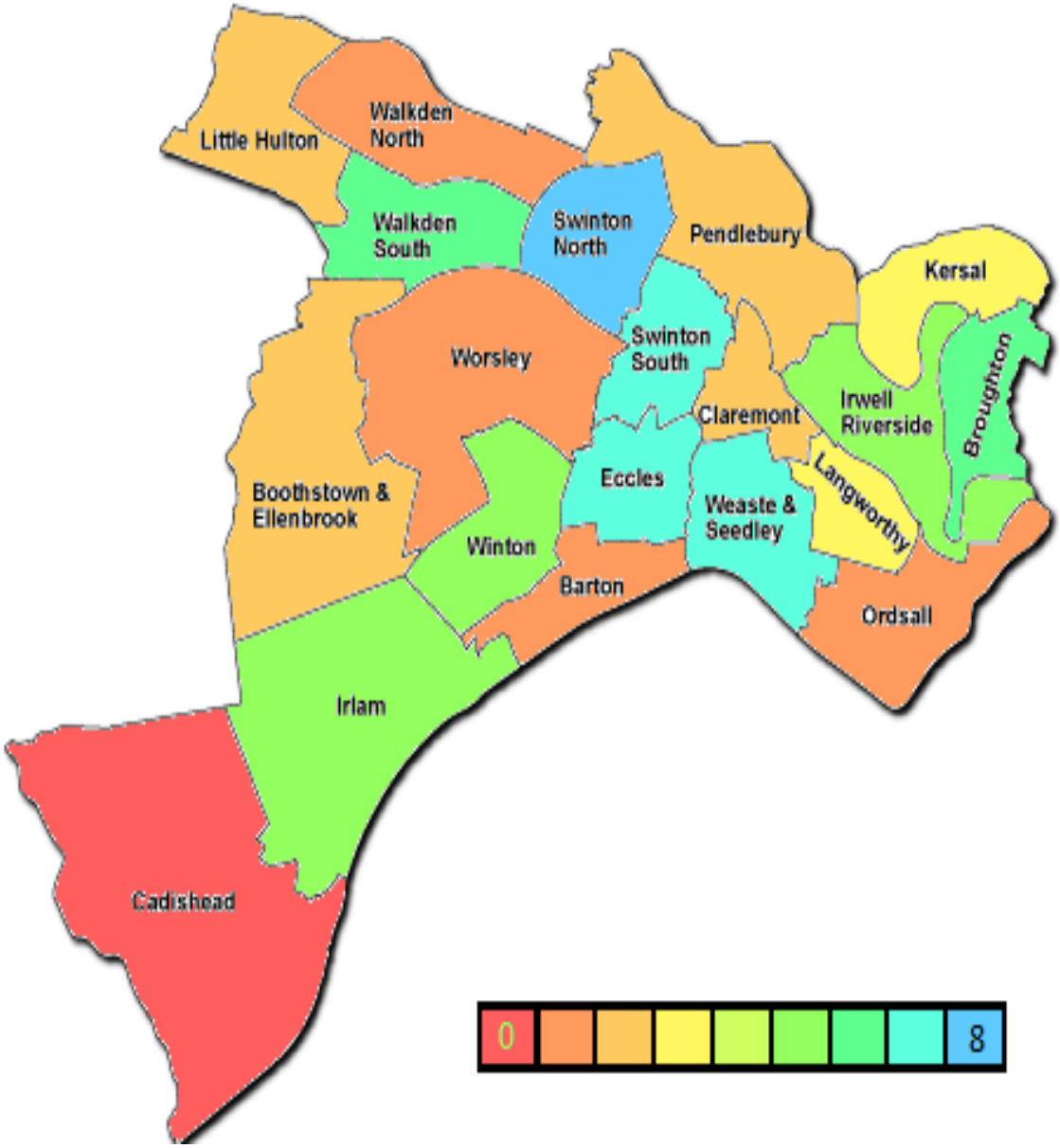

Figure 1: Outlay of Salford, Greater Manchester

About Caribbean and African Health Network (CAHN)

CAHN is a Black-led national voluntary community-based organisation that was established in 2017 with the vision to eradicate health inequalities within a generation of Black, Caribbean & African people. At CAHN, 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 among the Black population is grounded in the recognition that it poses a substantial threat to their 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. Enhanced CVD awareness has featured prominently in our work since our consultations in 2016 and remains our first health priority as seen in Figure 2- which provides a snapshot of our six priority health streams at CAHN.

