The Partnership for Black People's Health: Centering Black voices in health equity.

March 2025

Partnership for Black People's Health
PBPH

FOREWORD

The Partnership for Black People's Health (PBPH) stands as a beacon of hope and change, dedicated to addressing the stark health inequities faced by Black African and Black Caribbean communities in the United Kingdom. The work of this Partnership is deeply rooted in a commitment to social justice, aiming to uplift and empower communities that have long been marginalised and underserved within the healthcare system. This report reflects the collective journey of community leaders, academics, healthcare professionals, and individuals with lived experiences who have come together to challenge the status quo and create a pathway for transformative change.

Black communities in the UK continue to experience disproportionate health disparities, exacerbated by racism, discrimination, and socio-economic inequities. This report outlines the profound impact these systemic issues have on health outcomes, from chronic illnesses to mental health struggles, and the barriers Black communities face when seeking adequate care. Traditional healthcare systems, shaped by historical biases, have failed to meet the needs of these communities. The Partnership's approach to addressing these inequities is rooted in community-led engagement, the redistribution of power and resources, and in the co-production of knowledge — all guided by the principle that Black health cannot be achieved without Black people's active involvement.

Through a series of public engagement events and collaborations, PBPH has provided Black communities with spaces to express their concerns, share their experiences, and demand better healthcare. The insights gathered from these discussions are invaluable, shedding light on the specific needs, challenges, and hopes of these communities. This report highlights the urgent need for culturally appropriate health interventions, a demand for greater representation, and the necessity for Black-led initiatives that challenge the inadequacies of the current system.

In reading this report, it becomes evident that the work of the PBPH is not just about research and policy change, but about social justice and restoring dignity – ensuring that Black voices are heard, valued, and acted upon within healthcare spaces. This Partnership stands at the forefront of a movement that is calling for a more equitable, inclusive, and just healthcare system.

The achievements and insights presented in this document are a testament to the power of community, collaboration, and the unwavering commitment to tackling health disparities head-on. As we continue this journey, the lessons learned will serve as a foundation for actionable change, paving the way for future generations to experience greater equity in healthcare and better health outcomes for all.

The NHS Race and Health Observatory supports this report – a report that is not just a record of what has been achieved but is also a call to action for all those who seek to create a healthcare system that truly serves the needs of all communities — Black communities included.

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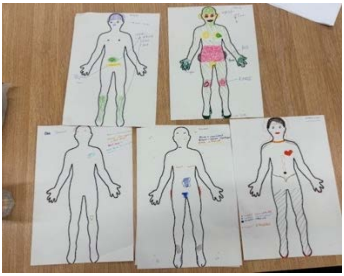
Contents


BLACK HEALTH IS POWER




BLACK LOVE IS POWER
BLACK HEALTH IS POWER


ALIVE

What is the Partnership for Black People's Health?

The Partnership for Black People's Health (PBPH) is a collaborative initiative between community organisations, activists, academics and clinicians focused on addressing health inequities faced by Black African and Black Caribbean communities in the United Kingdom (UK).

Currently, UK Black communities face a disproportionate burden of poor health outcomes in areas such as infant and maternal mortality; cardiovascular disease; prostate cancer; mental health; diabetes; and wider.[1] Inequalities are driven by racism and other forms of discrimination together with social and economic inequalities (based on socio-economic status, age, gender, immigration status and sexuality and more).[2] Often, public health interventions are not serving the needs of Black communities.[3]

The PBPH is a project grounded in community-based research and engagement - developed and led by Black communities - with the goal of effectively tackling health inequalities. We seek to engage Black communities in meaningful and innovative ways in order to inform future research priorities and co-produce interventions to improve health.

Key Principles of the Partnership's approach:

- **Community-led engagement.** The Partnership prioritises deep, meaningful engagement with Black communities, ensuring that Black voices are prioritised, and Black health needs and perspectives shape future research and actions taken. Black Health cannot happen without Black people's involvement.

- **Redistribution of power and resources.** A core value of the Partnership is shifting power and resources from academic and other institutions to communities on the ground. Information about Black health issues must be co-produced with the Black communities affected by specific health issues.

- **Co-production of knowledge is the foundation.** Current severe health inequalities experienced by Black communities are made worse by challenges such as a lack of visibility, institutional racism, tokenistic community engagement and omission. Centering Black voices is key to improving the situation.

