University of Bedfordshire
INSTITUTE FOR HEALTH RESEARCH

Community blood pressure pilot programme with African and Caribbean men

Evaluation Report

Report prepared for:
Race Equality Foundation

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1.0 Introduction

The Race Equality Foundation (REF) commissioned the Institute for Health Research, University of Bedfordshire to carry out a process evaluation of the community blood pressure pilot programme with African and Caribbean men (ACM). The evaluation was carried out between February-March 2020 in the London boroughs of Southwark, Hackney and Brent.

1.1 Aim and objectives

The aim and objectives of the evaluation were discussed with the project lead Tracey Bignall (Race Equality Foundation).

Aim

To explore the process and implementation of the community blood pressure pilot programme from the view of the programme lead, stakeholders (ACM, specialist staff, venue managers and service providers at GP surgeries (CCG).

Objectives

- Objective 1: to work with the programme lead to gather information about the description of activities, processes (how the activity was conducted), dose (scale/duration of activity) reach (how many/type of people involved) and frequency (how often activity conducted) of the community blood pressure pilot programme with ACM and causal assumptions (the challenges, what failed and what worked).
- Objective 2: To ascertain the views of ACM, specialist staff (nurse), venue managers and service providers at GP surgeries (CCG) about the community blood pressure pilot programme.

2.0 Evaluation design

The process evaluation of the community blood pressure pilot programme with ACM was designed with reference to MRC guidance for evaluating interventions (https://mrc.ukri.org/documents/pdf/complex-interventions-guidance/). The sections below provide details of specific methods to meet each objective.

2.1 Method

The evaluation used a mixed methods approach (Creswell, 2013) to gather information about the community blood pressure pilot programme: a description of the activity (logic model) processes (how the programme implemented), dose (the scale/duration of the activity), reach (how many and type of people were involved in the programme, frequency (how often the programme was conducted). An evaluation of the resources used for an economic evaluation was beyond the scope of the evaluation.

We recruited all participants purposively which allows participants to be selected based on them having a set of characteristics, which will help meet the aim and objectives of the study (Ritchie and Lewis, 2012).

- Objective 1: to work with the programme lead to gather information about the description of activities (description of activity), processes (how the activity was conducted), dose (scale/duration of activity) reach (how many/type of people involved) and frequency (how often activity conducted) of the community blood pressure pilot programme with ACM and causal assumptions (the challenges, what failed and what worked).

Project lead: two (start and end point) one to one interviews were carried out over Skype using a short topic guide (appendix 1). The main themes in the topic guide focussed on the description of activities (description of activity), processes (how the activity was conducted), dose (scale/duration of activity) reach (how many/type of people involved) and frequency (how often activity conducted) of the community blood pressure pilot programme with ACM and causal assumptions (the challenges, what failed and what worked).

- Objective 2: To ascertain the views of African and Caribbean men, specialist staff (nurse/healthcare assistant), venue managers and service providers at GP surgeries (CCG) about the community blood pressure pilot programme.

Specialist staff (nurse/healthcare assistant): an interviewer administered questionnaire on the barriers and facilitators to delivering the community blood pressure pilot programme. The questionnaire consisted of some closed ended questions and majority open ended questions (appendix 2). Questions focussed on biographical details, professional background and organisation of the project/service. The questionnaires were reviewed by the programme developer. The specialist staff was recruited at the venue on the day the blood pressure tests were being delivered.

Stakeholders: (shop owner's venue managers, CCG) an interviewer administered questionnaire on the barriers and facilitators to delivering the community blood pressure pilot programme. The questionnaire consisted of some closed ended questions and majority open ended questions (appendix 3). Questions focussed on biographical details, professional background and organisation of the project/service. The site managers were recruited at the intervention site on the day the intervention was being delivered. The questionnaires were reviewed by the programme developer. The shop owners and venue managers were recruited at the intervention site on the day the intervention was being delivered. The stakeholder at the CCG (CCG lead) was liaising with the project lead on the project and had been informed about the evaluation and was asked if he would be willing to participate.

African and Caribbean men (ACM): face to face interviews using a short topic guide with ACM who took part in the community blood pressure pilot programme on the barriers and facilitators to participation e.g. biographical information, views on the

blood pressure project (including how they found out about the blood pressure project, project posters and banners, views on the location in a community setting, views on improvements to the blood pressure project) and experience of using the services (including information on what blood pressure information they received, views on the leaflet and signposting to where they need to go next) (appendix 4). The ACM were recruited at the intervention site on the day the programme was being delivered.

2.1.1 Data collection

The community blood pressure pilot programme was delivered in 5 barber's shops, 1 church and 1 bus depot in London (see section 3.1 for further detail). The data presented for objective 2 was drawn from four venues: 3 barber's shops: Slidercuts, Mane Culture, Exodus and 1 bus depot: Table 1 below presents the evaluation data gathering summary showing a breakdown of the participants by venue.

Table 1 Evaluation data gathering summary

Sample	**Transcripts**	**Questionnaires**	**Total**
Participants	8 (Slidercuts) 3(Mane Culture) 4 (Bus depot) 11(Exodus)	N/A	26
Specialist staff	N/A	1(Slidercuts) 1(Mane Culture)	2
Stakeholder	N/A	1(Mane Culture) 1(Exodus) 1(CCG)	3
Programme lead	2 (start and end point)		2

2.1.2 Analysis and reporting

The semi-structured interviews with ACM (n=26) and the programme developer (n=2) were audio-recorded with permission and transcribed A thematic approach was used to analyse the data (Gail *et al*., 2013; Mason, 2002). A thematic approach rather than a statistical approach was also seen as more suitable for analysing the specialist staff (n=2) and stakeholder questionnaires (n=3) due to the small numbers involved (Silverman, 1993). The findings from the interviews and the questionnaires are reported below thematically using some verbatim quotes from ACM and the programme developer.

3.0 Evaluation findings

3.1 Findings for objective 1: to work with the programme lead to gather information about the description of activities, processes (how the activity was conducted), dose (scale/duration of activity) reach (how many/type of people involved) and frequency (how often activity conducted) of the community blood pressure pilot programme with ACM and causal assumptions (the challenges, what failed and what worked).

3.2.1 Description of the community blood pressure pilot programme

Aim: to develop and implement a community approached high blood pressure pilot programme targeting ACM and to raise awareness of high blood pressure and its impact on long term health.

A community approach was taken in the blood pressure pilot programme. Table 2 below shows the location and venues where it was delivered: 5 barber's shops, 1 church and 1 bus depot in London. A total of eighty seven (n=87) men took part in the programme. Table 3 shows the demographics and numbers for men who took part in the community blood pressure pilot programme. ACM that took part in the programme ranged from 17-70 years old.

Table 2 Location and venues for the community blood pressure programme pop up blood pressure sessions.

Table 2 Location and venues for the community blood pressure programme pop up blood pressure sessions	
Location	**Venue**
Southwark	Barbers
Hackney	Bus depot
Hackney	RCCG Church
Hackney	Slidercuts barbers
Southwark	Barbers
Brent	Barbers
Southwark	Barbers

Table 3 Demographics and numbers for men who took part in the community blood pressure pilot programme									
Ethnic group	Jowas barbers	Bus depot	RCCG Church	Slidercuts barbers	Exodus barbers	Mane barbers	First Class barbers	Mane barbers	Total
Caribbean	3	6		3	2	8		7	29
African	6	5	8	5	14	1	8	1	48
Any other black background				1					1
Asian									
Indian				1					1
Pakistani		2							2
Bangladeshi		1							1
Any other Asian background		1							1
Mixed				3					3
Mixed white and black Caribbean		1							1
Mixed white and black African									
Mixed white and Asian									
Any other mixed group									
Total	9	16	8	13	16	9	8	8	87

3.2.3 The logic model

A logic model was developed after discussion with the programme lead and is presented below in table 3.

Table 4 Logic model for community blood pressure pilot programme

Intervention inputs	Intervention process and actions	Changes to usual blood pressure checks/practice	Immediate impact	Health outcomes for African and Caribbean men
Funding and costs	Intervention developers decide priorities and oversee actions	Improve blood pressure healthy lifestyle literacy for ACM	ACM make healthier lifestyle changes/managing high blood pressure	Better management of blood pressure
Pilot intervention advisory group comprising intervention developers, project partners, clinicians and men with lived experience	Review of blood pressure intervention literature, health literacy information	Signpost/advise to NHS health checks at GP surgery	More informed about NHS health checks	Better understanding and management of high blood pressure
Review NICE guidelines for blood pressure pathway	Development of a community blood pressure pathway	Hear concerns regarding high blood pressure and signpost to support	Blood pressure testing in community settings	Update of blood pressure testing
Develop blood pressure health literacy information for e.g. information on NHS health checks. Healthy lifestyle choices	Tailored resources produced targeting African and Caribbean men		Increased awareness of NHS health checks as a means of identifying high blood pressure	Increased testing of blood pressure and uptake of NHS health checks

3.2.4 The implementation of the community blood pressure pilot programme and the causal assumptions (the challenges, what failed and what worked).

