



Fairer Health for All Fellowship Cohort 1:
Optional Template – Interim and Final report

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Project details

Project Name	Bridging the Gap in Accessing Services for African-Caribbean Communities in Salford
Fellowship Dates	February 2024 - January 2025

Summary/Abstract – FINAL REPORT

The summary / abstract provides the reader with an overview of all covered in the project report. Even though a summary is placed at the beginning of a project report, you can only write it once your entire report is complete.

Introduction	<p><i>A brief summary of your project, reasons for choosing, brief reference to key data supporting your choice/why you did it.</i></p> <p>In the UK, the healthcare system serves people from many different ethnic communities, but there are often a lot of confusion or misunderstanding between GPs and patients. This happens because of language differences or cultural beliefs that GPs might not know about. As a result, patients from ethnic communities might not feel comfortable discussing their health at the first instance with their GP especially the men or get the right care.</p> <p>I want to help GPs communicate better with patients from ethnic communities by giving them the tools to understand different cultures and languages. This project will focus on helping GPs to be more sensitive when talking to people from different backgrounds, so everyone feels respected and valued when they visit the doctor. It will also help build trust between GPs and their patients, making healthcare easier and better for everyone.</p> <p>I chose this project because ethnic communities, especially in places like Salford, face more challenges when accessing healthcare. For example, African-Caribbean patients are more likely to report bad experiences with their GPs and are less likely to use preventive healthcare services. The health of people from ethnic minority groups in England report (May 2023) and BMA response to the Race Report: A missed opportunity (2021) show that ethnic minority patients are less likely to receive the same</p>
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	<p>care as others, leading to poorer health.</p> <p>This project aims to make healthcare fairer and more equal for everyone, no matter where they come from. By helping GPs communicate better, they can improve care and make healthcare more trusted and effective for all communities.</p>
Central aim of your project	<p><i>What did you intend to achieve?</i></p> <p>To help GPs communicate more effectively and sensitively with patients from ethnic communities by providing them with tools and strategies for culturally sensitive communication. The project will provide GPs with targeted cultural competency workshops, including case studies and role-playing to simulate real-life scenarios with patients from African-Caribbean backgrounds. These trainings will equip GPs with the communication skills necessary to handle culturally sensitive discussions and understand patient health beliefs better. This will improve understanding, build trust, and ensure that all patients, regardless of their background, feel confident to speak to their GPs and receive the proper care they deserve when accessing healthcare services.</p>
Methodology, results, conclusion	<p><i>This will be a summary of what you did, what you discovered/learned and your final conclusions</i></p>