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 overall health and well-being.

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

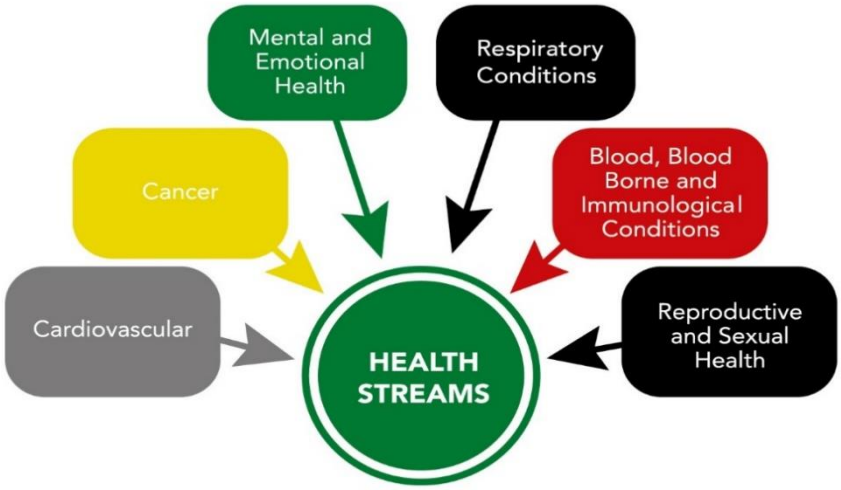

Figure 2: Six Health Priorities of CAHN

Acknowledgement

We acknowledge the profound dedication and hard work of the community members who voluntarily participated as Health Ambassadors (HA) on this project. Their commitment to improving heart health awareness within Salford's Black community has been instrumental to the effective delivery and success of the project.

Our sincere appreciation is further extended to the CAHN Health team including the Clinician and other support staff, who provided essential guidance and support to the Health Ambassadors (HAs). Their expertise and commitment in delivering tailored health education, screenings, and campaigns, was instrumental in significantly impacting the health of the target community.

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 all participating volunteer nurses and other volunteer health support staff who were 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 and better 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 or Black, African and Caribbean. 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.

Background and Rationale

The Knowledge Access Screening for Improved Health (KASIH) project, a pioneering initiative by the Caribbean & African Health Network (CAHN) and supported by National Health Service (NHS) Salford Clinical Commissioning Group (CCG) Innovation Fund, represents a significant step forward in enhancing health literacy and promoting a proactive approach to improving cardiovascular and general health and wellbeing among Caribbean and African communities in Salford, Greater Manchester, UK. Focused on addressing persistent health inequalities, particularly related to cardiovascular disease (CVD) awareness, risk assessment and inherent barriers to health-seeking behaviour within the Black African and Caribbean (BAC) subpopulations, KASIH aligns with broader ongoing intersectoral and or multifaceted initiatives within the UK public health space to combat systemic health disparities related to CVD among ethnic minorities, which had been significantly spotlighted in a previous Needs Assessment conducted by Riches (2016) for the Salford CVS (Community and Voluntary Services).