- **Diverse and inclusive approaches.** The Partnership acknowledges the huge diversity *within* Black communities, recognising that different groups have unique and mixed health needs and experiences, For example because of age, ethnicity, gender, sexuality, migration status, locality, socioeconomic status and other characteristics and circumstances. Additionally, we believe that participation must be facilitated by people embedded and trusted within the communities. For example, event setting, framing, language used, and food served all matter to building an inclusive and non-extractive environment.

- **Overcoming silos.** Traditional boundaries between researchers, academics and community members are not helpful, as well as between people with different health conditions. Many of our partners are both researchers and community activists, and in our work, we adopted a person-centred, interdisciplinary approach to health research.

- **Focus on action and impact.** Beyond research, the Partnership is committed to acting on its findings in a way that directly benefits Black communities, from developing new health interventions and services to influencing public health policies and defining and conducting new research for public good.

"I felt that because we have a strong community and we've been offering services for women for over 35 years, a lot of the people that came to the group knew us really well and there was a lot of trust... It was a really good discussion."
Partner, evaluation interview

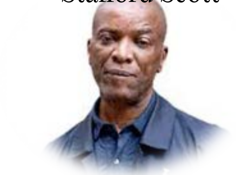
Who is the Partnership for Black People's Health?

We are a non-hierarchal network of healthcare professionals, academics, community organisations and leaders, and specialists dedicated to improving health outcomes for Black communities. Through people-centred and community-developed approaches, we engage directly with communities and individuals with lived experiences of health issues. Together, we co-develop engagement activities, initiatives, and identify research priorities and programmes that prioritise the needs our communities. For the community by the community.

The current members and collaborators of the Partnership are pictured below. Additional members not pictured include Dr Claudine Best, Celeste Danielle, Dr Renee West, Andrea Wright and Rachel Stredwick. Organisations involved in the PBPH include Positive East; Positively UK; SHARE Collaborative, Queen Mary University of London; The Love Tank; The Black Health Activists Mentoring Empowering Network (BHAMEN); Tottenham Rights; Women's Inclusive Team; Off the Wall Players; University of Nottingham; University of Oxford.

> "Even in terms of how diverse a group we are, like it challenges this idea of one Black voice or one Black community"
>
> Partner, evaluation interview.

Stafford Scott



Vimbai Mandaza

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Dr Megan Clinch

Farah Dualeh

Dr Shardia Briscoe-Palmer

Safia Jama

Dr Janelle Jones

What have we achieved so far?

The first phase of the PBPH (May 2023 – October 2024) focused on building the foundations of the Partnership and engaging Black communities in meaningful and innovative ways. We did this to better understand the issues they are experiencing within the healthcare system, and what they want researchers and policymakers to prioritise in future. We achieved this through building the partnership and listening to communities.

With a history of collaboration among the partners, the Partnership marked a new and purposeful approach to working together. All individuals involved were either working in or had an interest in health equity and racialised health inequalities in some capacity. The Partnership began with the foundation setting: getting to know one another, clarifying our shared objectives, learning together and developing plans for the engagement activities. Over 16 months, regular monthly meetings provided a platform for exchanging experiences and strategies, offering valuable opportunities for mutual growth and insight.

We also sought to better understand how well the partnership was working by engaging in a participatory evaluation of the Partnership. We formed a core evaluation team and asked for independent help from a researcher to conduct interviews and facilitating participatory evaluation workshops with the team. There are quotes from the Partnership evaluation throughout this report.

To develop our identity as a Partnership, we designed a logo and established an online presence through various webpages (Queen Mary, SHARE) . As word of our work spread, we gained new Partnership members, enabling us to enhance the diversity of our activities and the communities we engaged with.

Example 1: Black Queer Men's Dinner Event

A Black queer men's dinner hosted at Peckham Palms in South London, catered by the Flygerians. The majority of participants were recruited via social media, all with a connection to The LoveTank, a key community anchor.

Participants were divided into small groups, each led by a facilitator from the queer community who encouraged open discussion across six questions. This format created a comfortable space for those who might feel nervous about sharing, particularly older queer and migrant men who have been historically silenced. While some participants, especially older Black African queer men, engaged less actively, the approach was effective in fostering conversation.

