

Salford Innovation Fund: Caribbean & African Immunisation and Vaccination Engagement Programme (CAIVEP)

S/No	Response
1.	Can they include increase in vaccine uptake as part of evaluation?
	<p>Yes, we would be able to incorporate this into our evaluation.</p> <p>As part of our engagement with Salford CCG and Salford City Council last year in increasing vaccine COVID-19 vaccine uptake within the Black community, we ran pop-up clinics within Salford at different community locations including:</p> <ul style="list-style-type: none"> • The Salford Cathedral, Chapel Street (14th – 16th July 2021) • Good News House (12th July, 2021) • King’s Church (13th July 2021) <p>We would draw from our experience of running these clinics in engaging the community and tracking whether people plan to book appointments following their engagement with the project or watching the film.</p> <p>We have run previous campaigns like Organ Donation with NHS Blood and Transplant where we had a dedicated weblink to help us track number of sign-ups.</p>
2.	ROI concerns: High staffing costs compared BHA delivering a similar project? Unclear why the media costs are so high, could this be broken down?
	<p>Firstly, we recognize there are different sector approaches to a project of this type. Whilst we are unaware of what BHA would be delivering, we have had to thoroughly cost the project to meet CAHN’s standards for public dissemination and even marketing. The costings were derived based on some of the external marketing consultancies we work with that have run campaigns for NHS at North West regional and national levels.</p> <p>Our proposal presents significant value for money based on the historic challenges as well as the coproduction approach including lived experience and clinical input. Script development would have to be culturally appropriate and tested out with key individuals to ensure the final product is relevant.</p> <p>This project would see us produce a high-quality trailer for social media platforms and full video that would have a launch and screening with viewing and engagement tracked and monitored. The products will be shared widely on social media and other channels including free USB sticks with the film.</p>
3.	No content to be included in the film was mentioned; how is the film going to be different from what has been done previously?
	<p>The project itself is unique in terms of its content from other previously done visual projects. This educational project utilises lived experience of individuals, their carers and clinicians to develop the content and produce the storyboard for the film. We are clear the objectives will be firmly embedded but would allow those involved from different Caribbean and African backgrounds to shape the film.</p> <p>The narrative of the film would see a progression from detailing the historical background to vaccination from a Black perspective, through a transition journey and eventually the current state of how vaccination is approached by the Black community.</p>

	<p>Prevailing issues around religion, cultural upbringing, migration, and language and its influence on health decision making around vaccination and immunisation will also be presented in the film sets. This will enable better and improved engagement in vaccination and immunisation for the Black community in Salford and beyond. We hope this is an exemplar that other localities can utilise.</p> <p>The key characters in the film would be family and older person to ensure we are covering child and adult vaccination. These would be played by individuals with lived experience as earlier alluded to.</p> <p>It is important to highlight that the film content would support the need for both child and adult immunisation.</p>
4.	<p>What specific methodology/ behavioural approach would be used to change/influence people's views?</p>
	<p>The Health Belief Model (HBM) is the methodology that we will employ within this project as it enables us to explore with our community's individual beliefs and perceptions of product (e.g., vaccine, medical device), illness and with this the beliefs that influence health decision making behaviours. The approach will be used to help articulate low acceptance and engagement in prevention and immunisation and to identify strategies of disease prevention in relation to screening and/or seeking treatment.</p> <p>The intervention proposed would be effective for improving the engagement of Black people in health-promoting and preventative behaviours as it will be coproduced and codesigned by the community concerned based on education to raise knowledge and subsequently change behaviour. The intervention will be tailored to account for our communities specific historical, racial and cultural past, factors resulting from racist practices, habits, socio economic considerations and other intersecting factors and identities. It will however be based on the six components including perceived sensitivity, severity, benefits, barriers, practical guidelines and self-efficacy that lead individuals to the point of reaching the belief that they are vulnerable and should apply risk-reducing behaviours. The above will be supported through use of our buddies, learning pack and clinics set up in safe spaces for our communities to engage.</p>

	<div style="text-align: center;"> <p>Background Perceptions Action</p> </div> <pre> graph LR A["Socio-demographic factors (e.g., education, age, sex, race, ethnicity)"] --> B["Threat • Perceived susceptibility (or acceptance of the diagnosis) • Perceived severity of ill-health condition"] A --> C["Expectations • Perceived benefits of action (minus) • Perceived barriers to action • Perceived self-efficacy to perform action"] B --> D["Cues to Action • Media • Personal Influence • Reminders"] C --> D D --> E["Behaviour to reduce threat based on expectations"] </pre> <p>Source: After Rosenstock et al (1994)</p>
5.	<p>Does this risk duplication with existing CAHN project/s under the Innovation Fund? How will outcomes of each be separated for attribution?</p>
	<p>The KASIH programme we currently run under the innovation fund alongside this proposed project are both aligned to delivering one of our core objectives as an organisation, which is building health literacy within the Black community.</p> <p>Over the years we have consistently sought and utilised different innovative techniques and approaches to reaching members of our community. Whilst the main feature of the KASIH project employs the use of health ambassadors as trusted networks in reaching community members, this proposed project utilises an educational film co-produced with lay and professional community members the development of a product which brings to life the lived experiences of community members. The aim is to bring about an impactful, long lasting and meaningful behaviour change that increases vaccine uptake and immunisation awareness, dispel myths and underlines its relevance to members of the black community.</p> <p>As outlined, these are very different projects with equally different approaches, deliverables and outcomes. Those we recruit for the project would be different although the Community Health Ambassadors could contribute after their skilling up on CVD. They could be utilised to promote involvement opportunities to ensure we broaden the base of the engagement as well as stimulate interest in the screening. There are aligned core rationales and co-production approaches in all our projects. Workshops are a key part of our engagement which is equipping our community with health knowledge that increases their health literacy. The basis of this approach gives us a base model of bridging the gap in health inequalities for black Caribbean and African people on two fronts.</p> <p>It is important to highlight fundamental principles which are firstly equipping community members to do for themselves that they can do for self through increasing their health literacy and secondly influencing policy and practice to better serve or benefit our community members by triangulating experiences. Ultimately,</p>

	this draws us ever so closer to achieving our organisation vision of eradicating health inequalities and wider disparities within a generation.
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