Introduction: Purpose and Overview of the Project Brief – INTERIM REPORT

Provide background, context, and an outline for your chosen project

<p>Problem the idea is seeking to solve or address (if any) and population group</p>	<p><i>Describe the issue you are looking to resolve or improve upon. What population group is your project aiming to work with?</i></p> <p>The problem I am looking to resolve is the communication gap between GPs and patients from ethnic communities. Many people, especially immigrants from these communities face challenges when accessing healthcare due to language barriers, cultural differences, and mistrust of the healthcare system. This often leads to misunderstandings, lower quality care, and reluctance to seek help when needed especially among men.</p> <p>My project's goal is to improve how GPs communicate with ethnic community members, helping them understand cultural differences and break down these barriers. By making communication more sensitive and culturally aware, GPs can provide better care and build stronger relationships with their <u>patients</u>. The short term goal is to improve service use.</p> <p>The population group I am focusing on is the African-Caribbean communities in Salford, particularly those who face challenges in accessing healthcare. This includes people from diverse backgrounds with different languages, cultures, and health beliefs, who may feel disconnected or misunderstood when visiting their GP.</p>
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	<p>By improving communication, the project will help these communities receive the care they need and feel more confident when accessing healthcare services.</p>
<p>Key assumptions and interdependencies</p>	<p><i>What can you assume will happen as a result of your project? For example, can you assume certain things will happen or be true? Is progress dependent on other factors/projects/issues?</i></p> <p>That GPs will improve their communication with patients from ethnic communities, as a result of the outcome of this project. By using the tools and strategies provided, GPs would understand cultural differences better, which will lead to more sensitive and effective conversations with patients. This would help build trust between GPs and African-Caribbean patients, making patients feel more comfortable accessing healthcare services.</p> <p>That African-Caribbean patients will be more likely to follow medical advice, attend appointments, and seek preventive care once they feel understood and supported by their . As communication improves, misunderstandings or misconceptions will be reduced, leading to better health outcomes for these communities.</p> <p>Though, progress could depend on other reasons, e.g. the availability of translators, ongoing learning for GPs, and the willingness of ethnic communities to engage with healthcare and other services are important. Furthermore, broader systemic changes, like improved policies on healthcare access for minority groups, could support the success of the project. Collaboration with other initiatives aimed at reducing health inequalities will also be key to achieving long-term improvements.</p>
<p>What is the overall purpose of this project? Aims?</p>	<p><i>Describe what you aim to achieve. What does your project seek to do?</i></p> <p>The aim of this project is to improve communication between GPs and African-Caribbean patients by providing GPs with cultural competency tools, hosting community workshops, and creating health literacy materials. By reducing language and cultural barriers, we aim to increase healthcare utilization and trust in medical services.</p>
<p>Why it needs to be done? / Why it should be done now?</p>	<p><i>Include any research/evidence you have gathered. Ensure you reference your sources.</i></p> <p>For a while, the efforts put into bridging the gap and engaging with the diverse communities in Salford has been largely theoretical, it has been impossible for various reasons mainly distrust and expertise in engagement. We need to act to close the gap so African-Caribbean communities especially new immigrants and refugees coming into the city can access healthcare and other services with confidence and without fear. They face barriers like language differences, cultural misunderstandings, and mistrust for the system due to the way they have been treated within the system when trying to access essential services particularly healthcare services. These issues lead to serious health problems</p>

	<p>that could have been prevented if interventions were in place and healthcare more accessible.</p> <p>Black, Asian and Minority Ethnic groups in England are at increased risk of death from COVID-19: indirect standardisation of NHS mortality data. Wellcome Open Res. 2020 Jun 24;5:88. doi: 10.12688/wellcomeopenres.15922.2. PMID: 32613083; PMCID: PMC7317462.</p> <p>The health of people from ethnic minority groups in England (2023) available at https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-people-ethnic-minority-groups-england</p> <p>BMA response to the Race Report: A missed opportunity (2021) available at https://www.bma.org.uk/advice-and-support/equality-and-diversity-guidance/race-equality-in-medicine/race-inequalities-and-ethnic-disparities-in-healthcare</p>
<p>Opportunities and Challenges?</p>	<p><i>Take a look at the SWOT analysis we did at the first peer support session and expand on the opportunities and challenges of your project.</i></p> <p>Opportunities</p> <p><i>Health workshops at non-traditional venues:</i> Community health workshops will be hosted in non-traditional venues like barber shops, hair salons, cafes, community grocery stores, women chat groups and churches etc to encourage participation. Mobile health clinics will also be deployed to areas with low GP attendance rates.</p> <p><i>Health literacy and other services cards:</i> Create simple, pocket-size health literacy and other available services cards or QR codes with details of a confidential number to text or call anonymously, that link to culturally tailored information in multiple languages. These can be distributed within the community through the community health ambassadors.</p> <p><i>Community health ambassador program:</i> Train people within the community the people are familiar with to speak to them about engagement with the GPs and approaching them earlier. Use their influence to introduce a surgery representative.</p> <p><i>Empower GPs and patients:</i> Organise periodic engagement sessions between GPs and the community where there would be a chance for patients to know their GPs on a more personal level. Build an interpersonal relationship which will inspire them to speak more openly with their GPs.</p> <p>Challenges</p> <p><i>Slow Uptake of Services:</i> Even with increased awareness, some ethnic communities may remain hesitant to engage with healthcare services due to fear of discrimination, mistrust, or a lack of perceived value in preventive care.</p> <p><i>Limited Funding:</i> Budget constraints may limit the ability to hire</p>

