

2026 Kent and Medway Black Health Inequalities Summit evaluation

May 2026

engage
reflect
improve

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Summary

The Kent and Medway Black Health Inequalities Summit took place on 26 March 2026 and was hosted at the University of Kent campus in Canterbury. It was designed as a strategic platform for learning, partnership and action, bringing together community voices, practitioners, researchers, system leaders and funders to move beyond discussion and toward practical, sustainable change. The organisers set out the following intended outcomes for the summit: for communities, a) increased awareness of the social determinants of health and b) increased confidence and access to opportunities and support; and for practitioners and researchers, c) shared learning, collaboration and improved practice.

EK360 attended the summit as a strategic partner to provide an independent evaluation of the summit, as requested by the organisers WeThriveTogether Outreach CIC. This evaluation aims to support organisers to assess whether they met their intended outcomes by analysing attendees' self-reported experience of the day and their insights, learning and actions. These are based on the responses from two surveys, one disseminated and collected by WeThriveTogether Outreach CIC and the other by EK360.

EK360 and WeThriveTogether Outreach CIC collected **61** and **95** completed surveys, respectively, totalling **156**. Survey responses were analysed quantitatively and with by an inductive thematic approach depending on the nature of the questions.

In terms of attendees' experience of the day, there was strong agreement that the summit was relevant and meaningful, lived experience was valued and centred, the sessions encouraged reflection and learning, and that environment felt inclusive and respectful. There was slightly less agreement that the summit was well organised, although still strong agreement that it was. Almost every respondent felt that they had learnt something of benefit to them at the summit.

Of the **134** surveys with responses relevant to insights, learning and actions, **42%** of respondents mentioned community, networking or collaboration, **28%** described taking personal responsibility, **22%** specific actions or details of services and support available, **19%** community involvement and engagement, **19%** general awareness, **16%** use of voice, and **13%** awareness of inequalities and barriers. Granular subthemes within each of these were also identified.

To evaluate whether the intended outcomes were achieved, these subthemes were mapped against the intended outcomes of the summit. It was found that **42%** of comments were in line with the intended outcome of shared learning, collaboration and improved practice, **37%** with increased confidence and access to opportunities and support, and **17%** with increased awareness of the social determinants of health. Only **4%** of comments did not map to an intended outcome. Assuming that people's responses to the survey can be taken as an indication of the summit's outcomes, this demonstrates clear evidence that the summit met all three of its intended outcomes.

Methodology

Engagement

Two different surveys were used to collect responses from attendees:

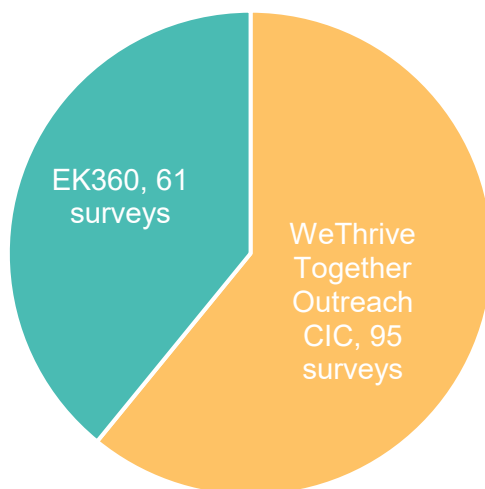
- 🗨️ Structured survey designed by WeThriveTogether Outreach CIC, disseminated and collected during the afternoon pod sessions.
- 🗨️ Semi-structured survey designed by EK360, disseminated and collected throughout the summit at different points in the schedule across the summit site.

Both surveys were disseminated to attendees on paper copies and completed by the attendees themselves. The mixed methodology of the two different surveys and collection methods allowed for a richer and more representative analysis of attendees' experiences and their insights, learning and actions.

