

**Raising Awareness about Cancer, Stroke
and Heart Diseases
in the BME Communities of Trafford**

MAJOR FINDINGS



December 2013

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EXECUTIVE SUMMARY

This work was undertaken initially during the October 2012 to September 2013 period under our Health and Wellbeing Project. Funded by the Trafford Council Voluntary Sector Grant Fund, it aimed to raise awareness of major health issues facing Asian and Caribbean communities in Trafford, to identify barriers faced by these sections of our communities, and to propose solutions in order to reduce the inequality in health with respect to the general population. Complementary drop-ins sessions on activities were also carried out with funding from blueSCI.

When the initial work was completed, it was recognised that some further work was necessary to gain more qualitative information by reaching out to the diversity of the BME communities in Trafford; hence the Quarter 5 activity was undertaken from our own resources. This work also adds to the Cancer Outreach work we carried out in 2011-2012 about cancer issues facing Asian and Caribbean communities in Trafford.

Our report outlines:

- Our aim and priorities for creating health and wellbeing awareness
- The methodology selected for outreaching in the communities
- Outcomes of the Project
- Challenges that we faced
- How we will respond to these challenges; our recommendations
- Our current commitments for health and wellbeing in the community

The findings of this Report can be used as a working tool which highlights challenges faced by Health Service providers when it is essential to reduce inequalities facing BME communities in accessing health services.

The following Recommendations are made:

1 Health Professionals:

- Develop an accessible accountability system of GPs and other Health professionals to enable patients to lodge the complaints.
- Provide cultural and religious awareness courses for the health professionals about cultural issues and boundaries when dealing with BME communities.
- More BME health professionals.

2 Language:

- Up-to-date literature on health issues.
- Patients to have their medical and medication summary in cases of emergency.

3 BME Representatives:

- Information in different languages available in communities as well as GP surgeries.
- Community consultants and champions who are specifically trained.

4 Awareness and Training:

- BME-tailored care support and culturally appropriate support groups for giving impartial advice and advocacy.
- Culturally appropriate awareness training on signs, symptoms and examination for diagnosis.

5 BME Health Engagement Group:

- Develop the BME Health Engagement Group with a strong structure and wider engagement in the community.

1. INTRODUCTION

Trafford's Health and Wellbeing Strategy 2013-2016 states:

'Public Health is everyone's business. We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.'

This strategy is designed to deal with the main causes of the inequality that are driving the poorer life chances of the residents in the areas of deprivation compared to the rest of the England. The BME Health Project was set up to reach out to adults from the BME communities to create opportunities to help people become more aware of their health issues and be better informed to seek help.

The BME Health Project is also based on the findings of the Trafford Joint Strategic Needs Assessment, (JSNA), which outlines Trafford's population and its needs, national and local trends, expert opinion and the evidence based for interventions and preventions. The JSNA shows how no area in the borough can be stated to be free from health, lifestyle or social problems that need to be addressed.

There are 6 areas where people and communities have multiple or persistent issues afflicting their lives throughout their lifetime. These areas are: part of Partington, Old Trafford, Sale West estate, Broomwood, parts of Longford and Broadheath, some of which are in the 10% of Lower Super Output Areas or comparatively deprived areas in the country.

The North area of Trafford has one of the largest average life expectancy rates within the borough' and 'has higher than the Trafford average death rates for cancer, liver disease, respiratory disease and heart disease.' There are also health inequalities by gender, level of deprivation and ethnicity. For example, men from the most deprived areas have over ten years shorter life expectancy than men from the least deprived areas, while women from the most deprived areas live over six years less than those from the least deprived areas. The Trafford Joint Strategic Needs Assessment (2009-2012) highlights the need to improve awareness about these diseases in order to promote the seeking of early medical assistance in the most deprived areas amongst the Indian, Pakistani, Bangladeshi and African-Caribbean communities.