	<p>specialised staff, translators, engage effectively with communities and for long-term community outreach.</p> <p><i>Stakeholder Buy-in:</i> Gaining the commitment of healthcare providers, community leaders, and policymakers may require overcoming resistance, especially if they are unfamiliar with the benefits of the interventions.</p> <p><i>Lack of data:</i> Insufficient or outdated data on the specific health needs and barriers faced by ethnic communities may hinder the ability to develop targeted interventions</p>
<p>Desired results of the project?</p>	<p><i>What measurable outcomes will prove the project is successful?</i></p> <ul style="list-style-type: none"> ➤ <i>Increased Health Knowledge:</i> When 70% approx. of community members who attend health workshops can correctly identify at least three early symptoms of common conditions like diabetes or hypertension within 6 months. Pre- and post-workshop surveys or quizzes. Quarterly reviews to assess knowledge retention over the course of a year. ➤ <i>Improved Trust in Healthcare:</i> When 60% of participants report increased trust in local healthcare services as measured by patient satisfaction surveys within 12 months of engaging with community health ambassadors. Patient satisfaction surveys with a specific question on trust after interaction with healthcare ambassadors. Surveys conducted at 6-month and 12-month intervals. ➤ <i>Higher Service Use:</i> There's a 20% increase in the number of African-Caribbean community members attending GP check-ups and receiving vaccinations within one year. GP attendance records, vaccination rates, and health service utilization statistics. Annual review of service use data. ➤ <i>Reduced Misinformation:</i> A 50% reduction in the number of community members expressing vaccine hesitancy or reporting inaccurate beliefs about chronic disease management, as measured by community surveys within 6 months of the campaign. Surveys and focus group feedback assessing health beliefs before and after targeted health campaigns. Measured every 6 months.
<p>Brief description of methodology used.</p>	<p><i>How will you accomplish your project aim? Are you using any particular tools, processes or guidelines?</i></p> <p>I am using mainly a qualitative method of research to help me understand the deeper, underlying communication challenges faced by both GPs and African-Caribbean patients. I am engaging with community leaders, church leaders, new immigrants/refugees to gather insights on how best to approach sensitive health topics. Data from focus groups with African-Caribbean community members and GPs will be analysed to identify key communication barriers. This data will then inform the content of GP training</p>

	<p>workshops. I have organised an event for the 28th September to listen to people from different parts of the community, working alongside council officers and other public organisations to show them what services are available and they can access. I also what to find out what would prevent them from accessing the services.</p> <p>Feedback from community health ambassadors will be reviewed quarterly to adapt the cultural competency training and ensure it addresses the evolving needs of the community.</p>
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Logic Model – INTERIM REPORT

A Logic Model is a way of mapping and visualising the future goals you want for your project which is fundamental to its design. It helps to set out; A clear link between the activities you want to do to achieve your goals; What needs to be in place to ensure your activities link to your goals; how you will know whether you have achieved your goals. It helps to test how plausible and feasible are your goals and provides a framework from which you gather data, learning and insight on your journey to prove how you are achieving your goals.

Please see the Appendix below for a blank template of a logic model. Guidance for how to complete this can be found below:

Context: This is important because the organisational, policy and practice context can affect whether we achieve what we set out to. Changes in an organisational structure, new policy requirements, or new services being commissioned are all examples of things that can change and influence what our initial theory was based upon.

Rationale for change: This is at the heart of our theory. What is the problem that we are seeking to address, and why?

Inputs: > These are the resources that will be necessary. This almost always includes money, but other resources are also usually required such as in-kind contributions from partners, physical space, kit, or (parts of) FTE posts.	Activities: > These are the things that we are going to do to deliver the programme. They are usually grouped into different themes or strands – for example there may be activities in primary care, for workforce development and patient engagement.	Outputs: > That our activities will deliver. Outputs are usually things that we can count. What we will notice changing? How many people will be involved?	Outcomes: > Are the things that we are aiming to improve. They are what we expect to be achieved by the programme.	Impacts: There is always some work to do to separate outcomes and impacts. Impacts are best understood as the wider, longer-term changes that we expect our outcomes to contribute to. Outcomes are directly attributable to what we will deliver. Impacts are wider, at a system or societal level.
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Assumptions: All theories are based on assumptions – examples include the contribution of partners, availability of funding, recruitment of related posts, or patient or clinician take-up. They are often related to the context. Recording the assumptions means that we can test them in the evaluation; and take account of things that are important if they do not happen.