Skew and subsequent bias was reduced by speaking to a wide range of attendees, from professionals to community members to market stall holders. Responses from people who may have had to leave early due to other commitments were captured on the EK360 survey, which was disseminated before the lunch break and then throughout the day. Completion of the EK360 survey was solicited at various points in the schedule and in various settings, including during breaks and lunch in the main hall, roaming at the marketplace stands whilst the main sessions were happening, in the afternoon pod sessions, and during closing networking. This ensured that views of people engaging with the summit in a variety of ways were represented. Further bias was avoided by excluding attendees representing WeThriveTogether Outreach CIC and EK360 from completing the surveys.

Analysis

EK360 and WeThriveTogether Outreach CIC collected **61** and **95** completed surveys, respectively, totalling **156**.



Of these, all **95** people who completed the WeThriveTogether Outreach CIC survey gave at least one response to the five ‘Your experience of the day’ statements, with **80** people responding to all five. Of the **61** people who completed the EK360 surveys, **57** (93%) responded to the questions, ‘Do you feel that your voice was heard today?’ and all **61** to ‘Did you learn anything of benefit to you today?’ This provided a sufficient quantity of responses to allow results from these questions to be analysed quantitatively.

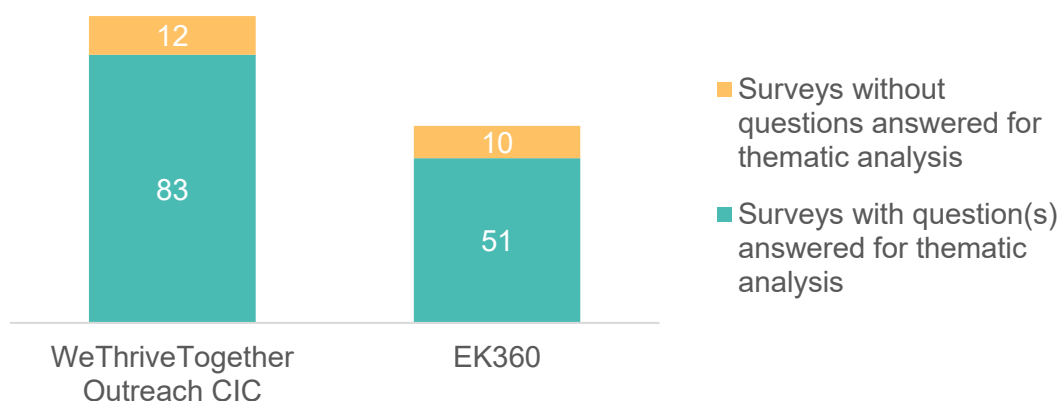
51 people (84%) gave a response to the EK360 survey question:

- ☞ Could you tell us about what you learnt today and how this may be useful to you?

and **83** people (87%) to either of the initial WeThriveTogether Outreach CIC survey questions:

- ☞ What is one key insight or learning you are taking away from today?
- ☞ What is one action, change or conversation you are more likely to take forward following this summit?

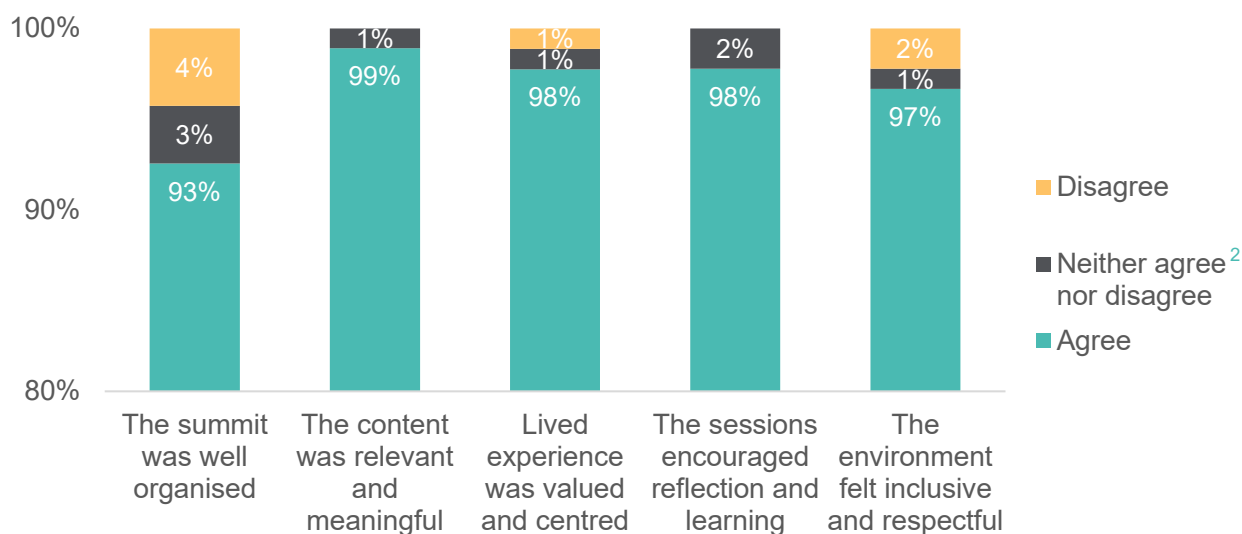
This totalled **134** surveys with these questions answered, allowing for a rich and representative analysis of people’s responses. These were analysed using an inductive thematic approach.