Undoubtedly, CVD remains a clear and apparent danger to UK public health. In addition to the greater risk of complications and death with its associated negative overall economic impact; unaddressed CVD within an at-risk subpopulation has a potential to further escalate current and future care burden on an already overstretched NHS (le Roux et al., 2021; Doughty et al., 2023). Greater awareness and becoming responsible (individually and as a community) can potentially mitigate this risk. Creating this awareness and behavioural modification can be achieved through targeted community-based culturally-sensitive programmes that incorporations community participation, collaboration and co-creation (Alzaman et al., 2013; Soltani et al., 2021). Health literacy, crucial for positive health outcomes, often varies among subpopulations. It encompasses not only the individual and community capacity to understand key health information but to also navigate the healthcare system effectively (Simpson, Knowles and O'Cathain, 2020). Over the years, multiple studies have consistently indicated persistent lower levels of health literacy among individuals from minority ethnic backgrounds in comparison to the general population, contributing to poorer health outcomes and reinforcing existing inequalities (Bostock & Steptoe, 2012; Al-Kaabi et al., 2016; Wittink and Oosterhaven, 2018).

To make any headway, addressing these disparities is vital and imperative, especially considering widely-acknowledged heightened risk of CVD among South Asian and Black African or Caribbean individuals compared to White Europeans within the UK (Cooke et al., 2021; Ho et al., 2022). CAHN recognised that this can best be undertaken in the BAC community in Salford through a bespoke programme that integrates CVD screening with enhancement of community health literacy on CVD, to contribute to preventing future CVD, concurrently identifying individuals at-risk or with undetected CVD and thereafter facilitating their access to optimal culturally-appropriate care within the NHS through collaborative signposting (Prevent, Detect and Facilitate Treatment). The success of such programmes is typically dependent on the rigour of its design to overcome barriers to effectively reaching out to unengaging and hard-to-reach communities, for whom conventional strategies may be ineffective.

KASIH's multi-pronged strategy - which was creatively designed by the CAHN Team combines key elements of community health intervention strategies that had been proven to effectively enhance cardiovascular health literacy - included community engagement, health screenings, and the use of digital platforms for educational interventions; to achieve a complementary and synergistic overall impact (Brewer et al., 2019; Ceasar et al., 2019; Nahar et al., 2020). This approach is essential for fostering a BAC community that is adequately informed and proactive in managing CVD risks, on a consistent and sustainable basis .

Furthermore, the project addressed other systemic issues like racism and discrimination in healthcare settings, which persist as significant barriers to accessing optimal healthcare (Smith & Mohan, 2022). Stark health outcomes statistics, such as the higher mortality rates in childbirth among Black women in the UK and increased mental health issues within this demography, underline the urgency of addressing these systemic challenges (Raleigh et al., 2010; Marmot et al., 2020).

By integrating community engagement, health education, and advocacy, KASIH not only educated target individuals on health matters but also contributed to tackling systemic issues, ensuring equitable health care access and outcomes for underserved Caribbean and African communities. This report details the project's potential to trigger significant shifts in public health paradigms within the Black community while also providing valuable insights for similar interventions in other communities as well as any future attempts to scale it up to a national level.

Materials and Methods

Analysis of the KASIH project in this report employed a comprehensive mixed-method approach that incorporates both quantitative and qualitative designs. This is expected to provide valuable insights, enhance the understanding of complex issues from different perspectives, improve the validity of results, and to effectively identify trends and relationships that could guide more robust and practical public health interventions within this target community in the future.

The KASIH project involved a community co-produced and co-created CVD intervention that involved recruitment, surveying and training of Health Ambassadors (HAs) who are socially influential members of the BAC community in Salford. Information obtained from this focus group was applied in the design of CVD education of the wider community, in addition to their intermediation role in community outreach and access.

Impact evaluation

Evaluating this public health intervention involved determining a significant reduction in cardiovascular disease within the Black African and Caribbean community, towards addressing long-standing health inequalities effectively. A mixed method was used to assess its impact.

Quantitative

This entailed a panoramic quantitative evaluation of the basic information of a cohort of 500 Black, African and Caribbean (BAC) individuals who consented to a bespoke CVD screening as well as the larger group of 1200 members of the target subpopulation who were living or working in Salford and who voluntarily enrolled on the KASIH project.

Additionally, baseline data was systematically acquired from the ambassadors during recruitment to gauge their understanding of cardiovascular diseases (CVD)/ This data served as a foundation for designing a tailored training guide for the HAs, which was subsequently implemented in a weekly training program spanning eight consecutive weeks for the ambassadors.