The recently updated JSNA for 2012-2016 shows little change in life expectancy figures in relation to areas and also states that 'cancer is now the biggest killer in the under 75's in Trafford'.

<http://www.trafford.gov.uk/councilanddemocracy/equalityanddiversity/>

Considering the above facts and statistics led VBME-T to design the Health Project, to target the BME communities and areas where they live thereby creating awareness about their health and wellbeing and bringing a positive change to people's lives.

Aim of our Project:

The aim of the Project is to focus on preventing and reducing the distressing effects that illnesses such as **cancer, cardiovascular disease and stroke** have on communities leading to the narrowing gaps in health and wellbeing between the most and least deprived neighbourhoods. The plan of this project is to create the awareness that would lead to the strategic shift to:

- Early interventions
- Seeking Early diagnosis
- Preventive remedies
- Lifestyle modification
- Seeking available support, when needed

Priorities of the Project:

- Improve the health and wellbeing amongst people of South Asian and African Caribbean origin.
- Promoting physical activities.
- Creating awareness to access Primary Health Care as 'prevention is better than cure'.
- Creating awareness to reduce alcohol consumption and substance misused and alcohol related harms as it is related to cardiovascular diseases and cancer.
- Through this awareness, reduce the number of early deaths from heart diseases, stroke and cancer.
- Providing information about the organisations and support groups available.

These priorities are based on the principal that, to prevent people from becoming ill in the first place, residents need support to address the key lifestyle risk factors of smoking, physical inactivity and alcohol misuse, *'which are more common in the deprived areas of Trafford'*, as stated in the 'Trafford Health and Wellbeing Strategy'. The purpose was to encourage people to seek early diagnosis and management of the major killer diseases such as cardiovascular diseases, (CVD), stroke and cancer therefore reducing deaths from these diseases in the BME communities.

The research study based on 'Cancer Outreach Project' (VBME-T) depicts that *'the work with patients has showed that there is a severe lack of cancer awareness within the black and minority ethnic community... Health promotion appears to be non-existent or ineffective in the black and minority ethnic community'*. Therefore the pressing need of the day is to create awareness in the community for prevention and early intervention, get people to 'think family' whilst providing them with the information on choice, control and support regarding their health issues.

2. METHODOLOGY

The need to ensure enabling and preventative approaches has never been up to the mark, hence raising important questions for the role of community organisations in helping to shape the delivery of these major health issues in the BME communities.

The Health and Wellbeing Project is intended to create awareness amongst people that will lead to ‘an increased number of people from BME communities attending screening and health checks’. Key to this was the need to increase people’s confidence in their ability to go for screening.

The methodology selected is a combination of Qualitative and Quantitative measures; setting targets, case studies, evaluation and monitoring of the Project’s outcome. Secondary data (from JSNA) has been utilised for researching about the target audience whereas primary data has been collected after each session based on the number of attendants and their response to these two questions:

- Have you learnt more about cancer, stroke and heart diseases in this session?
- Do you feel more confident about going for health screening

The targets set for the project are as follows:

Quantitative Measures	Target
Total number of BME participants	75
Number of groups engaged in the project	30
Number of hits on health website	1,000
Increase in the number of people from BME communities attending screening and health checks <i>We took advice from health professional re: best approach for VMBET to measure this</i>	

The set plan for this project was initially designed for four quarters of the year. Whilst working to achieve the aim and targets our findings exhibited that it required more follow up work due to the diversity within BME communities and that is represented in the Q5 of our graphs.

Another chart of set targets was generated to work with more intensity and can be exhibited as follows:

Quantitative Measures	Target
Total number of BME participants	40
Number of groups engaged in the project	25
Number of hits on health website	2,000
Increase in the number of people from BME communities attending screening and health checks <i>We took advice from health professional re: best approach for VMBET to measure this</i>	

The following vehicles were utilised for communication and creating awareness in the community.

