

Caribbean and African Health Network (CAHN)

The
Strategy
Unit.



Top Tip

The message is only as good as the messenger.

Overview

Reference: 13

Location: Greater Manchester

Group: African and Caribbean

Initiative type: Webinars

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Why is this important to us?

CAHN was set up just over there and a half years ago focussing on eradicating health inequalities within Caribbean and African communities. The big thing in our community was a lack of trust, mainly due to inconsistent messaging, but also for some political and historical reasons. A lot of Black and Asian nurses were declining the vaccine, even though they were on the frontline. People from our community had concerns over why they were being targeted now. Were they being prioritised to be guinea pigs?

What are we doing

From the start of May we began our health hour, an hour's session where we have a black GP or consultant willing to speak about their area of expertise, but also how it impacts on black people. One of our consultants said it would be good to get some black doctors to share their experiences when it comes to vaccines. We put a call out and we had an overwhelming response, we ended up with 17 doctors. We began advertising the webinar and it ended up being a national event with around 1800 people watching live. The main thing was to reassure the community about the safety of the vaccines and reinforce the Public Health messaging. For the last 30 minutes we had the vaccines minister come on to talk about the policies and answer questions. We've now seen a lot of other black community events focusing on similar themes. We have also published 2 [reports](#) and set up helplines, as well as a black-led mental health service.

Who is involved?

Doctors, nurses, religious leaders, community groups- the message of promoting vaccines safety is only as good as the messenger. We drew on contacts from within our network and religious and community groups that we work with on a regular basis.

What works for us?

About 40% of the 220 people that responded to our survey had changed their mind and were happy to have the vaccine as a result of the event. If you talk about low uptake, people get it. We need to start from a position of working with people to enable them to make an informed decision. We also need to recognise all of the historic issues around how our community has been treated. We need to work on a health inequalities strategy, having some targeted investment would be really useful. Going forward, we would like to see religious leaders and community groups involved in health campaigns. It is important that the system has their buy-in.