Reflections

Community is important, and hosting events like this—especially in collaboration with The Love Tank—was meaningful to participants, as they feel safe, comfortable, and trust the organisation. It was especially important to have culturally appropriate food and have the dinner be basis for the information gathered.

Listening to Communities

Between August 2023 and April 2024, the Partnership held 16 public engagement events with over 200 Black individuals in total.

Our events engaged people from a range of backgrounds including for example older men over 60, queer men, recent migrants, women with specific health conditions, and young people.

We used a range of engagement activities, intentionally moving away from historically White-centric' methods to ensure cultural appropriateness. Our activities included hosting brunches and dinners, meeting at daycare services, and holding workshops. Central to all our approaches was the use of local, community-based venues, which helped create safe, trusting spaces for deep and potentially traumatic conversations; facilitators embedded within the communities we aimed to engage, and the provision of support through travel and childcare reimbursements, as well as compensation for participants, recognising the value of their time and contributions.

Our engagement activities generated discussions that covered a wide range of topics, from specific illnesses and conditions (such as chronic pain, mental health, prostate cancer and gynaecological and reproductive health) to more general health issues (such as accessing services, taking part in research studies, and relationships with health professionals).

The common themes across all the discussion are described in detail in the next section of their report, and a description of each event is provided in the Appendix.

Our events demonstrated that with the right approach and the right people, communities are more than willing to come together, engage and share their health experiences. Challenging the tired notion that Black communities are 'hard to reach'...in reality, **there are no hard-to-reach communities, there are only hard to reach services.**

What we have learned

Our engagement activities revealed **five powerful insights** into the health experiences and needs of Black communities, each highlighting critical gaps and opportunities within the healthcare system.

1. Black people are seeking more opportunities and spaces to openly talk about their health. They want to discuss their experiences, not just within their immediate communities but also with those in positions of authority and power – policymakers, healthcare professionals, commissioners and healthcare leaders. The desire for dialogue is strong: communities want to be heard, taken seriously and learn.
2. There were widespread and overwhelming reports of racialised discrimination and marginalisation throughout the healthcare pathway. Many participants shared stories of feeling invisible, unheard, or even disrespected during their encounters with healthcare professionals. The sense of being dismissed or overlooked was a common and painful experience, with lack of recognition of pain and struggles significantly contributing to poor health outcomes in Black communities. Disbelief is itself a form of systemic, racist discrimination. Meaningful improvements in health outcomes will remain out of reach without transforming Black people's experiences within the healthcare system.
3. Black people were highly motivated to engaged in health-related actions, including research and interventions that could improve their well-being. The challenge lies in the accessibility of these opportunities. Factors such as location, timing and lack of awareness often prevent many individuals from participating in health initiatives that are 'designed' for them, without them by people who don't understand their lived experience.
4. The diversity within Black communities is vast and often misunderstood. Contrary to the biased perception of Black people as a single, monolithic group, experiences and needs vary widely; shaped by factors such as gender, age, sexual identity, migration history, generation in the UK, class, religion, and even local identity. This diversity means that the 'one size fits all' approaches usually taken by public health interventions often miss the mark. Failing to address the full range of experiences within these communities undermines effective care.

5. There was a strong consensus that intentional, Black-focused, and Black-led health initiatives are not just necessary – they are long overdue. Individuals have been creating their own initiatives to advocate for themselves and their communities, largely due to the lack of culturally appropriate and Black-centred programmes within the healthcare system. These grassroots efforts, while valuable, often operate on a smaller scale and with less collaboration and funding than larger projects like the Partnership, creating sustainability issues for those involved.

Example 2: Discussions around a park bench Events

A meeting of Black elderly men took place in Hackney Downs where the men gathered informally on a park bench to discuss their healthcare experiences. Facilitated by Stafford, the group explored issues such as trust in the NHS, the impact of cultural barriers, and the challenges Black men face in accessing healthcare. Conversations also touched on sensitive topics like prostate cancer, mental health, and the barriers to early diagnosis.

Reflections

The informal, community-style setting created a comfortable space for older men to discuss health concerns openly, particularly around sensitive topics. Stafford's facilitation kept the conversation focused. The event highlighted the need for greater trust, accessibility, cultural sensitivity, and representation in healthcare for this group.