Qualitative: During community engagement sessions, several Key informant interviews (KII) and In-depth interviews (IDI) were conducted and piggybacked to specific educational interventions. Consequently, all corollary CVD-related educational contents delivered through webinars and workshops, were deliberately incorporated to improve cardiovascular health literacy and to actively close identified knowledge gaps. Such evidence-informed community health education approach has been shown to be effective in enhancing knowledge, awareness, practice and cooperation (Johnson & Johnson, 2016).

Interventional strategy

Recruitment of the Ambassadors

At the outset of the project, 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 social networks. Twelve (12) Health Ambassadors (HA) were engaged on voluntary basis from the Salford BAC community in a selection process that utilised the following criteria:

- Individuals of African and Caribbean origin
- In routine jobs (or artisans) that involved regular interaction with the public and people of African and Caribbean origin (e.g. barbers, drivers, religious leaders).
- Capable and comfortable with initiating and carrying out discussions in basic and conversational English language.
- Minimum age of 18 years.

Sidhu et al., (2015) reported the exponential impact of delivering culturally-sensitive community health education intervention using this PEM approach.

Figure 3A: KASIH Ambassadors event

Figure 3B: An ongoing KASIH ambassador's event

Training of the Health Ambassadors

The HAs underwent scheduled weekly trainings, enabling them to efficiently disseminate health information within the community. With KASIH employing this Peer Education Model (PEM), these influential HAs were able to effectively reach and engage broader and vulnerable members of the Black, African and Caribbean community in Salford within their respective sphere of influence, overcoming barriers experienced in accessing these community through more formal health communication

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 (Figures 3A). There were also break-outs into focus group discussions during each session (Figure 3B).

A key aspect of the delivery was to advocate for an approach that entrenches deep-rooted collaboration, partnerships and active participation in developing, promoting and sustaining the health and wellbeing of their communities. The curriculum, designed with cultural sensitivity in mind, empowered the ambassadors to effectively address the nuanced health concerns specific to Caribbean and African populations in the UK. Baseline and post-training evaluation indicated significant impact of these training sessions on enhancing the HAs CVD knowledge, willingness and motivation to share and disseminate new knowledge gained, and overall tendency to engage in community participation for enhanced and sustained health and well-being of the BAC community.

Scope of the Training

The training also covered topics related to cardiovascular disease, such as:

1. Effective communication skills
2. Cultural sensitivity
3. Community engagement strategies
4. Barriers to engaging the local BAC community in CVD prevention
5. Solutions to increase participation

6 CVD Screening and intervention measures
7 Modifiable factors that can improve CVD outcomes
8 CVD education and medication for Heart Health

Recognising the pivotal role of ambassadors, the trainings emphasised the important position of the ambassadors as key connectors in community mediation within the delivery chain of the project. It ensured that health information and discussions were pertinent and culturally nuanced, reflecting a commitment to comprehensive and culturally-competent health improvement. The ambassadors underwent a thorough orientation, immersing themselves in the programme's comprehensive curriculum that covered a range of health topics directly relevant to the identified needs and disparities within these communities. Post-training evaluation indicated a significantly enhanced level of awareness and knowledge about CVD among the cohort after which the HAs were supported to launch health campaigns in their locality to raise awareness within their social network for the KASIH interventions- the concurrent CVD education and screening.

CVD Screening of Black community in Salford

Recruitment

The recruitment of participants for cardiovascular screening involved a systematic and community-focused approach. Informative flyers on the availability of free CVD screening for individuals of Black, African and Caribbean origin (BAC), were created and disseminated in local community centres in Salford, announcing a specific weekly screening schedule and proximate locations. The HAs contributed significantly to establishing community contact and signposting most of the participants for the screening as facilitators for KASIH's access to the Salford BAC community. The screening sessions were consistently executed over 20 consecutive weeks to capture every consenting individual enlisted from within the community.