The main themes that emerged from the start and end point interviews with the project lead were setting up the community blood pressure pilot programme, challenges to implementing the community blood pressure project (start point) and challenges to implementing the community blood pressure project (end point). These are discussed in more detail below using verbatim narrative extracts from the start and end point interviews with the project lead.

3.2.5 Setting up the community blood pressure pilot programme

The community blood pressure pilot programme was funded in 2019 by Public Health England through the Health and Wellbeing Alliance scheme. The first stage of the programme was to carry out an evidence review which identified that there is an extensive evidence base indicating a higher prevalence of hypertension among Black African and Black Caribbean populations (Primatesta, Bost and Poulter, 2000; Lane and Lip, 2001; Khan and Beevers, 2005). The focus of the community blood pressure pilot programme was therefore tackling health related to hypertension for the Black African and Black Caribbean communities. Three areas with the appropriate demographics (Southwark, Hackney and Brent) in London were selected to run the programme. Two American studies influenced the design of the community blood pressure programme (Lynch et al., 2018; Victor et al., 2018)

The evidence review also identified that research related to men engaging in screening programmes for bowel cancer and prostate cancer and specific approaches taken to engaging with Black Africana and Black Caribbean men in health interventions e.g. Orchid Cancer.

> I came across the British Heart Foundation were running a number of community blood pressure projects, so they had funded different local authorities, different public health departments, different voluntary organisations to implement community blood pressure testing projects, very few targeted BME groups so for example some were working through employers to run pop up sessions, others were going out to the community, for example to the shopping precinct or different areas so looked at what they were doing and thinking about what we wanted to do and implement the project (PL).

The programme lead explained that the rationale for the focus on Black African and Black Caribbean men was noted in the project specification from Public Health England. This outlined the evidence on high blood pressure and African and African Caribbean men. The project proposed a way of addressing health inequalities through targeted blood pressure awareness and testing programme, and provides information on the impact of a raised blood pressure and overall cardiovascular health.

The Men's Health Forum, Faith Action, Clinks and 'experts by experience' made up the co-production group for the programme and identified areas in London to work in and develop programme publicity materials.

The programme lead explained that having 'experts by experience' on the co-production group was essential in understanding some of the barriers that Black African and Black Caribbean men might encounter when accessing the programme and helped mediate for these;

> One of the things…which is why it was quite useful having the experts by experience, was also thinking about things from the perspective of the men in terms of, I suppose so generally how they interact with health, public health interventions also I suppose what we call barriers to addressing or thinking about high blood pressure, so issues were raised about erectile dysfunction, also whether high blood pressure would have an impact on work, particularly if you are a driver, so driving buses, minicab driver. There was also a lot of discussion about faith and natural remedies…also about men's perception about their masculinity, they are strong and the head of the household, still that traditional thought and it is their role to be well and you know look after their family effectively so therefore, you know if you have this it is something against your masculine role, and it is about identity so some of these discussions came out in terms of thinking about what is it that we are going to develop and how would it address all these issues…(PL).

After identifying areas in which to run the community blood pressure programme the project lead then contacted individuals who have responsibility for long term conditions and vascular diseases in the relevant Clinical Commissioning Groups (CCG).

> We identified two areas to initially to work in that was Southwark and Hackney, partly, you know looking at the different demographics, so we know that Southwark has got a very high African community, predominantly socially deprived in Camberwell, Peckham…Brent has a high Caribbean community (PL).

> …for example in Haringey the person who has lead for long term conditions… introduced the project, what we are trying to do and they were quite interested then linked us into a GP who is the lead for cardiovascular disease for a particular are of City and Hackney CCG and they saw it as a good idea because one of their priorities was addressing high blood pressure in particular ethnic groups (PL).

Once the long term conditions board had reviewed the community blood pressure pilot programme protocol they agreed to support the project and made suggestions for the project lead to work with another community organisation because they had run some projects around bowel cancer with BAME communities as they may be able to support the programme lead to link up with the Black African and Black Caribbean community. The programme lead also explained that;

> I also did some background reading for the areas so looked at their health structure, looked at what their focus was on long term conditions, high blood pressure and cardiovascular disease, what they were aiming to do, if there was anything specific around ethnicity and trying to see how what we were doing could help them in terms of meeting their priorities around addressing high blood pressure in different ethnic groups (PL).

3.2.6 Challenges to implementing the community blood pressure programme (start point)

The programme lead identified four main challenges to implementing the community blood pressure project during the start point interview: obtaining support for the community blood pressure pilot programme; setting up the programme differently in selected areas and venues; recruiting nurses/healthcare assistants to take blood pressure; range of contacts/gatekeepers in selected venues. These are discussed in further detail below.

<u>Obtaining support for the community blood pressure pilot programme</u>

The programme lead explained that the programme focussed on health prevention and came under public health but the people delivering the programme (nurse/health assistant) were provided by the CCG so it was essential to have the support of public health and the CCG for the programme to succeed. In addition GPs in the selected areas needed to be informed that the programme was taking place as ACM would be signposted to their GP practice if they received high blood pressure readings.

> What we want is to make sure is that if action needs to be taken that we are following the relevant pathway in terms of what the NICE guidelines are, which remain the same whether or not you do this is a community setting or you do it is a GP practice and that the CCG GPs are content that we are following the correct procedure and obviously if we need to signpost…that we are signposting according to what they local arrangements are (PL)

<u>Setting up the programme differently in selected areas an venues</u>

The programme lead explained that the one of the challenges was that the specific process for setting up the programme was different for each area and venue which extended the time taken to set up the programme. In the narrative extracts below the programme lead describes the processes for each area;

> …City and Hackney CCG we had a meeting with different, Public Health, CCG….and one of the discussions was around where we could implement it, what would be the correct setting. There were suggestions around Black African, Black community churches which might be a good setting because a lot of people go to church. Discussion about where men are…well quite a few Caribbean and African men do work within the bus depot and also we talked about

> barber shops and it was agreed that we would try a bus depot as a first point of call but also think about the church and the barber shop…so within City and Hackney that was the way we moved there (PL).
>
> With Southwark it was a bit slow because although we had, had conversations with a relevant GP…CCG and a conversation with the clinical lead who was developing a primary care networks…I was told that would be the right person in terms of the project. It took quite a while because they were talking about whether or not the project was very short term verses other priorities that they had so it wasn't until January, so we started having these conversations probably October, it wasn't until January that I managed to get a meeting with Southwark CCG and then speak to the Public Health team for them to say yes that they would work with us …(PL).
>
> With Brent that was slightly backwards. So with the other two areas I went straight to looking at the local area, the health structure, priorities…with Brent, we had some initial contact with…a barber there when I first started the project I found out about this barber who was running a health event around prostate cancer when I was looking at the evidence about how to engage black men in terms of screening programmes. So they'd already showed interest and they were still interested and had said yes you can come along and run some sessions but obviously I need to get, speak to the CCG and Public Health because they would be the ones to help us identifying the healthcare assistance to come and do the reading and also to see if the pilot will tie in with their priorities around high blood pressure and Caribbean and African communities…so that was backwards so we got the yes from the two barbers shops but we have only recently managed to speak the Public Health Team and the CCG who are on board but you know…it might be a bit more of a...trying to get things moving a bit quicker because we have only got a short timescale (PL).

In Hackney trying to make contact with the operations manager at the bust depot delayed the start of the programme;

> It was not straight forward because with the bus depot…So within London you have TFL London who…manage Transport for London, so it was trying to contact them, who eventually…made contact with the bus depot…in Hackney, sent our information, our contact details…I was not able to get hold of the person I was told to speak to…so for weeks and weeks and weeks emailed and left telephone messages. Eventually I thought there must be another way round so I just did an internet search and in looking on the bus depot, I found that there was someone responsible for partnership working…and approached that person….partnerships manager and got an instant response and within a couple of days had a meeting arranged with a number of people within the depot including the operations manager who'd been my main contact…(PL)

> With the churches it was getting one of the pastors who was agreeable for us holding a session there (PI).