Five Areas for Action

The earlier insights led us to develop five Areas for Action which will inform our future research and advocacy priorities:

1. **The NHS is falling apart**: Participants from our engagement activities expressed deep concerns about the decline of the NHS, particularly among the older Windrush generation who contributed to its creation. While the deterioration of the NHS is felt by everyone, historical and ongoing inequalities within healthcare mean Black communities are disproportionately affected. The unique challenges they face within the crumbling healthcare system amplify existing inequalities and create further disengagement and exclusion.
2. **Healthcare outside the NHS:** Health is more than just the absence of illness. Many Black communities have developed alternative ways to support their health and manage illness, including the use of traditional medicines, digital media (such as podcasts), community groups, and safe spaces for education, support, and management. Yet, these efforts are often not recognised or dismissed by traditional healthcare providers, preventing dialogue and reducing opportunities for better quality care.
3. **Black women's health**: Black women bear the burden of healthcare discrimination, especially in areas such as gynaecology, pain management, and maternal care. Throughout this project, many participants shared experiences of not being believed when they expressed pain or concerns, resulting in delayed or inadequate treatment. Despite these challenges, Black women are highly active in educating and advocating for themselves and their peers, creating support networks to fill the gaps left by the healthcare system.
4. **The need for advocacy**: Black communities recognise the critical importance of advocacy when navigating the healthcare system and wider. There is a strong demand for peer-led approaches to help individuals navigate the complexity of the healthcare system. This is especially true for those who need language support, assistance with digital health tools, or face-to-face guidance. Diverse

advocacy is needed, including for groups like older men, queer men, and neurodivergent individuals within the Black community.

5. **Changing the NHS**: There is an urgent need for anti-racism and cultural sensitivity at all levels of the NHS. It is not enough for these efforts to be superficial – participants stressed the importance of building genuine connections between healthcare professionals and Black communities. This includes understanding the local context and identities that shape people's relationships with the NHS, particularly for those who have deep ties to specific areas. Collaborative research with communities is essential for developing education and training that truly meets needs.

These insights provide a clear and urgent call to action: to improve health outcomes for Black communities, the healthcare system must listen, adapt, and make space for Black voices and leadership.

Example 3: Women's Wellbeing – A Celebration Event

A Black women's wellbeing celebration dinner, facilitated by Dr Shardia Briscoe-Palmer was held at Somewhere in Brum in Birmingham, with participants connected through a local social group., The informal setting encouraged deep and emotional conversations, and the presence of a mental health practitioner and counselling psychotherapist (attending in a non-professional capacity) provided additional safeguarding, ensuring that the deeply personal and sometimes traumatic discussions were supported.

Reflections

Black women's self-care is centered on mental, emotional and physical wellbeing, with safe spaces like the 'Lounge UK' playing a key role in empowerment. Practices like journalling, music therapy, and physical activity were identified as essential to their self-care.

Traditional wellness spaces, such as spas or gyms, often exclude Black women, who approach self-care through culturally shaped practices. Surprisingly, diet and nutrition were not discussed, despite their relevance to health concerns in ethnic communities.

Comments from attendees

'Fabulous evening, lots of takeaways, food was lovely. Thanks Shard, u were a great host and facilitator.'

'Thank you for the love and support ladies'

Looking to the Future

In the next phase of the partnership, our work will be led by Black communities focusing on the Five Areas of Action. Work in these areas has already begun (See Box 1), with participants from our community events also getting involved in designing research and advocating for change.

Spin-out Research Projects from the P4BPH

Black Men's Health North London Group Project

The group of older Black men who engaged with the Partnership via a series of park bench and other local meetups in North and East London has now grown into a bigger program with its own dedicated funding. The group, in collaboration with NHS healthcare workers, is conducting a participatory action research project exploring ways to reduce disparities in prostate cancer testing, treatment, and outcomes. In addition, this group has curated and developed A Dialogue of Equals podcast, which explores Black Men's experiences of the NHS. This work has been funded by Centre for Public Engagement at QMUL.

Black Women & Digital Health

Through engagement activities with Black women, digital health has been highlighted as something of importance within Black women's health and has led to an extension project of the Partnership. Led by Dr Briscoe-Palmer, we have been successful in receiving an NIHR Development Award (ADA) in Digital Health Inclusion and Inequalities, exploring **The Digitalisation of Sexual and Reproductive Healthcare: Black Women's Inclusion and Exclusion in Prevention, Services and Care** across the Midlands and London. This will help us to understand how digital platforms are facilitating or hindering access to care, and how these tools can be better used to support Black women's health needs.