Screening for CVD risk

For the screenings, CAHN mobilised culturally-competent nurses to the designated locations within central Salford. These nurses- supported by the HAs- conducted the screenings, ensuring that each session was not only medically sound but also culturally-sensitive. In organising the screening sessions for the target audience of the KASIH project, a specific day each week was carefully chosen - after deliberation with the HAs- to ensure maximum attendance and effectiveness. On these designated days, CAHN nurses, HAs, volunteers with medical expertise and familiarity with the project's goals, were deployed to the chosen screening centres. This arrangement facilitated an organised and focused training environment, ensuring that the screening team were fully-equipped with comprehensive and practical instructions tailored to the needs of the project and the community.

Figure 4: One of the CVD Screening sessions

Virtual CVD education

As part of intervention delivered by the KASIH initiative, integration with the ongoing Caribbean and African Targeted Health Improvement Programme (CATHIP) played a crucial role in the provisioning of an omnibus CVD intervention. The CATHIP is an all-year-round, weekly held, one-and-half hour virtual health education programme for the BAC community in the UK delivered through a dedicated recurring zoom call as organised and managed by CAHN. Through an established network of medical specialist of black heritage who are currently in active practice within the NHS and wider public health, the CATHIP programme provides culturally-sensitive health education to a large audience of people from BAC communities across the UK, most of whom have established and ongoing contact with CAHN. Leveraging on this platform, for 6 consecutive weeks, the HAs worked with the CAHN team on an outreach to invite members of the Salford BAC community to these weekly calls/sessions to receive a tailored CVD education focused on culturally-appropriate CVD risk identification, awareness as well as an improved health-seeking behaviour. In total, about 1200 members of this community directly benefitted from the programme. Polling was done to obtain information about their baseline and post-education awareness of CVD and its risks. The ambassadors were given due recognition and decorated at a special event on the 6th of July 2023 to incentivise them.

Data collection and analysis

The project collected both qualitative data (e.g., feedback from HAs during focus group discussions) and quantitative data (e.g., screening results and zoom polling). 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

Some key themes emerged from the experience of some of the HAs during their focus group engagements before and during training as well as after the intervention as highlighted below:

Community Impact and Awareness

Statement by *Pastor: "As a KASIH ambassador, I have witnessed changes in our community's approach to heart health. It has 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."*

Statement by *Barber: "The satisfaction of seeing our community members benefit from the screenings and educational sessions is indescribable. I initiated discussions on CVD with many of my customers when they came to receive barbing service from me. In addition, I ensured I joined the CAHN Healthy Hearts webinar and watched with my customers every Saturday at 11am."*

Personal Fulfilment and Empowerment

Statement by *Jasmine: "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 facilitating the education of my community about CVD."*

Statement by *Val: "Empowerment is the core of KASIH. As an ambassador, I have 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."*

Statement by *Pastor (2): "My journey with KASIH has been as much about personal growth as it has been about community."*

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Communication and Health Advocacy

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

Role in Promoting Community Well-Being

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

Health as a Journey

Anonymous Ambassador (2): "KASIH showed me that health is a journey, and even small steps can make a big impact. It has been rewarding to guide others on this path.

Quantitative Results

Educated vs Screened Participants for CVD and CVD Risk

The intervention set out to conduct CVD screenings and education for all participants. Approximately one in three Salford BAC community members who received the CVD education eventually consented to undergo the screening process (Figure). This limited uptake indicates a notable divergence between the intended and actual participation rates in the CVD screening initiative.