Recruiting specialist staff (nurse/healthcare assistant) to take blood pressure

The programme lead explained that the intention was to recruit nurses/healthcare assistants to take the blood pressure readings on a 'properly collaborated blood pressure machine' and answer any questions for ACM. She explained that despite the support of the CCG in selected areas this proved to be a challenge because of the interest and availability of specialist staff;

> …it has taken us a very long time to find someone for Hackney…it has been more or less impossible. We had a date set, Hackney had been on board but trying to get a nurse or healthcare assistant has been extremely difficult. The GP who is the main contact had suggested someone who couldn't, didn't have the time…we tried other resources, so information has gone to the Nurses Forum for someone to give up some time, and there is some funding to support a healthcare assistant or a nurse for a few hours but we have not had any take up…spoken to a couple of pharmacists where there have directed us to GP practices to try and see if someone within there could help, no take up, so we have had to try other routes. So for example on…the co-production group we have asked someone from Blood Pressure UK whose managed to help us use one of their nurses…to come along and do a session and we've also used another project which Hackney CCG are involved so the Shoreditch Trust, they have run a stroke project…they regularly do blood pressure tests in the community and so we actually got one of the staff to come to one of the sessions. So it has been difficult to get the actual person there so that has been a bit of a challenge because there is a session coming up and we have no one…who can do it (PL).

Range of contacts/gatekeepers in selected venues

Discussions with the programme lead highlighted that negotiating access with the gatekeepers at the selected venues (managers and church pastor) was time consuming and involved hours of phone calls explaining the project, trips to review venues and meeting with gatekeepers. These negotiations involved permissions to review the suitability of venues, use of the venues and access to ACM for the community blood pressure pilot programme. Building a relationship with the gatekeepers was essential to establish support with the programme.

…but having met and spoken with the barbers a few times, once they agreed, it was then easier to visit the venues to check how we would have the pilot session there. More time consuming which needed to be built into the project (PL)

…because obviously the healthcare assistant or nurse they want somewhere they have got enough room to put the monitor up and you know some of these places are quite small, barbers are small and they don't have any tables and you need a sink area so that they can wash their hands so just to see the layout, so let alone whether or not we can actually bring the banner and put it up, or if the venue is too small and we just go along with you know…notices we can put on a table but we can't bring anything else…so we have to go and have a look at the venue from the clinicians point of view because they was certain things…a quite area (PL).

Developing the programme information materials

The programme lead explained that the Men's Health Forum led on the development of the programme publicity materials with review and input from other members of the co-production group. She explained that the challenge was what information to include based on the suggestions of the co-production group and ensuring that the information did not repeat what was already available in for example British Heart Foundation information materials.

…we wanted something where the men would look at, replicate in terms of the image that it is not too wordy and it says what we need it to say which is to identify the risk factors for Black men around high blood pressure. So Men's Health Forum drafted something based on existing materials from the evidence review and they used the format that they have used in other material around men's health. We had a few drafts of the designs which we had discussions in the co-production meeting and …some of the images, some of the wordings some of the layout, what should be high prominence and then we went ahead (PL).

We also has a poster which we have used the same, we've got two images that we've used and that's displayed in the different venues and writing the date we are going to attend, there's a banner, well there's two banners with two different images and just like a school photo type of card that we've put up on a desk so we've got those resources (PL).

… we were looking at it from the audience's point of view so we reached a happy medium. 'I think we got a happy medium …it is always difficult because everyone wants something that reflects their perspective…the clinicians would have probably wanted more but I think it would have probably been too much really (PL).

3.2.7 Challenges to implementing the community blood pressure project (end point)

Reflecting on the process of implementing the programme lead explained that overall the programme ran as planned but there were a number of challenges and adaptions that had to be during the delivery phase. These were: recruiting nurses/healthcare assistants to take blood pressure; length of time it took to run the programme; getting ACM to have their blood pressure taken and the impact of COVID19.

<u>Recruiting nurses/healthcare assistants to take blood pressure</u>

The programme lead explained that one of the major challenges during the delivery phase of the programme continued to be getting nurses and healthcare assistants to run the sessions. She explained a number of challenging scenarios;

> …that we needed to run the session when we had scheduled a session so for example we had an advanced nurse practitioner who was also Director of Primary Care Networks …and it was trying to fit in with her because she was really keen on the community based approach, going out to the community, working in those different settings and so we were kind of restricted to the time that she had and sometimes she might have an hour which would not really be long enough, we wanted two or three hours or even four hours…(PL).

> In one of the boroughs we had everything set up but then they had difficulty finding us a nurse to take the session…we went through the GP Lead, made suggestions through his practice and another practice contacted the practice nurse…the nurses have a forum meeting and it went out several times but no one was forthcoming… They were so enthusiastic but we could not get, they could not get a nurse practitioner to do the sessions (PL).

For one of the sessions the project lead explained that ‘we ended up with the community pharmacist, a senior pharmacist…for Hackney’ because the nurse pulled out;

> …Session [was] organised and a nurse pulled out. The session could not be changed so ended up with a senor pharmacist who came along and did the session in the barbers shop…He fed back and said he found it interesting to come out do that, he had a discussion with one of the men around medication and high blood pressure. I think that was just quite interesting because whereas before I had spoken to the community pharmacists when we were struggling to get a nurse to see if they’ve got any suggestion, one of the CCGs suggested perhaps talking to the pharmacists if they would come out. They won’t come out, you have to go into the pharmacy to do a campaign so actually having one come out…was really good (PL).

Discussing why it was so difficult getting a nurse practitioner PL explained that;

> …well it sounded like the…I suppose it is taking the nurse away from whatever else they are doing but it was trying to get them to come out because they would…you know if you have got a session on a Saturday, I don't know whether or not that would be a real issue…we had one session that started at 3-or 3.30 till about 6 or 7 so it sort how that fit in with the availability of the nurse (PL).

> We did have interest from a nurse through another project, a voluntary sector project where they has used a nurse for a session they ran and had a conversation with her but she wasn't willing to come into the barber shops, there was an issue about feeling comfortable…so there was a bit of that…She said that she would be comfortable going to the church but she wouldn't feel comfortable going to the barber shop so…I do think there was an issue in terms of people's confidence in going out to different sessions, settings. So one person had no problem walking into a barbers shop, having a conversation with the men, trying to…pronounced names correctly, talk about things like food and other issues around health, no issues at all… it probably depends on the person but also maybe a bit more their knowledge around the different African and Caribbean communities possible (PL).

The PL explained that the nurses were Irish, one Caribbean student nurse, a Caribbean health assistant, and an African Pharmacist.

<u>Length of time it took to run the programme</u>

The findings above indicate that the length of sessions was one of the factors that impacted on the availability of the nurses. The programme lead explained that the day, time and length of the sessions was determined by the venue managers and so 'had to be flexible'.

> …so for one barbers shop it may be a Friday and Saturday and another one it might be a Wednesday, it might be later on in the evening…and obviously we had to make sure we could get to all the sessions within the time frame we had for the project. The bus depot had certain days, all on a Friday so the session took a little longer than anticipated to set up (PL).

Referring to the bus depot the PL pointed out that once a session had taken place there was interest in running further sessions;

> So some of the venues thought that it was an on-going programme-interest in the programme continuing (PL).

So although the PL had had made a number of trips to the venues and spoken about the programme actually seeing the sessions running effectively in the different venues generated interest in running further sessions.

> ‘oh well it is not too much of an issue, you are in a corner, you are not harassing my client…so I think there was a bit more of an acceptance and understanding of what we were trying to do (PL).

Getting ACM to have their blood pressure taken

Another challenge was getting the ACM to have their blood pressure checked. The project lead explained that she spent considerable time recruiting men during the sessions but was more of a challenge at the barber’s shops which received walk-in customers as compared to the bus depot or church where ACM willingly came along to the session. She also pointed out that the venue managers, the barbers and church pastor also played a key role in recruiting ACM and ‘they would talk to the encourage clients to take part’ (PL) and also used their social media (Instagram, WhatsApp and Twitter) for recruitment purposes;

> …some of the barber’s shops used their social media, twitter feed, Instagram to put the information out, acted like recruiters and also mentioned that this was wider than their usual services and clients…so not essential to get your haircut (PL).

The impact of COVID-19

The programme lead explained that COVID-19 had a significant impact on number of sessions;

> Originally there were 13 sessions scheduled, some of these were repeat sessions and the same venue…Had to cancel five because of the guidance around COVID 19, so eight sessions in total – 87 men in eight sessions (PL).