Looking ahead, the Partnership aims to:

- Refine its strategic direction, establish a core leadership team, and secure funding for continuation and additional projects.
- Maintain and strengthen community engagement through transparent reporting, greater visibility, and more involvement opportunities.
- Build the capacity of Partners to shape the direction of research and interventions through training and collaborative efforts to strengthen the Partnership's effectiveness.
- Enhance the diversity of our collaborations to include groups we have not yet reached, including people from different faith communities, living with different health conditions, and living in different geographical areas.
- Develop relationships with key decision-makers in health policy and practice across the UK in order to influence the system from the inside.

The ethos of the Partnership for Black People's Health will continue to centre on community-based research that is led and developed by Black communities, for Black communities. Our purpose is to work towards eliminating health inequalities by ensuring that the voices and experiences of Black individuals are not just heard but used to actively shape the future of healthcare. Through empowerment, co-production and powershifting, we aim to create lasting, systemic change that addresses the causes of inequity in healthcare.

Disseminating the work of the Partnership

As The partnership has grown, we've shared its work and insights beyond the community with high-level stakeholders. These efforts are now reaching decision-makers in academia, research, policy, and at conferences.

Conclusion

Black communities acknowledge and are aware of the disparities in healthcare access, provision and outcomes, now more than ever. They are aware that, based on ethnicity alone, a two-tier healthcare system exists (White people and then people of colour). A comprehensive, structural and culturally appropriate approach is needed for improvement. This approach encompasses systemic and institutional changes within the NHS, community-led initiatives that promote preventative healthcare, advocate for better care and build stronger support networks. In addition to advocacy, training that empowers individuals to gain the negotiating power necessary to advocate for self and for others is needed.

There is a pressing need to move the narrative away from the consistent generation of data highlighting the misdiagnosis, mismanagement, mistreatment and poor outcomes faced by Black individuals (sometimes called 'a deficit model') to meaningful action that addresses the issues and their causes. Any efforts towards improving the health of Black individuals must be co-developed with the communities they set to serve, ensuring individuals preserve their autonomy and voices. Our work, thus far, emphasises the need for non-siloed approach to foster nationwide progress and the need to prioritise people centred practices. Importantly, we assert, again, that **Black communities are not hard, there are NO hard-to-reach communities, there are only hard-to-reach services.**

Advocating for Change

Black Men's Health North London Group attendance at The NHS Race & Health Observatory Strategy Evaluation Event

The group of older Black men alongside involvement leads within the Partnership were invited to attend a public stakeholder engagement launch event with RHO to offer insight, support and discuss the organisations Strategic Ambitions for the next three years (2024-2027). The group got to share their insights on the importance of community-participation to stakeholders across the sector including Marie Gabriel, Chair of the NHS RHO, Professor Habib Naqvi, CEO of RHO, Lord Victor Adebowale, Chair of the NHS Confederation and Ed Moses, Director for the NHS 10 Year Plan.

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Appendix

Careers & Wellbeing Workshop

Involvement lead: Celeste Daniels

Number of participants in total: 12

Participant demographics: Black African & Caribbean youth; 15 – 19 years of age.

Event description: An art-based workshop for secondary school students exploring wellbeing experiences and career prospects. Participants were recruited through community connections via involvement leads and word of mouth.

Top themes from our discussions:

- Lack of career guidance, training, education & wellbeing activities
- Preconceived notions of what Black youth deem important with respect to education, career and wellbeing.
- Breaking isolation: there is a need to build community connections and places for Black youth.

Black community researchers Workshop

Involvement lead: Bakita Kasadha

Number of participants in total: 8

Participant demographics: Black, Black British, Black Caribbean, Black African and Somali individuals working as researchers (peer, co-, and community researchers), 17 to 52 years of age

Event description: Workshop with community researchers, exploring their experiences of entering and working in the research field. Recruitment was done through social media.

Top themes from our discussions:

- Need to address infrastructure, visibility, identity and access issues.
- Career development challenges: navigating pathways to opportunities beyond study.
- Addressing isolation and emotional burden.