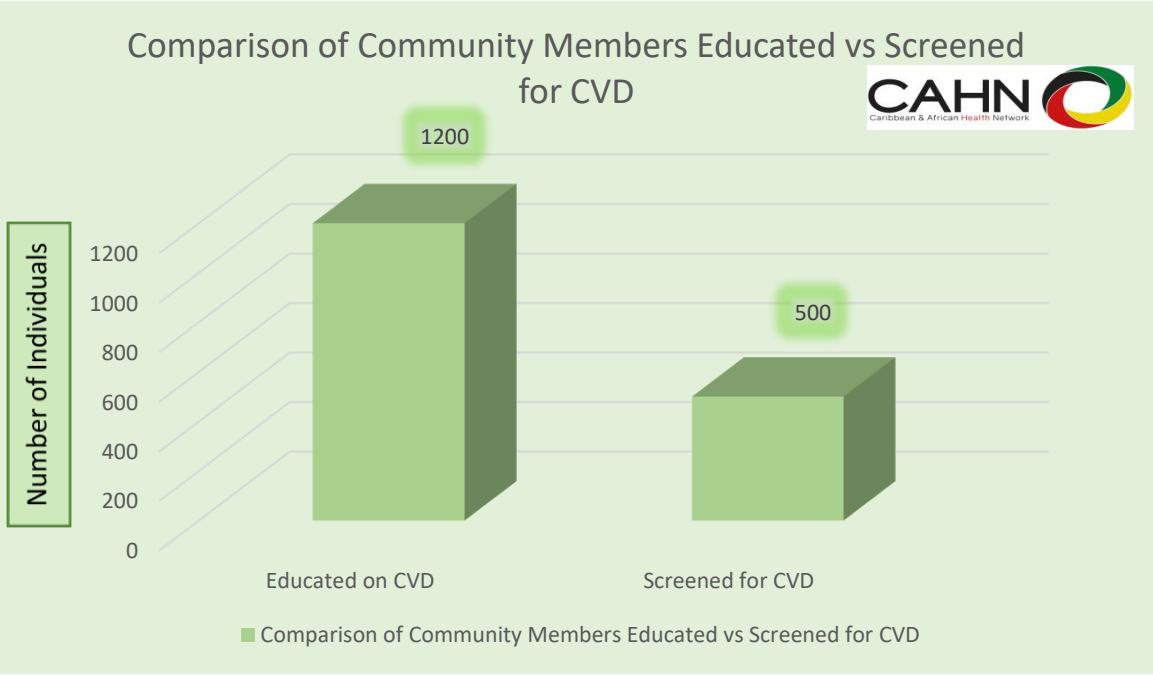

Figure 5: Comparison between the number of community members educated on cardiovascular disease (Total:1,200) and those who were screened for CVD (Total:500) in the KASIH project.

CVD Detection Rate

Overall, 1,200 community members received virtual CVD education over the dedicated 6-week period, 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 (Figure 6). The project also effectively utilised webinars and peer support to educate and engage the community about heart health.