3.2.8 Summary of findings

- The community blood pressure pilot project was funded by Public Health England in 2019 and delivered in three areas of London (Southwark, hackney and Brent), 5 barbers shops, 1 church and 1 bus depot. A total of eighty seven (n=87) men took part in the programme.
- An evidence review was carried out to determine the target population and programme design.
- The programme was developed with the support of a co-production group which comprised of The Men’s Health Forum, Faith Action, Clinks and ‘experts by experience.
- Having ‘experts by experience’ on the co-production group was essential in understanding some of the barriers that Black African and Black Caribbean men might encounter when accessing the programme and helped mediate for these.
- After identifying areas in which to run the community blood pressure programme the project lead contacted individuals who have responsibility for long term conditions and vascular diseases in the relevant Clinical Commissioning Groups (CCG)

- Start point and end point interviews with the programme lead identified challenges to implementing the programme. The start point challenges to implementing the community blood pilot project were:
  Obtaining support for the community blood pressure pilot programme: the programme focussed on health prevention and came under public health but the people delivering the programme(nurse/health assistant) was provided by the CCG so it was essential to have the support of public health and the CCG for the programme to succeed.
  Setting up the programme differently in selected areas and venues: the specific process for setting up the programme was different for each area and venue which extended the time taken to set up the programme.
  Recruiting nurses/healthcare assistants to take blood pressure: the intention was to recruit nurses/healthcare assistants to take the blood pressure readings but despite the support of the CCG in the selected areas this proved to be a challenge because of the interest and availability of nurses/healthcare assistants.
  Range of contacts/gatekeepers in selected venues: negotiating access with the gatekeepers at the selected venues (managers and church pastor) was a time consuming and building a relationship with the gatekeepers was essential to establish support with the programme. These negotiations involved permissions to review the suitability of venues, use of the venues and access to ACM for the community blood pressure pilot programme. These negotiations were time consuming and involved hours of phone calls explaining the project, trips to review venues and meeting with gatekeepers.
  Developing the programme information materials: the Men's Health Forum led on the development of the programme publicity materials with review and input from other members of the co-production group. A challenge however was what information to include based on the suggestions of the co-production group and ensuring that the information did not repeat what was already available in for example British Heart Foundation information materials.
- During the process of implementing the programme ran there were a number of challenges and adaptions that had to be made
  Recruiting nurses/healthcare assistants to take blood pressure: one of the biggest challenges during the delivery phase of the programme was recruiting nurses and ensuring nurses were available for the day and duration of the session. On one occasional nurse pulled out of a session that was organised and a community pharmacist was recruited to support her session. One nurse explained that she was not comfortable coming to the barbers shop but was happy to go to the church. Nurse confidence may have played a role in recruitment.
  Length of time it took to run the programme
  The length of sessions was one of the factors that impacted on the availability of the nurses. The programme lead explained that the day, time and length of the sessions was determined by the venue mangers and so 'had to be flexible'. Once one session had taken place there was interest from venue managers in running further sessions.
  Getting ACM to have their blood pressure taken: the PL spent considerable time recruiting men during the sessions. She also pointed out that the venue managers, the barbers and church pastor also played a key role in recruiting ACM and 'they would talk to the encourage clients to take part' and also used their social media for recruitment purposes.
  The impact of COVID 19: COVID 19 had a significant impact on number of sessions. 13 sessions had been scheduled but 5 had to be cancelled due to guidance around COVID-19 and lockdown directives coming into force.

3.3 Findings for objective 2: to ascertain the views of African and Caribbean men, specialist staff (nurse), venue managers and service providers at GP surgeries (CCG) about the community blood pressure pilot programme.

3.3.1 Specialist staff (nurse/pharmacist)

Two questionnaires (n=2) were completed by a nurse and a pharmacist carrying out the blood pressure checks. Both had previous experience of carrying out blood pressure checks. Both stated that they had received training to take blood pressure checks as part of the delivery of the blood pressure community project.

Table 5 Specialist staff views on the aim of the blood pressure community project

Information and training about the community blood pressure project received	**Aim of the community blood pressure project**	**Aim met**
Yes	Aiming to get black people who don't usually go to GP surgeries to go more often	Yes aim met
REF sent background information about project. Included guidelines on high and low BP and flow chart of the process.	Aim to give those people some general information about blood pressure	
	Opportunistic BP monitoring	
	Raising awareness of BP information	
	Increasing help seeking behaviours	
	Engaging communities to take on healthy lifestyle choices	

Table 6 Specialist staff views on the barriers/challenges, enablers, strength, weaknesses of the blood pressure community project and suggestions for improvement				
Barriers/challenges	**Enablers**	**Strengths**	**Weaknesses**	**Suggestions for improvement**
People afraid of having blood pressure checked (also a general population problem)	Enthusiastic barbers	More accessible for people who do not usually go to the GP	People who come to barbers may not want their BP checked	Better advertising beforehand
	Welcoming barbers	Engaging people who otherwise would not have had that intervention	They may refuse service deterring others	Longer term funding
	Barbers engaged in project	Getting people used to BP check in an environment that is comfortable and familiar to them.	Time limited project and will end	Teach barbers how to carry out BP checks and equip them with machines (as in USA)
				Would be great to run this in conjunction with other health promotion work in communities such as mental health and sexual health projects
				Has potential for domino effect and could be

				rolled out more

3.3.2 Summary of findings

- Specialist staff received training for delivering the community blood pressure project from REF/programme developer.
- Specialist staff was clear about the aims of the community blood pressure project and said that the aim had been met.
- Specialist staff said that ACM are afraid of having their blood pressure checked but acknowledged that this was also a problem for the general population.
- Enablers were reported as being enthusiastic, welcoming and engaged barbers.
- The strengths of the community blood pressure project were that it was more accessible for people who do not go to the GP, getting people used to having blood pressure checks in an environment that was familiar to them.
- Weakness were stated as ACM not wanting to have blood pressure tests at a barbers and deterring others from doing so, and the project being time limited.
- Suggestions for improvements included better advertising beforehand, longer tem funding, teaching barbers to carry out the blood pressure checks and equip them with machines (as in the USA), run the project in conjunction with other health promotion work in communities such and mental health and sexual health projects.

3.3.3 Stakeholders

Two questionnaires (n=2) were completed by managers at the intervention sites and one questionnaire (n=1) was completed by a clinical lead for cardio vascular disease at a CCG in a selected intervention area.

Table 7 Stakeholder views on the aim of the blood pressure community project

Main involvement in the community blood pressure project	Aim of the community blood pressure project	Aim met
Facilitated and promoted the programme. Helped promote the project by sharing relevant information with neighbouring churches	To raise awareness of blood pressure in Black communities	Yes aim met
REF sent background information about project. Included guidelines on high and low BP and flow chart of the process.	To improve and facilitate testing for BAME population in the places where they frequent	A reasonable number of people turned up for the BP tests
Helped identify that African and Caribbean population had worse outcomes than the average so the CCG wanted to know why, especially for men.	To help those men choose healthier lifestyles	Those men that did have their BP checked, learned about their own BP but also received 1-2-1 education on healthy lifestyles and they took that message to the wider community
Gatekeeper/allowed the project to carry out BP checks in selected venue.	Changing the everyday lifestyle choices for Black African men	Awaiting results of sessions and the on-going evaluation
Helped the Race Equality Foundation to engage with the local community and carry out blood pressure checks in	Highlight the issue so it encourages people to make regular visits to the GP	Raised awareness to take action

Table 8 Stakeholder views on the barriers/challenges, enablers, strength, weaknesses of the blood pressure community project and suggestions for improvement				
Barriers challenges	**Enablers**	**Strengths**	**Weaknesses**	**Suggestions for improvement**
Finding people who could carry out the BP testing who were skilled and available to do those tests in community settings	Ability to have an active group of people who are within the African and Caribbean community network who have enabled access to churches and barber shops.	It is being run by people who are enthusiastic about the project	It is not long enough	Possibly the Race Equality Foundation could have trained up people themselves to carry out BP checks or have a team of trained professionals at their disposal.
People are scared of having their BP checked and more education on the subject	It was a free flowing experience	It adds to the general knowledge for Black African and Black Caribbean men on how to live a healthy lifestyle	Need more sessions to get more interest and results	Have a rolling project to develop more sustained outcomes
	It was well organised	Going out to the community to do the tests	The specialist carrying out the BP checks was only available on the Saturday	Training community members to be trained to promote BP checks
	It provided the opportunity to share BP information and education throughout the community	This was a good project and helped move the community in the right direction. We hope they will come back.	The poster and the banner imaging. 'Man in the picture should be more youthful looking'.	Would be good to get the BP check results back to the relevant GP for each participant. The GP could then follow up with individuals.

	Straightforward			Important to consider how do we get the participants to go to back to their GP
	Quick			
				Should link in with other initiatives in the community e.g. giving blood.

3.3.4 Summary of findings

- Two of the stakeholders were the managers of the intervention sites and one was the clinical lead for cardio vascular disease at a CCG in a selected intervention area.
- The main involvement of the stakeholders was to facilitate and promote the community blood pressure project. They acted as gatekeepers/allowed the project to carry out BP checks in selected venues and helped REF engage with the local community to carry out blood pressure checks.
- Stakeholders said that the aims of the project was to raise awareness of blood pressure in Black communities, to improve and facilitate testing for BAME population in the places where they frequent, to help those men choose healthier lifestyles and to encourage people to visit their GPs. Stakeholders felt that the project aims had been met.
- A barrier/challenge of running the community blood pressure project was finding specialist staff who were available to carry out the blood pressure tests in the community and ACM being worried about having their blood pressure taken. Therefore more education on the subject is required for ACM.
- Enablers were people from the community who enables access to churches and barber shops, well organised, straightforward, quick and provided opportunity to share blood pressure information and education through the community.
- Stakeholders said that the weaknesses of the project were that it was not running for long enough, more sessions were needed to obtain more interesting results, specialist staff carrying out the blood pressure check not being available on a Saturday and the poster and banner imaging ‘Man in the picture should be more youthful looking’.
- Suggestions for improvement included the REF training people to carry out the blood pressure checks or having a team of trained professionals at their disposal, training community members to promote blood pressure checks, having a rolling project with sustained outcomes, get blood pressure results back to the GP for each patient so that the GP could follow up and should link with other initiatives e.g. giving blood.