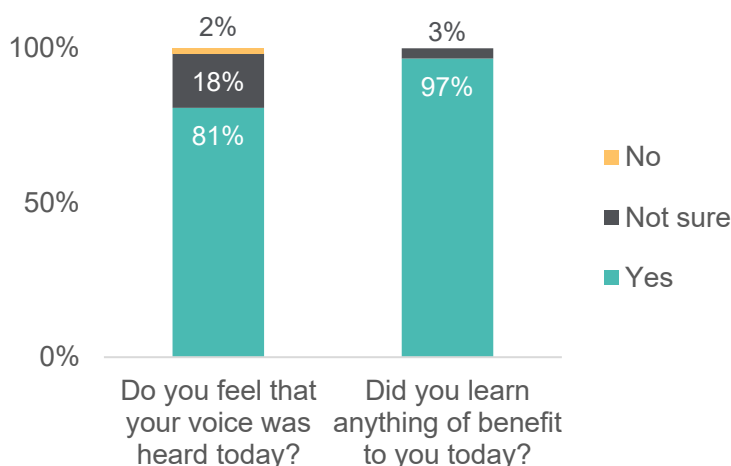
Findings

People’s experience of the day

People most strongly agreed (**99%**) that the summit was relevant and meaningful. There was also very strong agreement (**98%**) that lived experience was valued and centred and that the sessions encouraged reflection and learning. Almost everyone agreed (**97%**) that the environment felt inclusive and respectful, although two people disagreed. There was slightly less agreement that the summit was well organised, with four people disagreeing, although there was still a strong positive response with **93%** agreeing.¹



81% of people felt that their voice was heard on the day, whilst one did not and ten were not sure. **97%** of people felt that they had learnt something of benefit to them at the summit.¹



1. Percentages were calculated from completed responses; responses left blank were ignored.

2. 'Neither agree nor disagree' was not given as an option on the survey, however, some respondents created their own category, as reflected here.

Evaluation of impact

The impact of the summit based on the reported insights, learning and actions from attendees' survey responses was evaluated against the intended outcomes of the summit, outlined below.

Intended outcomes for communities:

- 🗨️ Increased awareness of the social determinants of health.³
- 🗨️ Increased confidence and access to opportunities and support.