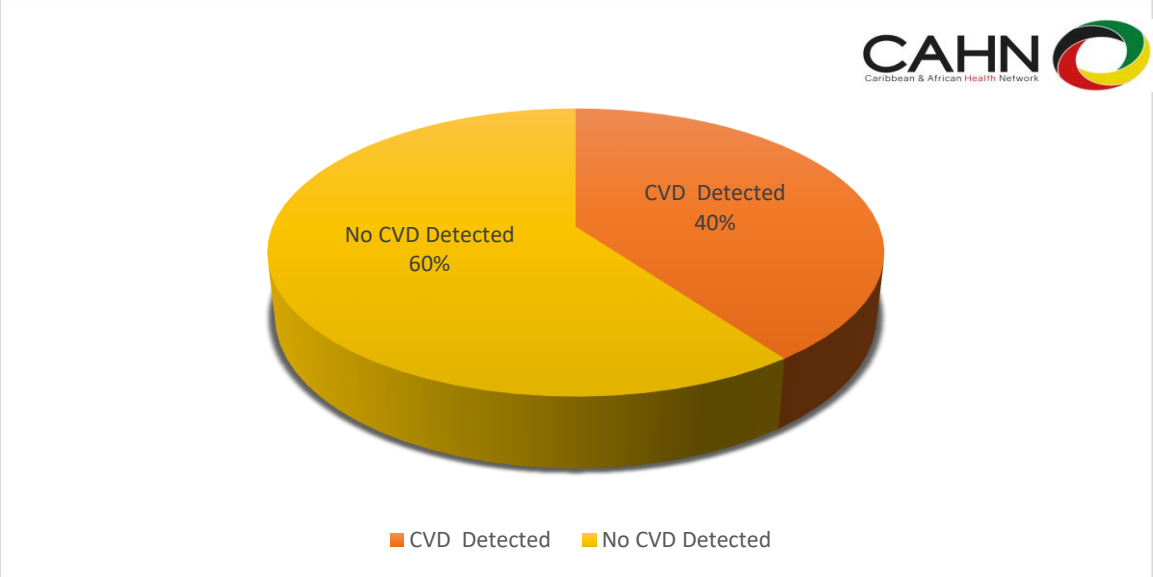

Figure 6: The distribution of cardiovascular disease (CVD) detected among the screened individuals in the KASIH project, with 40% manifesting signs of CVD or CVD risk.

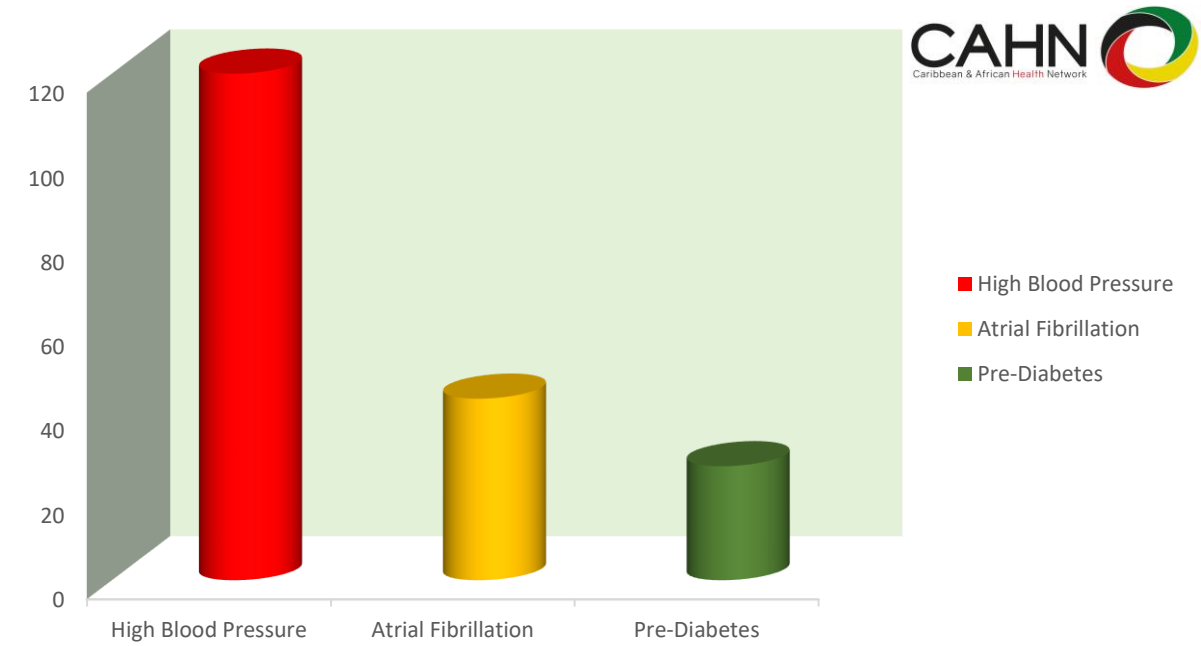

Figure 7: The distribution of different cardiovascular risk factors identified during screenings in the KASIH project. The histogram shows the number of individuals identified with high blood pressure, atrial fibrillation, and pre-diabetes.

Discussion

The impact of this project, particularly the detection of CVD risk factors in a significant portion of the screened population, aligns with existing knowledge of entrenched disparities in cardiovascular health among ethnic minority groups, particularly the Black African and Caribbean (BAC) subpopulation.