3.3.5 African and Caribbean men (ACM)

Twenty six interviews (n=26) were carried out at four sites. Table 9 below presents the characteristics of the sample. The main themes from the interviews are presented below with verbatim quotes where appropriate.

Table 9 Characteristics of the evaluation sample

Participant	Ethnicity*	Age	Intervention site
1	African	34	Exodus (Barbers)
2	Black African	47	Exodus (Barbers)
3	African	40	Exodus (Barbers)
4	African	52	Exodus (Barbers)
5	Not stated	Not stated	Exodus (Barbers)
6	Black African	30	Exodus (Barbers)
7	African	29	Exodus (Barbers)
8	Black African	28	Exodus (Barbers)
9	African	36	Exodus (Barbers)
10	African	37	Exodus (Barbers)
11	Black Caribbean	36	Exodus (Barbers)
12	Caribbean	40	Slidercuts (Barbers)
13	Black African	45	Slidercuts (Barbers)
14	Caribbean	33	Slidercuts (Barbers)
15	Bengali & Indian	37	Slidercuts (Barbers)
16	Not stated	21	Slidercuts (Barbers)
17	African American	27	Slidercuts (Barbers)
18	Black African	25	Slidercuts (Barbers)
19	Black African	34	Slidercuts (Barbers)
20	Caribbean	Not stated	Bus Depot
21	Caribbean	Not stated	Bus Depot
22	African	Not stated	Bus Depot
23	White & Black African	Not stated	Bus Depot
24	Black Caribbean	26	Mane Culture (Barbers)
25	Black Caribbean	46	Mane Culture (Barbers)
26	Black Caribbean	47	Mane Culture (Barbers)

*Self-ascribed ethnicity

<u>Finding out about the blood pressure project</u>

The majority of ACM had not seen the intervention poster and banner before they attended on the day the programme was taking place.

> I saw the poster in the shop (P1).
>
> I saw the posters in the barbers (P8).

> This morning. I saw the leaflet on the wall outside during the week.

These participants explained that they were approached to have their blood pressure taken by a member of the project team;

> I was just here and she approached me (P9).
>
> I think that lady has been here before, saying she would come and do some tests for blood pressure (P10)
>
> A woman approached me outside (P15).
>
> Lady asked me while I was waiting to get my haircut (P19).
>
> I just walked into the barbers and the lady just approached me, and I said to her 'Anything health, I'm happy to do it, because I don't joke with my life!' (P3).

Some ACM explained that they had been told about the project by the barber on a previous visit or through his social media;

> …I am a slider customer and one of senior [the] barber[s] and it is just the fact that anything that Slider is [interested in], just makes a team effort whatever way we can (P13).
>
> My barber told me about it (P17).
>
> …I have seen it on my barber's social media, on Instagram (P18).
> I just came in here. But I've seen the poster before, maybe online (P6).
>
> …request came in saying that they are going to do it so I really knew I was going to do it when they came in anyways (P16).
>
> I saw it on his social media site… Good concept…especially as far as the black men don't like to go to the doctor and check themselves. (P25).

One ACM had been told about the project by his brother;

> I found out from my brother, I spoke to him this morning and he told me about it. He said you come down…hmmm and get my blood test done (P24).

ACM from the bus depot were informed about the project by their manager.

> There was a note on the noticeboard. It gives a lot of information and you get the information from there (P20).
>
> Through our management who told us. They informed us. It was on the noticeboard and we were individually consulted to see if we could take part (P23).

Views on the posters

ACM that had seen the posters said that they understood the message;

> It's fine, it's good… Yes I understood everything, it's fine (P1).
>
> It's nice, it's effective. At least we already know what it is all about (P10).
>
> Hmmm…it's quite engaging because there is a guy on the front, have a good model on the front, yeah (P16).
>
> Yeah, I saw it when I came 2 weeks ago, actually. So I knew that there was something happening (P19).
>
> Yes, it' very visible, that's all. Everything I did not know, I read of it as well, so… Yes, very, very clear on what you are doing (P24).

Some ACM said that posters were not informative and others said that a picture of someone having blood pressure taken would have helped.

> Not before. Yes now. Honestly, I don't know, like, it's not quite clear. May be having a image of actually someone having the blood pressure taken. You know like, getting straight to the point, you know what I am saying (P12).
>
> Yes, I walked in but I ignored it. I was talking to my barber; I came to get a shave (P9).
>
> …It did not grab my attention straight away…(P13).
>
> Yes, I did. It catch my eye…it was very effective especially… at first I wasn't too sure what it was directed. First I thought it was directed at stuff like keeping quiet, I wasn't too sure until I looked at other prints and the headers and stuff (P18).
>
> Referring to how to make the poster clearer P17 explained that;
> Possibly, an image of blood pressure machine or something like that to give a better [*pause*] more eye catching view to it (P17).

I think it didn't really say much to me to be quite honest with you…you have to take a closer look at it. It did not kind of say what was it at the first glance (P25).

Views on doing blood pressure checks in the community setting

There was a majority consensus among ACM that doing blood pressure checks in the community was a positive thing and encouraged men to have their blood pressure checked.

It's cool, because there are some people that haven't checked it, like 60 per cent…..(P1)

It's good because … so many people that if they don't want to go to the GP, you are the person that will advise them to go to the GP (P2)

Because a lot of people come to the barber shop so you can [unclear] talk to them (P5).

It's good, it really works…You know people still have to go to the GP but this is sort of easy for everyone (P7).

Yes, it's a good thing, but I would like to know more about it, like what's the outcome and what's behind it, why are you doing it (P11).

You get to help people. You see if there are any issues. I think it is handy… May be aiming to blacks or certain ethnicity group plus in barber shops you have range of people to do for your case study (P14).

I think it's very good, yeah. Come here, while you are waiting for your haircut, get yourself checked up… I don't see anything wrong with it. I think it is very good. It's a good way to get people, I mean like if you did not approach me today, I don't think I will ever get blood test every done. You know what I mean (P15).

I think it is a really good idea. Especially if you are trying to reach to most vulnerable. I think it's so good (P17).

It's clever. Doesn't take too long and it's raising awareness about something that's important. Most people aren't as serious about I suppose because I saw it 2 weeks ago but I did not pay much attention to it, somebody like…That lady called me and said you have 5 minutes and I said okay (P19).

I think it's a good idea, especially in this job. As you could be driving and have high blood pressure and you don't know and this is dangerous (P20).

> It's very good to have it at work, because try booking an appointment at the doctor it's very difficult. Sometimes you have to be on the phone very early in the morning. Be on the phone from 7:55am to get such and such appointment in the evening. Bus drivers don't have regular times so you see you coming here is very beneficial for everyone (P21).

> I don't see the difference really. The only thing is you're coming to us. So somebody who is busy, who may not have time can realise it's in my working environment so can come in their break. They might partake more than if the exercise is in the clinic or whatever (P23).

> …it's good way to especially, a place like this is good to get people instead of going to a GP like barber's shop is a best place to come to (P24).

> I appreciate the opportunity to get my blood pressure done at such a I suppose…somebody else could have come in here and have high blood pressure and would have never gone to the doctors and probably never know what the symptoms are and never realised what's the aim of the study is…so I think pop up is some perfect opportunity (P25).

P24 went on to explain how the barbers shop was place where men congregate and exchange information;

> Well…this barber shop represents family… and I know a lot of people of who come here so this is a best place to get like knowledge from people when….even set up something like this. To have a lot of events like this and….it's a best place, yeah, a barber shop (P23).

> 100% needed… as these days lot of black men kind of use the doctors in that kind of manner we talk about these kind of things, I suppose it is getting better. A lot of my friends are getting prostate checks and that kind of stuff and the rest of it as you get older…(P25).

P25 continues to point out that;

> I think outreach is what is really essential especially in these kind of times…I think that a barber shop is probably one of the only places that…One of the few places that black men actually congregate and if you wanna get a target audience, you have to know the demographics… You know for black men, barber shop is where you come to (P25).

ACM mentioned time to go to the GP, being afraid to go to the GP, being shy and culture as factors that deter men from going to the GP.

> It's ok, because many people are afraid to go to the GP. A lot of men, a lot of us are shy (P9).