Body of the report – INTERIM REPORT & FINAL REPORT

This section provides the detail of your work analysis, data, and graphics.

Provide the evidence	<i>What evidence have you found to support your project? Don't forget to reference where you have found this evidence.</i>
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<p>and theory behind your project</p>	<p>See references</p>
<p>Explain your key findings, results,</p>	<p><i>Interim Report – what are your key findings so far?</i></p> <p>Most of the literature accessed for this research shows the need for cultural competency training or learning for GPs is important.</p> <p>Cultural competency training is important: Historic studies show that cultural competency training/learning improves healthcare providers' ability to engage with ethnic minority communities, enhancing trust, communication, and overall patient satisfaction.</p> <p>Black and Asian doctors still face discrimination when applying for jobs in the NHS, - Rapid Response: <i>The urgent need for cultural competence in the healthcare workforce</i> <i>BMJ</i> 2021; 375 doi: https://doi.org/10.1136/bmj.n2451 (Published 14 October 2021) https://www.researchgate.net/publication/355369106 <i>The urgent need for cultural competence in the healthcare workforce.</i></p> <p>Improved patient outcomes: Evidence from UK-based sources such as the <i>BMJ</i> shows that culturally sensitive care leads to better health outcomes and increased service use among minority groups.</p> <p>Reduced health inequalities: Public health reports also confirm that tailored interventions addressing cultural barriers can significantly reduce health disparities, particularly among African-Caribbean and other ethnic communities in the UK.</p> <p>https://www.researchgate.net/publication/355369106 <i>The urgent need for cultural competence in the healthcare workforce.</i></p> <p><i>Final Report – What are your key findings at the end of the programme? Has anything changed?</i></p> <p>Although circumstances evolved over time, these changes were not significant enough to warrant a complete overhaul of the project. However, additional findings required a slight modification in my approach. This did not eliminate the necessity for healthcare access, but other requirements also emerged as important. Being a member of a particular community does not inherently confer integration within that community. In Salford, there are two Black communities: those who have lived there for over five years and those who have been there for less than five years or have recently arrived in the country. There is some doubt or mistrust about whether the former group fully understands the challenges faced by the latter group.</p> <p>So I have learnt that assumptions don't change outcomes for communities. To build trust and understand their needs, one must engage directly with the community.</p> <p>Some key findings are as follows:</p>

	<p>Community trust is key: Working with a trusted local church significantly improved attendance and engagement. This highlighted the importance of partnering with organisations deeply embedded in the community.</p> <p>Cultural relevance matters: Tailoring communication to the specific needs and cultural context of Black ethnic communities enhanced understanding and participation.</p> <p>Flexibility in approach: The first event's low turnout demonstrated the need to adapt strategies based on feedback and community needs. Collaboration with faith-based organisations proved effective.</p> <p>Importance of partnership: Building partnerships with the Equalities Team and local organisations facilitated greater outreach and collaboration.</p> <p>Measuring outcomes: Understanding success requires robust data collection to measure impacts, such as improved trust, awareness, and service utilisation.</p> <p>This experience has basically reshaped how I approach community engagement:</p> <p>Focus on collaboration: I now prioritise partnerships with trusted community hubs, such as churches, to foster trust and reach underserved populations.</p> <p>Tailored communication: My strategies now include culturally appropriate materials and events designed to resonate with specific audiences.</p> <p>Holistic engagement: I have learned to incorporate feedback loops, enabling the community to actively shape interventions and solutions.</p>
<p>Describe achievements, changes and difference made, impact</p>	<p><i>What has the project achieved so far/by the end of the programme? What changes/differences have occurred? What has been the impact of the project? How do you know?</i></p> <p>In the interim, the project has ended in the Salford Services Showcase on September 28th and December 5th, 2024. It showed how cultural competency can build relationships with ethnic communities who might normally not willingly access these services. The aim was to address key barriers like language, cultural misunderstandings, and mistrust in the system especially healthcare and highlight progress in building trust and improving accessibility for ethnic communities. It showcased how collaboration between various public services and ethnic communities can help build relationships for the community to learn and access available services, ask questions, and receive practical advice or intervention.</p> <p><i>Final report</i></p> <p>By the end of the project, various assumptions had been made. Inequalities are present not only in healthcare and communication but also in other emerging issues that need to be addressed to make a meaningful impact on resolving the main issue.</p> <p>This experience has greatly changed my approach to community engagement:</p> <p>Focus on Collaboration: I now prioritise working with trusted community institutions, like churches and local organisations, to enhance credibility and reach.</p> <p>Adaptable Strategies: I have learned to view each event as a learning</p>