Intended outcomes for practitioners and researchers:

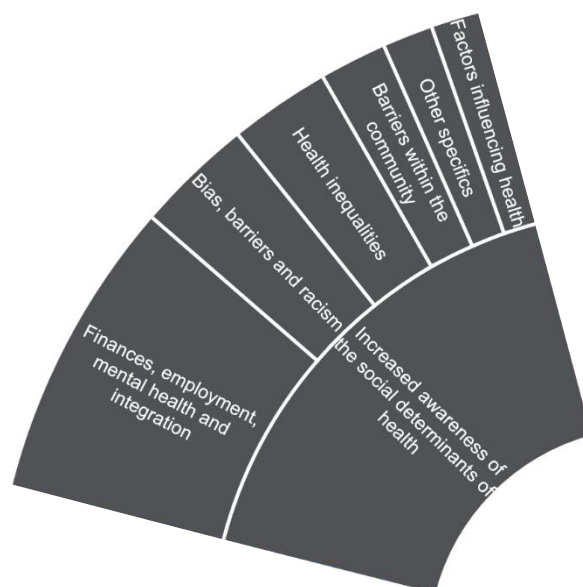
- 🗨️ Shared learning, collaboration and improved practice.

How each subtheme mapped to the intended outcomes of the summit is shown in the segments under each outcome and in the full visual beneath. **232** comments (96%) mapped to an intended outcome, whereas **10** (4%) did not, with each intended outcome supported by between **17%** and **42%** of comments. Assuming that people's responses to the survey can be taken as an indication of the summit's outcomes, this demonstrates clear evidence that the summit met all three of its intended outcomes.

Increased awareness of the social determinants of health

41 comments (17%) aligned with the intended outcome of increased awareness of the social determinants of health.

There was clear evidence that people's awareness of social determinants of health had increased. This was shown in survey responses that outlined specific actions or details of services and support available, including **20** comments on increased awareness of financial tools and supports, mental health support, employment, and integration. Further responses demonstrated an increased awareness of inequalities and barriers, including **20** comments about issues such as treatment of Black children, access to GP services, cultural diversity, and general awareness of bias, barriers and health inequalities.



³. Social determinants of health – broadly defined as the conditions in which people are born, grow, live, work and age, and people's access to power, money and resources – have a powerful influence on health inequities. These are the unfair and avoidable differences in health status seen within and between countries.

At all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health. People who have limited access to quality housing, education, social protection and job opportunities have a higher risk of illness and death. Research shows that these social determinants can outweigh genetic influences or healthcare access in terms of influencing health. (World Health Organization 2026)

Increased confidence and access to opportunities and support

90 comments (37%) aligned with the intended outcome of increased confidence and access to opportunities and support.

Evidence for this outcome was woven throughout most of the themes that emerged from people’s responses. One theme that aligned fully with this outcome was personal responsibility, which included **17** comments on advocacy for self and others, including overcoming limiting beliefs and addressing inequalities and racism, demonstrating an increased confidence in accessing opportunities and support. Seven comments on forging meaningful connections and six on responsibility towards oneself, one’s own health or others also aligned with this increased confidence. In terms of access to opportunities and support, **14** comments were made on becoming more involved in the community, for example, through volunteering and guiding others to access support. This also appeared as a subtheme under community involvement and engagement, with ten people expressing hopes of becoming more involved in their community or encouraging others to participate, plus four comments on increasing inclusion across communities.



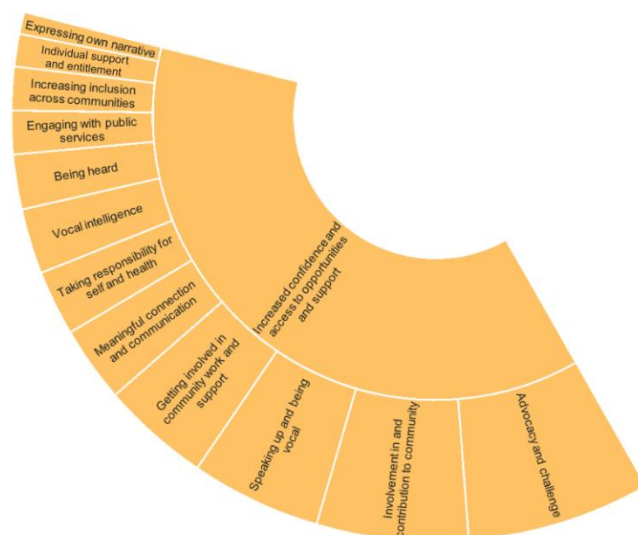
The theme of use of voice also clearly aligned with the outcome of increased confidence, with **12** comments around speaking up and using one’s voice. **13** comments were made around vocal intelligence, positive communication, a desire to be heard and expressing one’s own narrative. Four further comments on engaging with public services demonstrated an increased confidence to give feedback, make complaints or report crimes.