> Yes, not everybody has the time to go to the GP every time to check their blood pressure. So when they see the opportunity in a barber shop they might think 'Oh yes let me do it.' If it's not here, I don't think I would go to the GP to get it checked. So it's a good idea (P10)

> I think it is a good thing. In my community and culture, a lot of people don't like going to the doctors so it is a good thing. Especially like in the barber shops is more reassuring. People see it as safe heaven, for people to come to barber shop to feel comfortable so if this is going at the back of the barber shop, yeah they feel more comfortable and more obliged to do it. Just out on the high street and you there in the middle as a pop up shop or something and try and call people that way is a better approach (P12).

> It's perfect because we as black men tend to ignore science that we naturally go through so initiative likes this works. It's a perfect setting. A barbers and client's relationship is quite intimate relationship and there are some signs that you can easily encouraged so if there is an issue, you can speak to your client, your customer and in doing so, it kind of encourage them. That could be going through previous conversations we had, it is easier to encourage a fellow man to go and get their checked up and whatever the initiative is (P13).

> I do believe it is something that should happen more often because a lot of males just don't attend the doctors even when they may fell sick. Therefore, they don't really need to or they might form barriers to something like that but if it is something that is going to provide at their doorstep, say walking to the barber shop and there are other people that are doing it as well may sort of give a chance (P18).

A minority of men said that a negative aspect of doing the project in the community was the lack of privacy. The majority of venues did have a private room so that men were not in full view of any other clients.

> It is people's privacy - that's the main one. People come to the barber shop and they have got a relationship with their barber and they did not come here for this (P12).

A minority of men also mentioned lack of time to have the blood pressure test done and potential embarrassment as a negative aspect of the programme;

> People might have less time to do it, they might be in a rush (P14).
> May some people might feel disheartened or embarrassed so they don't want to get checked in front of people. That's the only bad thing I can guess (P16).

> Hmmm people are in a rush. Hmmm privacy – some people may not want that information shared, you know, some people just may want to have a haircut and….(P19).

Views on the experience of using the community blood pressure project

The majority of ACM explained that having their blood pressure taken was a positive experience.

> It was cool because I met different people, I saw different faces. I met people I don't usually meet (P1).
>
> I'm used to it because I do it all the time. I'm used to doing my MOT and giving blood, you know what I mean? I'm not scared to know what is wrong with my body. I'm always happy to do it (P3).
> No, I normally do it, sometimes one month, two months. I have a kit at home (P5).
>
> I wasn't nervous. I know I'm quite fit so I'll be alright (P8)
>
> It was ok, I'm used it. I go to the doctor often. I have to have my blood tested often because I work with chemicals so I have to keep having it tested every 2 months. I work for a cleaning company and the chemicals are very strong so it's a process we have to do. The chemicals can go into your skin (P9).
>
> No, it was just for me to know what to do and what not to do. I know now it's high, so I need to stress less, eat normal food, it's good (P10)
>
> It's worth it, yeah. Professional, comfortable (P14).
>
> Yes, it's professional. I posed a question and after the reading is done it was explained to me why it was it was number of times it was done. I was comfortable (P13).
>
> Comfortable, quick and easy (P16
>
> It was comfortable, professional (P17).
>
> I am very happy to know that it wasn't highest…sorry, but I know it was fine. I can say that I am very health conscious so I come from the Gambia where high blood pressure is a huge problem in the foods that eat so I changed my diet about 3 years ago. I stopped eating fried food and eat lot of vegetables and eat much carbs, much rice, sweet potatoes, brown rice or brown pasta so I am very aware of the problems in my community and this kind of town because of my country historically and uncles and aunties (P19).
>
> It was cool because I met different people, I saw different faces. I met people I don't usually meet…It's very good, excellent (P1).

> Yes I learned something about blood pressure (P2).
>
> Very good, I get peace of mind and my mind is more relaxed… It is good. I don't have to travel anywhere, I'm at work so it works in my favor (P20).
>
> Yes, yes, yes…they made me feel comfortable, lot of conversation…hmmm informed me all about what was going on, the whole time... I thought it was good experience and I would definitely do it again…hmmm it's good to know about what is going on inside of your body and yeah I would definitely do it again (P24).
>
> Quite good especially with the nurse I have been talking to and saying that it's good that you do your checks and stuff like that, so it's quite…it's good. It's really good (P26).

A small number of ACM said they felt anxious having their blood pressure taken. P11 had received a high blood pressure reading as explained that;

> No. Not nervous. It was just a little bit……I've just been inside, thinking a lot (P11).
>
> Personally, for me, you get nervous. I take my blood pressure all the time but it is not something that you let anyone do. It's a new person, they are going to take your blood pressure touching your arm, you know what I mean…..normal reaction. It was very professional and comfortable experience (P12).
>
> First it has been nerve wracking because I was basically caught on the spot. I did not come to the barber shop to get my blood pressure checked but at the same time I was curious to know (P18).
>
> …may be some people just want to come and just get their haircut and not be disturbed, yeah (P24).

<u>Views on the information received after the blood pressure check</u>

The majority of ACM explained that the specialist doing the blood pressure recommended a visit to the GP for regular blood pressure check-ups.

> I should go to my GP to check it… Yes she told me that if I'm smoking I should stop. I smoke occasionally (P1)
>
> Yes the lady told me that she wanted the GP to do the blood test and blood pressure as well. I should inform my GP (P2)

> Before they did it I told the lady that I'm perfectly ok. But you might not know. You might be ok yesterday and today might be dangerous…I don't need to go to the GP (P3).
>
> Yes, to go and see my GP…(P4).
>
> She told me in two weeks' time I should go to Health Centre and do a test (P5).
>
> Yes, I know, to my local GP and I have got a private health centre also if I got anything, I go direct to them also (P13).
>
> Just a little bit high. I know I need to see my GP as soon as possible (P10).

Some ACM also discussed that lifestyle advice was provided.

> …I need to take a closer look at my blood pressure and stuff like that. Same things I have been told as in the past, not far off. Quite accurate(P12).
>
> I have always known this information but it just reiterates that there were something that I should do more so at my age so just paying attention to the science. It is kind of an eye opener really or a reminder (P13).
>
> My blood [pressure] is good. Keep doing what I am doing. You could improve better I suppose. Keep an eye on this information while going to bed (P14).
>
> My blood pressure was currently at a good place so I just got to maintain the healthy habits (P17).
>
> I learnt that my blood pressure is pretty decent or good and I don't have much to worry about I guess (P18).
>
> Just keep on and stay fit, exercise, eat healthy (P9).
>
> I was told about salt. Salt is the biggest factor for the blood pressure, so that is something to consider. I've always used African salt, but I'm told salt is salt. But I will also go back and find out why people feel it is better to use the African salt than the one with chemicals or the one in the supermarket (P23).
>
> … my heart rate is a bit high and I was told to exercise a bit. I thought I had done enough but yes I got to do it a bit more (P24).

All ACM received a leaflet after having their blood pressure taken. Not all ACM read the leaflet after they had their blood pressure test and before taking part in the interview but explained that they intended to do so;

> I have to go through it. I haven't had a chance to look at it yet (P1)
>
> It's useful, yes (P4).
>
> Not yet but I'm going to take it home and read it (P8)
>
> Yes I'm going to take this home with me in case next time I go the GP he asks me for it, and I can show them (P10).
>
> I need to know more about it, to be honest (P11).
>
> Yeah it was good. Probably just a quick brief about each leaflet about what information in provides will be good. That did not happen, it was given to me (P12).
>
> My blood pressure is pretty good so pretty happy. Sent a picture to my mom already (P15).
>
> Yeah the one with my blood pressure reading on it… Not yet (P17).
>
> I haven't read it yet, unfortunately but I am definitely going to be reading now seeing how healthy I seem to be because I continue maintaining my… is probably a good thing (P19).
>
> …I haven't quite looked at it but it definitely looks quite informal. I will have a read through it and I will pass it on to you whatever, to a friend or family and let them inform as well (P24).
>
> …I haven't really read it but as the nurse said, any information you want to know about your blood pressure and stuff is in there so would be quite good, I don't have Google it now. I can just look it up and read it (P26).

P26 explained that he had difficulty understanding his blood pressure reading and information was useful;

> … I did not really look at it … my blood pressure is cool. That's the information I needed I believe so I suppose… getting to understand how to use your blood pressure as well … understanding the numbers, I never understood what the numbers are on the blood pressure results…so that may be something as well…(P26).

The minority of ACM that had read the leaflet after having their blood pressure taken and taking part in the interview said that it provided useful information;

> ….it gives an insight on what to look out for just in case I was to get my blood pressure checked later today and it was over certain number then I should see some sort of…(P18).

Benefit of taking part/advice given

The majority of ACM said having their blood pressure taken had been a positive experience.