	<p>opportunity, repeating and improving events based on outcomes and feedback. Cultural Sensitivity: Understanding the unique needs of different groups has become central to my work, ensuring all interventions are culturally appropriate and accessible.</p>
<p>Provide any recommendations</p>	<p><i>Do you have any recommendations? What do you think should happen next? Who, what, when, why and how?</i></p> <p>Based on my findings and progress so far, I think the recommendations below are what should happen next which would build partnerships collaboration for project</p> <ol style="list-style-type: none"> 1. Strengthen collaboration with trusted community Hubs/Influencers <ul style="list-style-type: none"> • Who: Equalities Team, local council officers, faith-based organisations, and trusted community leaders. • What: Expand partnerships with local churches, mosques, and community centres to deepen trust and engagement with Black ethnic communities. • When: Within the next 6 months, establish formal partnership agreements and plan at least one collaborative event per month. • Why: Trusted organisations have demonstrated their ability to increase participation and trust, as evidenced by the success of the second event. • How: Develop co-branded outreach materials, hold regular planning meetings, and ensure community leaders are active participants in event planning and delivery. 2. Enhance and tailor Health literacy campaigns <ul style="list-style-type: none"> • Who: Public Health England, healthcare providers, and community organisations. • What: Create culturally tailored health education campaigns addressing common concerns such as preventive care, chronic disease management, and mental health. • When: Launch campaigns within 6 months, with materials ready for distribution by the next planned event. • Why: Feedback from participants shows a significant gap in knowledge about when and how to access healthcare services. • How: Use co-design workshops with community members to ensure messaging resonates, and distribute materials via community events, social media, and trusted local networks. 3. Implement continuous feedback loops <ul style="list-style-type: none"> • Who: Equalities Team, community members, and event attendees. • What: Set up post-event surveys, focus groups, and follow-up meetings to gather feedback on initiatives and identify emerging needs. • When: Begin immediately after each event and review feedback quarterly. • Why: Understanding community responses is critical to refining engagement strategies and ensuring ongoing relevance. • How: Use digital tools (e.g., Google Forms) for quick surveys and organise focus groups facilitated by neutral third-party moderators. 4. Build capacity in cultural competency <ul style="list-style-type: none"> • Who: Healthcare providers, council staff, and public service officers. • What: Roll out cultural competency training tailored to Black ethnic communities for all front-line staff who engage with these groups.

- **When:** Within the next 3-6 months, with training workshops held monthly.
- **Why:** Healthcare professionals need the skills to build trust and communicate effectively with culturally diverse populations.
- **How:** Partner with experts in cultural competency training and offer hybrid in-person and online sessions.

5. Measure and monitor impact

- **Who:** Data analysts, healthcare providers, and council officers.
- **What:** Track key metrics such as service utilisation, event attendance, and community trust levels.
- **When:** Quarterly reviews with a final evaluation report after 12 months.
- **Why:** Monitoring progress ensures accountability and helps secure funding for future initiatives.
- **How:** Use existing data collection systems and integrate new tracking tools to analyse trends in service usage and engagement.

6. Focus on new Immigrants and refugees

- **Who:** Equalities Team, refugee support organisations, and local councils.
- **What:** Develop targeted programs to inform new immigrants and refugees about available healthcare and social services.
- **When:** Start within 1 month to address immediate needs and include this group in all future events.
- **Why:** New immigrants are often the most vulnerable and least informed about available services, exacerbating existing inequalities.
- **How:** Organise welcome sessions in collaboration with resettlement programs, distributing multilingual materials and providing direct service connections.

7. Create a replicable model for engagement

- **Who:** Project leads, council officers, and research teams.
- **What:** Document successful strategies, templates, and lessons learned to develop a framework for engaging ethnic communities.
- **When:** Begin documentation now and publish a comprehensive model within 9 months.
- **Why:** Sharing a proven model can help other regions address similar challenges and expand the impact beyond Salford.
- **How:** Use qualitative and quantitative data, including case studies, to produce a detailed toolkit for community engagement.