Under the theme of specific actions or details or services and support available, the **20** comments on increased awareness of financial, employment, mental health and integration support that evidenced the previous outcome also aligned with this outcome. In addition, a subtheme under general awareness included three people learning about individual support and entitlements available.

Shared learning, collaboration and improved practice

101 comments (42%) aligned with the intended outcome of shared learning, collaboration and improved practice.

This outcome was evidenced by people’s responses under the theme of community, networking and collaboration. There was a strong common desire over around **30** comments to work together to lift the community and make collective impact. **17** comments



centred around networking as both professionals and community members, **14** around new organisational links and collaborations, and five on improving practice towards cultural integration.

Evidence appearing in other subthemes included six comments showing that people had gained information about local organisations and services for signposting, referral and information purposes. The outcome of shared learning was further supported by five comments about cultural identity and understanding and two general comments about the importance of lived experience and representation.



In terms of community involvement and engagement, a move towards improved practice was demonstrated by **12** more specific comments on community engagement, lived experience and representation, plus five comments on moving towards proactive outreach to meet people where they are. Under the theme of general awareness, four people also felt motivated to start or continue work towards positive change.

Insights, learning and actions

People’s responses to the questions from both the EK360 survey:

- 🗣️ Could you tell us about what you learnt today and how this may be useful to you?

and from the WeThriveTogether Outreach CIC survey:

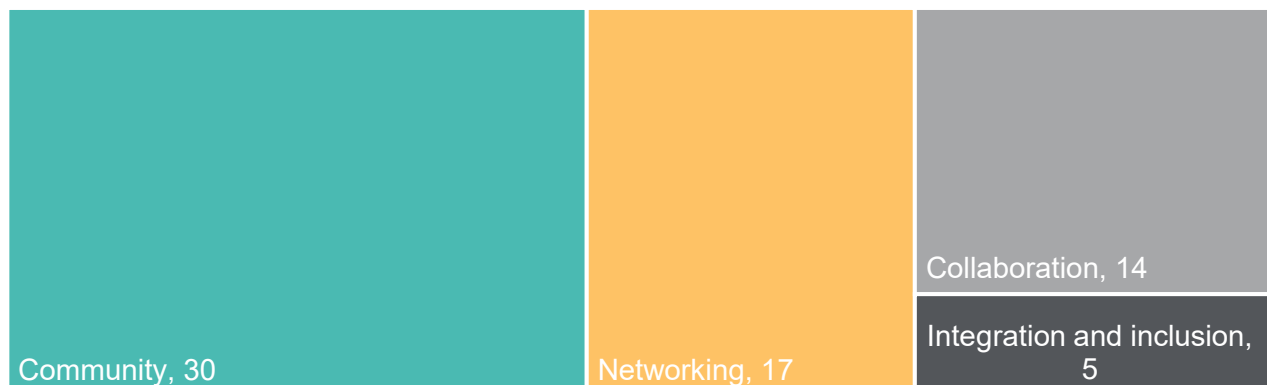
- 🗣️ What is one key insight or learning you are taking away from today?
- 🗣️ What is one action, change or conversation you are more likely to take forward following this summit?

were analysed thematically. Of the **134** surveys where these questions were answered, **56** (42%) mentioned community, networking or collaboration as something they had learnt more about or would act upon, **37** (28%) described taking personal responsibility, **29** (22%) specific actions or details of services and support available, **26** (19%) community involvement and engagement, **25** (19%) general awareness, **22** (16%) use of voice, and **18** (13%) awareness of inequalities and barriers.⁴



Community, networking and collaboration

This theme was mentioned **63** times. **48%** of these responses (30) mentioned community, **27%** (17) networking, **22%** (14) collaboration, and **8%** (5) integration and inclusion.⁴ Within responses that had mentioned community, four mentioned faith groups.