> I have the confidence that I don't have the blood pressure (P3).
>
> … What I got to do to make sure I continue to do some practices. That's it really (P13).
>
> Hmmm I think I just got reassurance that I have had my numbers are (normal) taking a long time... so it kind of reassures me that I don't have to get concerned right now about my blood pressure (P17).
>
> I am very happy with the results because it makes me feel good about how I am living my life because I do live a hectic lifestyle…very, very hectic like…I work crazy hours. I think that's why I am a greatly conscious that I have got to be healthy and fit so I try to fit in the gym as much as I can and try to, I prepare the food so I don't eat outside at all, I cook every Sunday for a week and I cook my breakfast … (P19).
>
> It's good to find out if your blood pressure is okay, and if it's not then I will get advice from the person doing it about what the next steps are from there… I get peace of mind that my blood pressure is alright, so I'm going to watch my diet. And I exercise now and then when I get a chance as well. So it's good…Yes. Well I did want it checked. I was thinking about making an appointment, but I just didn't know when (P20).

P20 continued to explain which he had got out of the community blood project;

> Satisfaction, at least I know what's what. I know the next stage to take, what I've got to cut. Mind you I have cut a lot of salt, it's just the crisps I've got to work on. And the apple pies, you know when you crave certain things. But the thing is I don't indulge in one thing for too long (P20).

Views on what could be improved about the community blood pressure project

Suggestions for improvements to the intervention included having the blood pressure project in other venues e.g. gyms, library and shops;

> … You know, more common places, okay like gyms I think that would be a really good place where you know you can do three blood pressure tests and I don't if you did blood tests and stuff that would be really good as well so that people can find out, you know, what is wrong with them and what's not wrong with them. Give them advice (P15).

> I would say expanding it and see if advice is used at the barber shop. Potentially giving a shot to sports club…hmmm gyms and stuff like that (P18).

> There should be more people to employ so you can go to other shops, more resources (P1).

> The only thing I can say is, if you do it in this place [barber shop], a lot of people don't know. It's better if you do it in a library or an open place, there's a lot of people walking up and down so they can have an interest. People are always passing. But inside here, you can only see the people that are coming in (P3).

Some participants felt that the project should be carried out more regularly;

> If you do have them regular it would be a plus. At least the drivers can buck up on their health (P21).

> If there can be pamphlets brought periodically for people to read, that would help. Not just a one off in the year (P23).

> … happening a bit more regular (P26).

Some participants felt that sending out an email in advance informing customers that blood pressure checks are taking places on certain days would help ACM make decisions in advance about participation.

> May be tell barbers in advance. Maybe send them an email saying you will be here for the day stay, maybe they want to do it or not (P14).

> Social media I suppose, if you advertise it on[name] Instagram page or Twitter…whenever I come here to get haircut tend to look at different styles that I want so when I have [name] cut my hair sometimes I say, can I have that one so I would have checked them on page. They could have something on there to say on the 5th of March, we will be offering you blood [pressure] tests (P19).

Some participants felt that blood pressure tests should be offered more often and advice should be expanded to include information of obesity.

> You should do it this more often, honestly. Just do it, get yourself everywhere. You know what, someone might feel ill or some of them have bad diet or someone is having a bad week, you know, someone

> just want a general check-up or something. You know if you guys are doing this work for community, I think it is awesome. Honestly awesome! (P15).
>
> … not sure, may be offer more than just blood pressure readings, there are other reading you can take may be people's weight or obesity or body fat calculations, things like that… so it's a broad range of services (P17).

3.3.6 Summary of findings

- The age range of the ACM who took part in the evaluation ranged between 21-52 years old
- The majority of ACM had not seen the project posters before they attended on the day the intervention was taking place. These participants explained that they were approached to have their blood pressure taken by a member of the project team.
- Some ACM explained that they had been told about the project by the barber on a previous visit or through his social media.
- One ACM was informed about the project by his brother and ACM at the bus depot were notifies about the project by their manager.
- ACM that had seen the posters said that they understood the message.
- Some ACM said that posters were not informative and others said that a picture of someone having blood pressure taken would have helped.
- There was a majority consensus among ACM that doing blood pressure checks in the community was a positive thing and encouraged men to have their blood pressure checked. Barber shops were seen as a good place to carry out the project because they are places where 'black men actually congregate'. One ACM referring to his barber shop said that '…this barber shop represents family'.
- ACM mentioned time to go to the GP, being afraid to go to the GP, being shy and culture as factors that deter men from going to the GP.
- A minority of men said that a negative aspect of doing the project in the community was the lack of privacy, not enough time to get it done and potential embarrassment.
- The majority of ACM explained that having their blood pressure taken was a positive experience.
- A small number of ACM said they felt anxious having their blood pressure taken.
- The majority of ACM explained that the specialist doing the blood pressure recommended a visit to the GP for regular blood pressure check-ups and also provided lifestyle advice.
- All ACM received a leaflet after having their blood pressure taken. Not all ACM read the leaflet after they had their blood pressure test and before taking part in the interview but explained that they intended to do so.
- The minority of ACM that had read the leaflet after having their blood pressure taken and taking part in the interview said that it provided useful information.
- The majority of ACM said having their blood pressure taken had been a positive experience.
- Suggestions for improvements to the intervention included having the blood pressure project in other venues e.g. gyms, library and shops.

- Some ACM felt that sending out an email in advance informing customers that blood pressure checks are taking places on certain days would help them make decisions in advance about participation.
- Some participants felt that blood pressure tests should be offered more often and advice should be expanded to include information on weight management.

4.0 Discussion of the findings

The community blood pressure pilot programme was delivered in three areas of London (Southwark, Hackney and Brent), in 5 barbers shops, 1 church and 1 bus depot with a total of eighty seven (n=87) men taking part in the programme. However the original target of 13 sessions was not met as 5 sessions had to be cancelled due to guidance around COVID-19 and lockdown directives coming into force. The intended target audience for the programme were ACM but some men from South Asian (Pakistani, Bangladeshi, and Indian) backgrounds also accessed the programme because BME men who were at the venue and wanted to take part were not turned away. This suggests there may be an appetite for blood pressure information from this group. This is particularly important since South Asian men also show high rates of hypertension and associated co-morbidities (Eastwood et al., 2015) and would benefit from the programme.

The venues selected for the community blood pressure pilot programmes were an appropriate setting for the target population of ACM. Many challenges arose with the implementation of the project. Obtaining support for the programme from Public Health and CCGs in the selected areas took longer in some areas than others. The logistics of setting up the programme which involved viewing multiple venues, considerable negotiations with gatekeepers about days and times for running the blood pressure checks and ensuring specialist staff were available to carry out the blood pressure checks, extended the implementation phase of the programme and more time for this phase should be built into the programme. Although the project lead had reviewed venues for their suitability for running the blood pressure tests a few men pointed out that a lack of privacy could be a potential issue deterring ACM from participating. This was an issue at barber's shops that did not have a room or private space for the blood pressure check to take place. Recruiting specialist staff was also difficult due to lack of interest and availability of specialist staff. Some stakeholders suggested that the Race Equality Foundation should train staff to carry out the blood pressure checks rather than relying on identifying specialist staff through the CCG.

The majority of ACM that took part in the evaluation had not planned to have their blood pressure taken prior to the day that the programme was running. The

programme lead explained that recruiting ACM to have their blood pressure tests was more of a challenge at the barber's shops which received walk-in customers as compared to the bus depot or church where ACM willingly came along to the session.

Some ACM felt that receiving information that the blood pressure tests were taking place on certain days would help them make decisions in advance about participation. Specialist staff also felt that the programme should have been better advertised beforehand. The programme lead explained that programme information (posters, banners and leaflets) were left at venues weeks in advance of the scheduled blood pressure tests. Some information advertising the programme was also available digitally to gatekeepers. Some ACM were recruited by the gatekeepers (manager at the bus depot, the church pastor and barbers). The barbers used their social media (Instagram, WhatsApp and Twitter) to advertise the programme more than once and encourage men to take part. Some barbers were already involved in other health promotion programmes with ACM so were familiar with disseminating information. Specialist staff argued that the programme could be run in conjunction with other health promotion programmes such as mental and sexual health projects. They suggested a more systematic use of gatekeepers, their social media and that running the programme alongside other health promotion programmes for men may help improve uptake of blood pressure checks. This would however only be viable if Public Health England agreed supported this.

The programme lead explained that ACM at the bus depot and the church were more informed about the programme and came along willingly to have their blood pressure tests. However the majority of men said that they had not seen the intervention poster, banner and leaflets before they attended the barbers, church or work at the bus depot on the day of the programme using gatekeepers as recruiters, their social media and social media more generally may be a better way of encouraging ACM to take part in the programme. This is particularly significant as programme information (posters, banners and leaflets) had been left with the gatekeepers at all venues several weeks before the blood pressure checks began. Although information leaflets had been left at the venues many weeks in advance it was clear that the ACM had not picked them up or read them. This would also require the same men to have visited the venue before the day the blood pressure tests were taking place. As discussed above

providing information in advance would help ACM make an informed choice, may increase uptake and reduce any anxiety. This would be easier at some venues such as the bus depots and churches which have regular staff and congregations as compared to barbers shops who will have walk in as well as regular customers. Social media and faith based organisations are established partners in health promotion interventions (Schoenberg, 2017; Welch, *et al.*, 2016). Some ACM may not use social media and so a combination of approaches for recruitment would be appropriate.