Black men over 60

Involvement leads: Stafford Scott and Sara Paparini

Number of participants in total: 14

Participant demographics: Black Caribbean men over 60 living in Hackney and Tottenham

Event description: Three meetings were held with this community in North London: one in a local park, one at a local café and another at a community centre. Recruitment was carried out through Stafford's network and engagement with Black communities.

Top themes from our discussions:

- Distrust in pharmaceutical treatments due to perceptions of prescription being profit-driven
- Being ignored and mistreated in healthcare
- Underrepresentation of Black Staff in the NHS and the Legacy of the Windrush Generation.

Older Black Individuals

Involvement leads: Winnie Ssanyu-Sseruma and Dr Claudine Best

Number of participants in total: 24

Participant demographics: Black Caribbean & African men and women, aged 55+ living in North and Northwest London.

Event description: Two group discussions were held with older Black individuals: one at a church in North London and the other at a Caribbean daycare service. Discussions held explored the healthcare experiences of older individuals throughout their lives. Participants were recruited through invitations extended to attendees at the church and daycare center.

Top themes from our discussions:

- Enduring discrimination despite contributions, Black individuals in the NHS face persistent discrimination even though they have been and remain integral to its workforce.
- Age should not equate to poor health and health outcomes.
- Being unheard and ignored leads to mistrust and disengagement with the NHS.

Re-imagining Pain Care for Black People

Involvement lead: Jackie Walumbe, Diarmuid Denneny and Andrea Wright.

Number of participants in total: 13

Participant demographics: Black African and Caribbean individuals living in London, representing a range of ages and health conditions, including Multiple Sclerosis and Sickle Cell Disease. The group also included wheelchair users.

Event description: Two in-person workshops were held to explore pain care needs of Black people in London. Participants were recruited through their attendance at physiotherapy services. Each session lasted two hours and including a lunch break. The workshops were facilitated by three pain-care experts, who were equipped to address a range of topics as they arose.

Top themes from our discussions:

- Disconnection between conventional pain care & management and the healing practiced valued by Black patients.
- Identity on access to healthcare: Need to enhance pain literacy.
- Rethinking the biomedical model: addressing historical racism in pain research for inclusive future practices.

An inside issue: Black women with painful chronic gynaecological condition(s)

Involvement lead: Vimbai Mandaza

Number of participants in total: 7

Participant demographics: Black women; 21 to 29 years, with debilitating gynaecological pain.

Event description: A catered, semi-formal focus group in North London exploring the experiences of women with diagnosed and undiagnosed painful gynaecological conditions, within the healthcare system. Participants were recruited via social media.

Top themes from our discussions:

- The normalisation of gynaecological pain is not normal.
- There is a greater need for access to health and affordable self-care & community.
- Need for a cultural shift on the shame and hidden nature of periods which causes more harm & suffering.

Black individuals living with HIV

Involvement lead: Dr Renee West and Mark Santos

Number of participants in total: 8

Participant demographics: Black African and Caribbean men and women.

Event description: Event focused on the barriers to accessing sexual health services in relation to HIV and STI testing amongst Black African and Caribbean individuals. Recruitment of participants was through Positive East.

Top themes from our discussions:

- Gay men possess less [self]-stigma and test as standard practice whereas women are testing based off of [risk] circumstance.
- Preference of clinic testing but lack of availability of appointments.
- Lack of support for self-testing kits.
- Accessibility and need for community partnership

Black women living with HIV

Involvement lead: Dr Renee West and Mark Santos

Number of participants in total: 12

Participant demographics: Black African women living in London; 26 to 65 years old, living with HIV and currently taking HIV treatment.

Event description: This discussion was focused on the factors that influence treatment adherence. Participants were recruited through their membership and participation in events organised by Positive East.

Top themes from our discussions:

- Ailment as the main driver to HIV testing.
- Negative emotions and self-stigma present a lot at diagnosis.
- Support plays a major role in Anti-Retroviral Therapy adherence; HIV care is holistic & adherence is dynamic.

Black Women’s Wellbeing Celebration Dinner

Involvement lead: Dr Shardia Briscoe-Palmer

Number of participants in total: 7

Participant demographics: Black Caribbean women, 18 to 65 years of age, living in the Midlands

Event description: An informal, café-style dinner at Somewhere in Brum. Participants were recruited from a pre-existing group of Black women who gather for wellness activities. Activity focused on Black women’s perceptions of wellness, exploring its role in health.