There was a strong desire for working together on a community level to both lift each other up and make collective impact. Ideas around networking as both community members and professionals were frequent, as were making new organisational links and collaborations. People also recognised the importance of cultural integration.

“Immigration/integration.”

“Role of faith leaders in healthy living.”

“We have to be more proactive and involved. Integration – to address bias against the [Black and Asian] community.”

“All the best work comes from grassroots organisations and collaboration.”

“Ubuntu [I am because we are] is the key to building relationships. Together we can.”

⁴ These figures total more than 100% because some responses mentioned more than one theme or subtheme.

Personal responsibility

This theme was mentioned **43** times. **40%** of these responses (17) mentioned advocacy and challenge, **33%** (14) involvement in and contribution to community, **16%** (7) meaningful connection and communication **14%**, and (6) taking responsibility for self and health.⁴



People said they wanted to advocate for change and be “at the table, not on the menu”. Advocacy for self and others, including overcoming limiting beliefs and addressing inequalities and racism, also featured. There was also a clear desire to step out and become more involved in one’s community – “I have a role to play in meeting the needs of my community” – with ideas such as volunteering, engaging in and contributing to the community. Conversation and communication, including sharing information, were also cited as actions people wanted to take forward. People also recognised their responsibility towards themselves, their own health, and to others – “My responsibility as a leader and opportunities available to assist in areas not known before.”

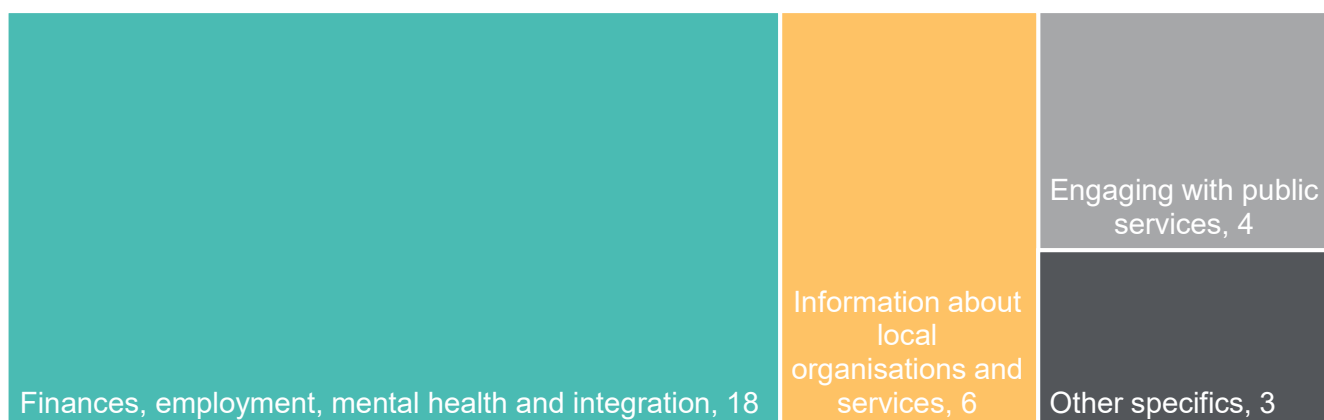
“I learned about health inequalities and what I can do to support the community to move forward, for example, engaging in social events such as this, reporting crimes, giving feedback to social services and many more insights. This is useful because there were actionable steps that anybody can achieve to allow us to thrive together and start/continue living well.”

“We are to be the change we want to see. It’s our collective responsibility to get involved as government alone cannot help us.”

“Think about the tools to encourage self-advocacy in the consultation room.”

Specific actions or details of services and support available

This theme was mentioned **31** times. **58%** (18) of these responses mentioned finances, employment, mental health or integration, **19%** (6) information about local organisations and services, **13%** (4) engaging with public services, and **10%** (3) other specifics.