Some of the ACM that had seen the poster and banner said they were not informative. One participant suggested a picture of someone having blood pressure taken would have helped. Therefore a picture of a man having his blood pressure taken may have sent out a clearer message about the programme.

All ACM said that the specialist doing the blood pressure recommended a visit to the GP and regular blood pressure check-ups and provided lifestyle advice and an information leaflet. The majority of men did not read the leaflet but said that they would do so later. Therefore the evaluation findings do not include ACM views on the information provided in the leaflet. One ACM said that he would have liked the specialist doing the blood pressure to go through it with him. Whilst providing leaflets is a tested health promotion method some ACM would have benefitted from a member of the programme team talking through the information in the leaflet. This is particularly important as BAME communities are recognised to have poor English language fluency (Ali. 2003). Other methods of providing information and follow up should also be explored for example interactive technology based health promotion but time and ethical considerations for this would have to be built into the programme.

Overall the majority of ACM that took part in the evaluation had positive views about having blood pressure tests in the community setting and that overall it was a good experience. ACM, specialist staff and stakeholders explained that the community setting would give ACM who cannot get to a GP surgery due to opening times, lack of appointments and work commitments the opportunity to have their blood pressure checked in a familiar, conformable environment. A small number of ACM said that having a non-planned blood pressure test made them nervous.

The community blood pressure pilot programme was time limited due to limited resources. Repeat blood pressure test sessions did not run in all venues. Once gatekeepers and ACM were familiar with the programme they requested further sessions. It is possible that if the programme had run for a longer period that more ACM would engage with the programme.

5.0 Conclusion

This evaluation explored the process and implementation of the community blood pressure pilot programme from the view of the programme lead, stakeholders (shop owners venue managers, CCG. Overall the community approach to addressing high blood pressure in ACM may be effective in raising awareness of high blood pressure, healthy lifestyle literacy and signposting to the GP surgery for ACM. Overall the community blood pressure pilot programme met its aim of developing and implementing a community approached high blood pressure pilot programme targeting ACM and raising awareness of high blood pressure and its impact on long term health. The programme was built on good collaboration between the co-production group, Public Health and the CCG in the selected areas. A longer term programme may improve health literacy around blood pressure and including encouraging ACM to blood pressure checked. Having regular sessions in the community setting may increase the number of ACM engaging with the programme and also encourage men to attend GP surgeries for blood pressure and health check-ups.

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Appendix 1

Community Blood Pressure Pilot Project Evaluation

Topic Guide for Programme Lead

1. Introduction

- Introduce self.
- Explain about interview being tape recorded, length of discussion (approx. 1 hour).
- Any questions about the short interview before we start?

2. Information about the implementation of the community blood pressure pilot programme

Please describe the development of the community blood pressure pilot programme (*probe rationale, design, activities*)?

Was the community blood pressure pilot programme implemented as planned (*probe for how it was delivered and activities conducted)*?

How much of the community blood pressure pilot programme was delivered (*probe if it was delivered as planned and/or what adaptations were made, were adaptations made relating to context and if so what were these, how much of the programme was delivered and for how long*)?

Who were the people involved (probe how did African and Caribbean men, specialist staff, venue managers, CCG get involved, what areas/venues, how did they interact with the community blood pressure pilot programme?

How where the materials (poster, banner and leaflet) developed?

3. Challenges to implementing the community blood pressure pilot programme

What were the challenges to implementing the community blood pressure pilot programme (*probe start point and end point*)?
Did you have to change the implementation of the project during the process of implementing the community blood pressure pilot programme (*probe at end point*)?

4 Closing

Are there any other thoughts you would like to share?

Appendix 2

Community Blood Pressure Pilot Project Evaluation

Specialist Staff Questionnaire

We would like your support for an evaluation of the community blood pressure project. The aim of this part of the evaluation is to obtain the views of specialist staff (nurses/health assistant) involved in delivering the project. Please take a few minutes to answer the following questions. All data will be treated with the strictest confidentiality.

1. Biographical details

Name ……...

Gender: Male ❑ Female ❑ Other ❑

2. Professional background

(a) What is your job title?

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(d) What do you consider to be the main role(s) and responsibility of your role (please state)?

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(c) Did you receive any training/information to deliver the pilot community blood pressure project?

Yes ❑ No ❑

If yes please state what training/information was provided.
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3. Organisation of the project/service

(a) In your view what are the main objectives of the pilot community blood pressure pilot project (please state)?

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(b) Do you think that the pilot community blood pressure pilot project fulfils these objectives?

Yes ❑ No ❑

If no please state how these objectives could be met in the future?

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(c) Are there any barriers that have prevented you from providing the most acceptable and accessible service (e.g. fixed policies/practices, staff shortages, lack of info, space, site managers etc.)?

Yes ❑ No ❑
(If yes please specify)

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(d) In your view how can these barriers be overcome (please state)?

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(e) What have been the main enablers to implementing the blood pressure pilot project?

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(f) In your view what have been the main challenges to delivering the community blood pressure pilot project?

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(e) What do you consider to be the current strengths of the community blood pressure pilot project?

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(f) In your view what are the current weaknesses of the community blood pressure pilot project?

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(g) Please suggest how you believe the community blood pressure pilot project might be improved?

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(h) Please add any other comments about the project?

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Thank you for taking part in the evaluation of the community blood pressure pilot project

Appendix 3

Community Blood Pressure Pilot Project Evaluation

Stakeholder Questionnaire

We would like your support for an evaluation of the community blood pressure project. The aim of this part of the evaluation is to obtain the views of the key stakeholders (site managers, GPs, CCG) involved in the project. Please take a few minutes to answer the following questionnaire. All data will be treated with the strictest confidentiality.

1. Biographical details

Name ……...

Gender: Male ❑ Female ❑ Other ❑

2. Professional background

(b) What is your job title?

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(c) What is your main involvement community blood pressure project (please state)?

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3. Organisation of the project/service

(c) In your view what are the main objectives of the community blood pressure project (please state)?

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(d) Do you think that the community blood pressure project fulfils these objectives?

Yes ❑ No ❑

If no please state how these objectives could be met in the future?

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(c) Do you think that the blood pressure project has helped you/your organisation in achieving any objectives for addressing high blood pressure (please state)?

Yes ❑ No ❑

If yes please state in what way these objectives have been met

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If no please state how these objectives could be met in the future?

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(d) Are there any barriers that prevent the community blood pressure project (you) from providing the most acceptable and accessible service (e.g. fixed policies/practices, staff shortages, lack of info etc.)?

Yes ❑ No ❑
(If yes please specify)

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In your view how can these barriers be overcome (please state)?

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What have been the main enablers to implementing the blood pressure project

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(e) What do you consider to be the current strengths of the community blood pressure project?

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(f)In your view what are the current weaknesses of the community blood pressure project?

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(g)Please suggest how you believe the community blood pressure project might be improved?

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(h) Please add any other comments about the project?

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Thank you for taking part in the evaluation of the community blood pressure pilot project

Appendix 4

University of Bedfordshire
INSTITUTE FOR HEALTH RESEARCH

Community Blood Pressure Pilot Project Evaluation

Topic guide for African and Caribbean men

1. Introduction

- Introduce self and thanks for participation.
- Give background to the evaluation: to look at progress of the community blood pressure pilot project and make suggestions and provide guidance on future developments.
- This evaluation is being carried out by the Institute for Health Research, University of Bedfordshire.
- Explain about/emphasise confidentiality, and tape recording, length of discussion (approx. 15 minutes).
- Any questions about the short interview before we start?

2. Biographical information

How would you describe your ethnicity?

What is your age?

3. Information about the community blood pressure pilot project

How did you find out about the project?

Did you see the posters and banner? What did you think about them (probe: *are they effective, do they communicate the message clearly, are they relatable)*

What do you think about the blood pressure project being in a community setting (i.e. bus depot/ church/ barbers)?

What you think is good about having the blood pressure project in this setting?

What do you think is bad about having the blood pressure project in this setting?

Is there anything about the blood pressure project that you would improve or change?

4. Experience of using the service
How was your experience of having the blood pressure taken (*probe if it was it informative, professional, and comfortable)?*

What blood pressure information did you receive? What did you learn?

What do you think about the leaflet you were given afterwards?
Were you told what/where you need to go next if you need to *(probe for information on signposting, health check, more resources, and advice)?*

5 Closing
What have you got out of this service?
Are there any other thoughts you would like to share?