Summary

By strengthening partnerships, improving health literacy, building capacity, and monitoring progress, these recommendations create a clear pathway for sustained engagement with Black ethnic communities. These steps ensure that barriers are addressed effectively, trust is fostered, and access to essential services is improved, making healthcare and other resources more equitable and accessible.

Conclusion – FINAL REPORT

This section brings the entire project report together, summarising your argument and why it is significant.

Restate original ambition	<p><i>What did your project set out to achieve?</i> <i>E.g. "To produce/provide/understand...."</i></p> <p>The aim changed slightly to include the identification of emerging communities especially in the African-Caribbean community. This updated aim seeks to bridge the gap in accessing services for African-Caribbean communities in Salford by addressing key barriers such as mistrust, cultural misunderstandings, and a lack of awareness about available services, including access to GP services.</p> <p>The long term goal was to develop a sustainable, replicable framework for engaging under-served communities, reducing inequalities, and ensuring that public services are inclusive and accessible to everyone in Salford, particularly the African-Caribbean community.</p>
Summarise the key themes	<p><i>What were the key themes of your project?</i></p> <p>The key themes of the project were addressing the barriers to access which meant identifying and removing the systemic, cultural, and practical obstacles that prevent African-Caribbean communities from accessing healthcare and public services, and mainly focus on the lack of awareness about available services, particularly among new immigrants and refugees to Salford. Rebuilding the trust between the African-Caribbean community in Salford and public services especially healthcare, by engaging trusted community leaders, such as faith-based organisations and local cultural groups, to act as link bridges. This will help in delivering culturally sensitive and respectful interventions to restore confidence.</p> <p>In enhancing the cultural competency of officers providing services, and the ability of public service providers to understand and respect the cultural, historical, and social contexts of African-Caribbean communities, will encourage empathy and a deeper understanding of the lived experiences of African-Caribbean communities.</p> <p>To empower African-Caribbean community members with the knowledge and tools to navigate public services confidently, we should also increase health literacy through workshops, culturally relevant materials, and educational events, thus encouraging community-driven solutions by involving members in the planning and implementation of interventions. collaboration, health equity, and data-driven insights which together addressed the challenges faced by African-Caribbean communities in Salford.</p> <p>Fostering collaboration between public services, community organisations, and between the two emerging groups in the African-Caribbean community, by setting up and strengthening partnerships with trusted local institutions, such as churches and cultural groups, thereby creating a sustainable network to support long-term engagement and service delivery.</p>

<p>Summarise your thoughts</p>	<p><i>How are you feeling overall about your project? What learning has occurred for you and others involved?</i></p> <p>Overall, the project to bridge the gap in accessing services for African-Caribbean communities in Salford has been an enriching and impactful journey. While challenges remain, the progress achieved highlights the potential for meaningful change when culturally sensitive, community-driven approaches are adopted. The increased engagement and trust seen in the second event, coupled with the feedback received, give emphasis to the importance of working closely with trusted community hubs and tailoring interventions to meet specific needs.</p> <p>I feel optimistic and motivated by the progress made so far. The project has demonstrated that even small, well-planned interventions can create ripple effects, building trust and opening doors for further collaboration. However, it also highlights how deeply systemic issues like mistrust and inequity are entrenched, requiring sustained effort and commitment. The experience has strengthened my belief in the value of partnership, cultural competency, and adaptability in community engagement.</p> <p>The project has laid a strong foundation, but it is just the beginning. Continued collaboration, sustained funding, and intentional improvements are important to address the deeper systemic issues that create barriers to access. With the lessons learned, there is a clear path forward to build on successes, expand engagement, and ensure that African-Caribbean communities in Salford receive the support and services they deserve. I am hopeful and excited about the potential for long-term impact.</p>
<p>Describe any future actions or work needed</p>	<p><i>How will the project be sustainable? What recommendations do you have to sustain or develop this project further?</i></p> <p>Sustainability for this project relies on embedding its principles and practices into existing structures, building long-term partnerships, and fostering community ownership. Key strategies for ensuring sustainability include:</p> <p>Incorporate cultural competency training into mandatory professional development for healthcare providers and council officers.</p> <p>Maintain strong relationships and partnerships with trusted community hubs, such as local churches, mosques, local council/officers and cultural organisations/groups, to ensure ongoing engagement. Encourage these groups to act as intermediaries for future outreach efforts.</p> <p>Develop a detailed toolkit outlining best practices, lessons learned, and effective engagement methods to guide future initiatives.</p> <p>Train community leaders to deliver workshops and lead health</p>