11 comments mentioned increased awareness about financial tools and support,⁵ three mentioned learning about mental health support including talking therapies, two expressed new interest in joining the police and another in other employment, and one mentioned becoming aware of opportunities for integration. People also gained information about local organisations and services for signposting, referral and information, whilst others expressed a desire to engage more with public services by giving feedback or complaints and reporting crimes. Other specifics included becoming more organised with food, awareness around victim support, and giving more time for thorough discussions and action plans.

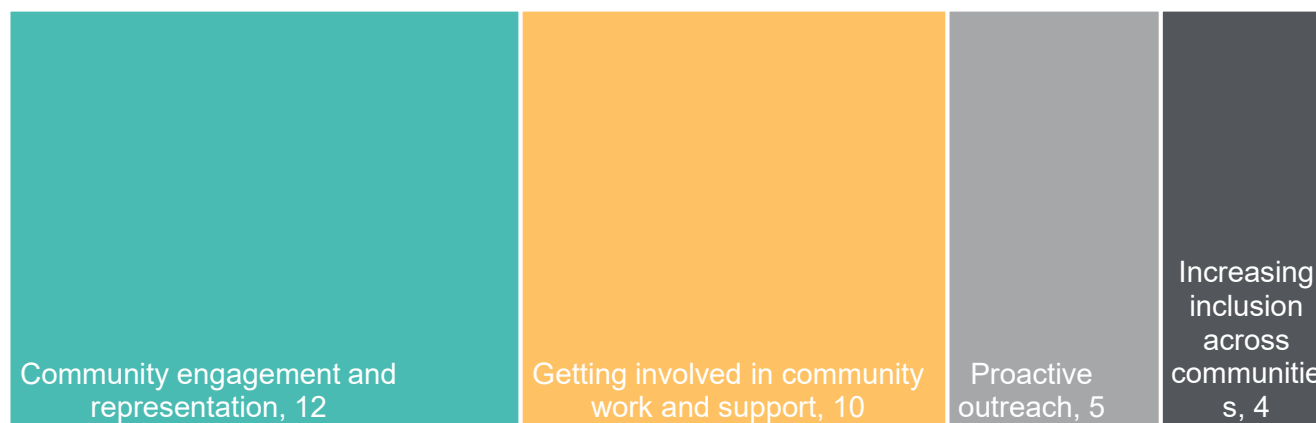
“It was also great to learn about the funding opportunities available for my business to help us expand in our work with our community-based engagement programmes.”

“How to best deal with stress. How to help someone with depression.”

⁵ The number of comments about finances may have been skewed by the number of surveys completed in the financial wellness and future planning pod compared to other pods.

Community involvement and engagement

This theme was mentioned **30** times. **40%** (12) of these responses mentioned community engagement and representation, **33%** (10) getting involved in community work and support, **17%** (5) proactive outreach, and **13%** (4) increasing inclusion across communities.⁴



The importance of community engagement was recognised, with the value of lived experience, codesign and representation mentioned. People also expressed their hopes of becoming more involved in their community or encouraging others to participate. Ideas for proactive outreach centred around meeting people where they are such as in pubs and clubs, with young people and in schools “with our Black children” and “[taking] the church to the community”. There was also a sense of the importance of inclusivity in community work.

“I was able to speak about ethnic officers/staff recruitment.”

“Engage with different kinds of communities despite their beliefs – should be non-judgemental.”

Use of voice

This theme was mentioned **23** times. **52%** (12) of these responses mentioned speaking up and being vocal, **26%** (6) vocal intelligence, **22%** (5) being heard, and **9%** (2) expressing one's own narrative.⁴



People expressed they wanted to use and raise their voice more, including three people who cited this as an important means to address concerns, prejudice and racism. People mentioned vocal intelligence and positive communication as a takeaway – “I can use my voice in a meaningful way to change my circumstances positively.” People were also left with a sense of wanting to be heard and to take control of their own narrative.

“Learnt speaking up about racial slur is more than one’s immediate experience. It helps to tackle and prevent further degenerative processes. ... Learnt we hold the pen in our story, we can write something impactful through personal development.”