Top themes from our discussions:

- Need for increased representation with senior healthcare professionals, including medics and counsellors.
- Need to address disparities in housing conditions.
- Need for community empowerment through community-based education events and financial literacy support.

Black Queer Men’s Dinner

Involvement lead: The LoveTank and Phil Samba

Number of participants in total: 26

Participant demographics: Black African & Caribbean men including trans men, 22 to 59 years.

Event description: A Caribbean-catered event held in South London, exploring what Black queer men in the city need to be healthy and thrive. It also included a co-production session to discuss their needs.

Top themes from our discussions:

- Sexual and reproductive healthcare is self-care
- Need for accessible, queer-friendly, and non-judgmental healthcare
- Importance of representation and celebration

Black Women's Maternity Experiences

Involvement lead: Farah Dualeh

Number of participants in total: 23

Participant demographics: Somali women, aged 18 to 55.

Event description: Lunch with Somali women, recruited through the Women's Inclusive Team (WIT) network, exploring their maternity and birthing experiences in the UK. A traditional Somali lunch and childcare was provided for participants.

Top themes from our discussions:

- Negative experiences in home countries led to a skewed perception of what constitutes 'good' maternity care in the UK.
- Communication during maternity and birthing experience is not inclusive.

Black women living with HIV

Involvement lead: Silvia Petretti

Number of participants in total: 19

Participant demographics: Black Women living with HIV; 18 to 60+ years of age; African and Caribbean descent; Cisgendered.

Event description: An informal focus group event with hot, catered food. Divided into three sections, the focus group explored what it means to be happy, healthy, and thriving and experiences of the healthcare system as women living with HIV. Participants were recruited through Positively UK's women's group.

Top themes from our discussions:

- Lack on intentional care within the Healthcare system.
- Need for comprehensive, culturally competent healthcare that includes strong community networks and access to accurate information
- Thriving is self-advocacy, community connections and addressment of social determinants of care.

Black Migrant Men & Women's Dinners

Involvement lead: Michelle Mzari

Number of participants in total: 9

Participant demographics: Black African migrant men and women, 20 to 50+ years, insecure visa status

Event description: A catered event held in North London, exploring how migration status affects experiences, understanding, and opportunities for health. Participants were recruited through social media and the networks of organisations supporting immigrants new to the country.

Top themes from our discussions:

- For some, the UK healthcare system is less accessible than their home country's system, with limited accessibility to information and services and a push for referrals over treatment.
- Ongoing stereotypes that foreign-born migrants are less healthy.
- Building community is crucial as it facilitates resource sharing and support.
- Constant need for self-advocacy leads to mental health strain.
- Visa insecurity contributes to social isolation, which in turn limits health-seeking behaviour.
- High cost of citizenship creates opportunity costs that negatively impact wellbeing.

Black women living in East London – ALIVE Brunch

Involvement lead: Dr Vanessa Apea, Rachael Baubeng and Rebecca Mbewe

Number of participants in total: 19

Participant demographics: Black African and Caribbean women living in East London; 25 to 60 years of age.

Event description: Brunch-style focus group, held in East London. Participants were recruited through word-of-mouth, local community organisations like Mummy's Day Out, and social media. The activity was split into three sections: an interactive brunch with hot Caribbean food, a discussion about women's experiences seeking healthcare in East London, and an opportunity to receive general health advice from a Black health professional.

Top themes from our discussions:

- Need for increased representation with senior healthcare professionals, including medics and counsellors.
- Need to address disparities in housing conditions.
- Need for community empowerment through community-based education events and financial literacy support.

The project is funded by NIHR under the Programme Development Grants - Developing Innovative, Inclusive and Diverse Public Partnerships stream (NIHR205178)

A heartfelt thank you to the **members of the public** who participated in our engagement activities, sharing their stories, experiences, and insights. Your voices are invaluable in shaping more inclusive and effective health initiatives. We are grateful for your contributions.

To the **involvement leads**, your unwavering dedication to health equity in your communities and commitment to continuous learning is truly inspiring. Your efforts are the foundation of meaningful change.

Finally, to those we will collaborate with in the future, **we look forward to working together to further our mission of equitable health for Black communities.**

For the Community by the Community.

If you are interested in the work of the Partnership or would like to collaborate, please contact us at PBPH@QMUL.ac.uk

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Written by Vimbai Mandaza