Inspite of well-documented high prevalence of diabetes among African and African Caribbean individuals, their risk of coronary heart disease (CHD) is notably lower compared to those of White European descent (Tillin et al., 2012). 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 Black Africans in the UK (Gasevic and Ross, 2019). In contrast, the rate of stroke-related deaths in the black subpopulation is twice as high, and deaths from hypertensive diseases are up to four times higher in men and seven times in women among Caribbean-born migrants than in the general UK population (George et al., 2017). Similarly, a report by The King's Fund in 2021 noted that Black groups in the UK, despite having lower risk of heart disease, experience higher-than-average incidence and mortality from hypertension and stroke. This implies that while people of African and Caribbean heritage in the UK, representing about 1-2% of the population, have a relatively lower prevalence of heart and circulatory diseases, those who develop the disease within this subpopulation have a far higher risk of death (ROD) from the disease. This disproportionate ROD can be attributed to various factors including pervasive enlightenment, endemic apathy and poor health-seeking behaviour, and structural and systemic impediments to accessing care (Colgrove et al., 2017; Darko, 2021). These further buttresses the disparities that exist in CVD risk awareness, prevention and care access within the BAC community in the UK and as reported in the Needs Assessment by Riches in 2016, the Salford BAC community is not an exemption.

The KASIH project's focus on the Salford BAC community's healthy heart engagement, CVD screening, and educational intervention becomes crucial in this context. The project contributed to the early detection and potential prevention of heart diseases by identifying CVD risk factors in the community. These efforts are particularly significant in providing a culturally-appropriate and tailored approach to mitigating community-based health disparity.

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, 2019).

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. It retains a huge potential in shaping future inequality actions among the BAC community- as regards policies, programmes, education, research and practice.

Recommendations

- Increasing screening accessibility and implementing more mobile or pop-up screening clinics in community centres to reach a broader segment of the population.
- Develop more customised 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 BAC 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 to address wider 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. Collaborations between policymakers, healthcare providers, and community leaders to develop inclusive health policies and programs is essential to developing more customised educational materials and engagements 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 the availability of a stable and sustainable funding model, perhaps through partnerships with health organisations, government bodies, and community groups. It is 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 in the long term. 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 and replication of KASIH across other councils with potential for national scalability.
- **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:** Work towards a sustainable funding model to ensure the continuity and expansion of this and similar 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.

Awards Won/ Recognitions given to KASIH Project in 2023

- **2nd runner up; Heart of the matter** –GM movement for Cardiovascular Health and Wellbeing. Greater Manchester, Etihad Stadium, 14th Sept, 2023.

Best Abstract Poster presented at Birmingham City Council Black History Month. 31st Oct, 2023.

Knowledge Access Screening for Improved Health (KASIH)
Empowering Salford's Caribbean and African Community for Heart Health

CAHN
Caribbean & African Health Network

KASIH

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Aim and Objectives Caribbean and African Health Network (CAHN) spearheaded the Knowledge Access Screening for Improved Health (KASIH) project with aim of enhancing health literacy on cardiovascular disease (CVD). KASIH project successfully improved heart health awareness among Salford's Black community. This initiative tackled CVD through a collaborative effort involving lay Black community members from diverse backgrounds such as faith leaders, barbers and taxi drivers; designated as Health Ambassadors (HAs).

Methodology Twelve (12) HAs were recruited by a team of CAHN clinicians and support staff who exposed them to intensive and holistic health education sessions, and campaigns.

- 1200 Community participants from Caribbean and African backgrounds received CVD education conducted by CAHN staff and the HAs
- 500 Participants were screened for High blood pressure, atrial fibrillation, and pre-diabetes by CAHN nurses and supported by the HAs

Result and Discussion

Community-based screening from our volunteer clinicians detected early CVD signs across 40% of individuals. Timely interventions included lifestyle education and behaviour change strategies and GP or pharmaceutical referrals as appropriate. The initiative also used webinars and peer support to educate the Black community and optimise engagements about heart health across their families.

Conclusion and Next Steps:

The project's success offers valuable insights for future efforts to improve health indices in diverse communities. This approach, led by CAHN is surely a stepping stone towards a healthier and more informed society.

To discuss a tailored **KASIH** for your locality, please email **Molly@cahn.org.uk**

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