General awareness

This theme was mentioned **25** times. **48%** (12) of these responses mentioned a range of topics, **20%** (5) cultural identity and understanding, **16%** (4) motivation to start or continue work, and **16%** (4) increasing awareness of the summit.



Four people felt better informed by the summit in general, three mentioned learning about individual support and entitlements available, three the importance of lived experience, representation and the system approach, and two quoted, “Encouragement sweetens labour.” Five people said they had learned about cultural identity and differences. Four people felt motivated to start or continue work towards positive change. Four people mentioned a need for awareness of the summit and issues raised to increase, with one of these wanting to organise a similar event in Medway.

“Educating community/society about cultural differences for better living (respect, value and togetherness).”

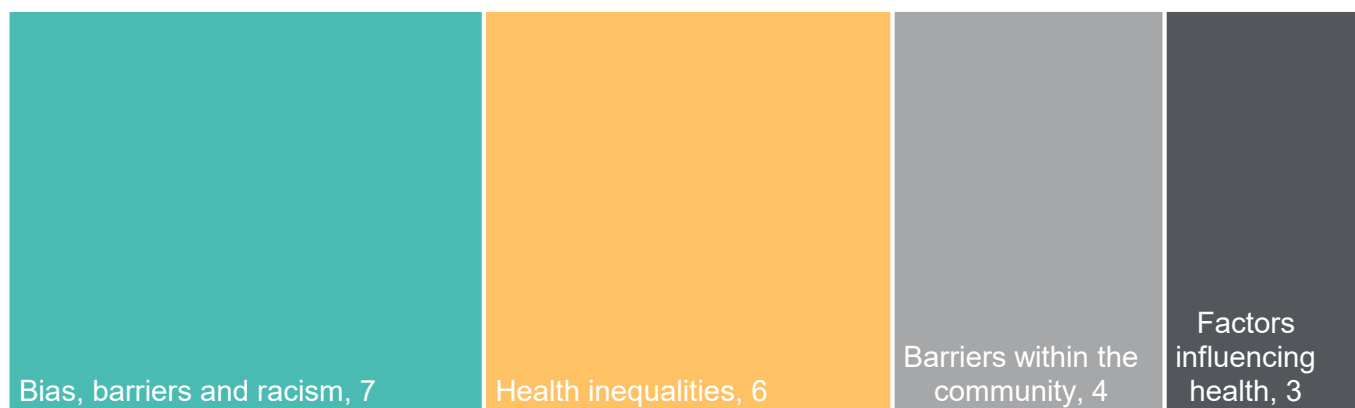
“Increased motivation to continue the work even though barriers do exist – ‘tenacity’, as the founder of Street Pastors, Les, shared.”

“The desire to implement positive change is strong but I’m not quite sure today has maximised/taken the opportunity to ‘act’ on it. Perhaps a follow-up event at a local level will help?”

“I think this programme should continue and be advertised more. I happened to have joined accidentally. I feel it is extremely useful that more people are aware.”

Awareness of inequalities and barriers

This theme was mentioned **20** times. **35%** (7) of these responses mentioned bias, barriers and racism, **30%** (6) health inequalities, **20%** (4) barriers within the community, and **15%** (3) factors influencing health.



People learnt more about issues such as Black children being treated differently, unconscious bias and barriers accessing services such as the GP, as well as health inequalities generally. Notably, one person described an incident of “typical unconscious bias” that occurred publicly during one of the summit’s main sessions in the form of a “stereotypical comment” as “shocking given the theme of the conference”. Others recognised the challenges faced by cultural diversity within Black communities. Some had learnt about factors that influence health, such as how culture impacts mental health.

“How to approach docs about health inequalities to get better healthcare by more clarity and positive communication.”

“About the cultural influences of common mental health.”

Summary of insights, learning and actions

The themes and subthemes for insights, learning and actions are summarised in the visual below.



References

World Health Organization. 2026. *Social determinants of health*. Accessed May 7, 2026. <https://www.who.int/health-topics/social-determinants-of-health>.

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