	<p>literacy campaigns, creating a self-sustaining network. Develop peer-led programs where community members mentor others in accessing services.</p> <p>Put mechanisms in place to collect ongoing feedback, monitor outcomes, and measure progress toward reducing health and service disparities, and, Use data to inform continuous improvement and demonstrate impact to secure ongoing funding.</p> <p>My recommendations for developing the project further include focusing on reaching new immigrants, refugees, and other underserved subgroups within the African-Caribbean community, and organise regular engagement events. Apply for grants from public health bodies, charities, or community funds to support ongoing activities. Build partnerships with housing associations, employment services, and schools to address broader social determinants of health. Replicate successful approaches, such as partnering with faith-based organisations, in other communities or regions facing similar challenges. Offer leadership training to community members to empower them to advocate for their needs and lead initiatives. Host annual events to celebrate progress, recognise community contributions, and maintain momentum.</p>
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Appendix:

Patient Centeredness, Cultural Competence and Healthcare Quality <https://www.sciencedirect.com/science/article/abs/pii/S0027968415315054>

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Logic Model

Project Title: Bridging the gap in accessing services for African-Caribbean communities in Salford

Completed by: Hilaria Asumu

Date: 26/01/2025

Version: v2

Context:

Salford is home to a diverse and growing African-Caribbean community, which includes long-established residents and recent immigrants or refugees. This group represents a vital part of Salford’s cultural and social fabric but often experience significant barriers in accessing public services, particularly healthcare, housing, and social support.

Rationale for change:

The need for change is driven by the persistent inequalities faced by Black ethnic communities in accessing essential services, particularly healthcare, in Salford. These disparities are rooted in structural, cultural, and systemic barriers that limit the ability of these communities to engage with public services.

Inputs:	Activities:	Outputs:	Outcomes:	Impacts:
Partnerships with council officers, Equalities Team, and local organisations. Funding for event logistics and culturally tailored materials. Trusted venues like churches and community centres. Collaboration with local leaders and organisations. Language services	Organising engagement events to showcase services. Developing and distributing culturally relevant informational materials. Building relationships with community leaders and faith-based organisations.	Two successful events with increasing attendance (from 37 to 100 attendees). Distribution of health and social service information to a broader audience. Formation of new collaborations between the council and community stakeholders.	Increased awareness of and access to healthcare, housing, and social services. Strengthened trust between the Black ethnic community and service providers. Higher rates of service utilisation among Black ethnic communities.	Reduction in disparities in healthcare and social service access for Black ethnic communities in Salford. Creation of a sustainable framework for ongoing engagement and trust building.

and health information materials.
Data collection on healthcare needs and usage.

Assumptions:

Trust can be built over time: It is assumed that trust between African-Caribbean communities and public services, particularly healthcare, can be rebuilt through consistent and culturally sensitive engagement.

Community leaders will act as effective liaisons: It is believed that faith-based and cultural leaders will willingly participate and effectively encourage their communities to engage with services.

Community members are willing to participate: It is assumed that members of the African-Caribbean community will attend workshops, events, and outreach programs if these are accessible and address their needs.

Healthcare and service providers are open to cultural competency training: Service providers must be willing to participate in training and adapt their practices to meet the needs of African-Caribbean communities.

Providers will sustain changes in practice: It is assumed that healthcare professionals will continue to apply cultural competency skills beyond the training period.

Services have the capacity to respond to increased demand: If the project successfully improves engagement, public services must have the capacity to handle higher use without delays or resource shortages.

Community members want to access services: It is assumed that people in the African-Caribbean community want to engage with public services but face systemic barriers that this project can address.

Culturally relevant materials will be effective: It is believed that health literacy and outreach materials tailored to the community's cultural and linguistic needs will resonate and improve awareness.