2.1 Outreach work in the Community

Group Presentations:

Initially the outreach work was carried out by Executive members of VBME-T and the team of devoted volunteers by approaching the community groups in the area to deliver the presentations on cancer, stroke and heart disease and show the health website. Later on, two sessional Outreach Workers, one South Asian and one African Caribbean, were appointed to deliver the sessions.

A list of organisations was generated to focus on the target audience, that is, adult residents from the BME communities in Trafford. Presentations were delivered using the VBME-T website and utilising JSNA statistics where appropriate to create awareness about the health issues in the BME communities in Trafford.

Presentations were tailored in accordance to the audience's level of understanding by avoiding medical terms or explaining them in detail for their easy understanding. Wherever appropriate, the translation option on the website was also utilised. The audience were kept engaged by asking questions and their understanding about the topic. Throughout the presentation there was the continuous message that primary care and health screening is vital to maintaining good health.

Health Events:

Health and wellbeing events held at the Windrush Millennium Centre and West Indian Sports and Social Club were attended by the Outreach Workers in order to reach the African Caribbean communities. A coffee morning was also arranged at the Old Trafford Library to raise awareness in the heart of the community over a cup of coffee and the event was promoted through leafleting and displaying posters at community places.

Radio Presentation:

As set target in the Project brief, a couple of radio presentations about cancer, stroke and heart diseases in BME communities were delivered on Peace FM by one of our outreach worker. It was a live calling session where listeners were calling the radio station for asking questions from the presenter that is, the VBME-T outreach worker. The talk was well received by the large audience from African Caribbean community leading to many thought-provoking issues, recorded in the upcoming sections of this report.

2.2 BME Health Website

The core of this project is the effective website aimed to promote health awareness amongst BME communities with links to social networks such as Facebook, Twitter and YouTube. Cancer, stroke and heart diseases are individually described on different pages which define the conditions, signs and symptoms; include statistical data regarding these conditions; and website links and videos with people speaking in different languages. Whilst designing this website every effort has been made to keep the language simple and understandable for a common person's understanding. However the important feature of this website is the facility to translate into various languages hence eradicating the language barriers when communicating with BME groups.

2.3 BME Health Engagement Group

The aim of the BME Health Engagement Group is to facilitate the formation of associated health support for black and minority ethnic residents at risk of, or with, heart disease, stroke and cancer.

This Group provides health information at meetings, creates a space for attendees to share experiences and gain support from others in similar situation as themselves, and facilitates opportunities for people and to meet with health professionals.

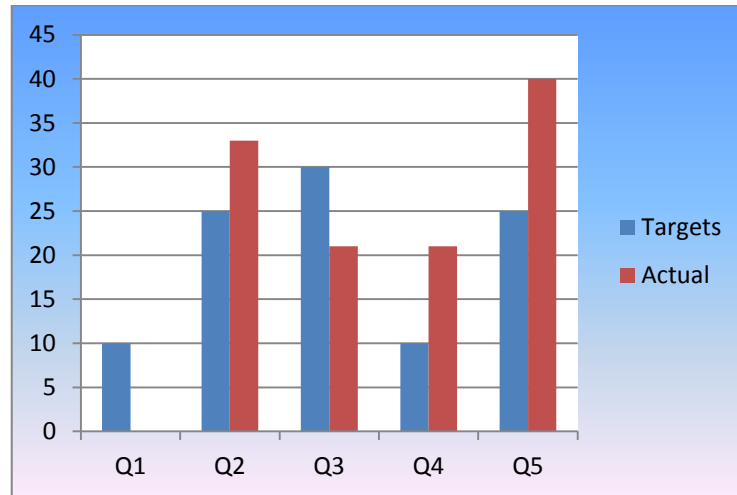
The current status of the BME Health Engagement Group requires more resources and time to combat the barriers faced at this stage. Separate research was carried out to analyse and restructure the Health Engagement Group and is discussed in the upcoming sections of this report.

3. OUTCOMES OF THE PROJECT

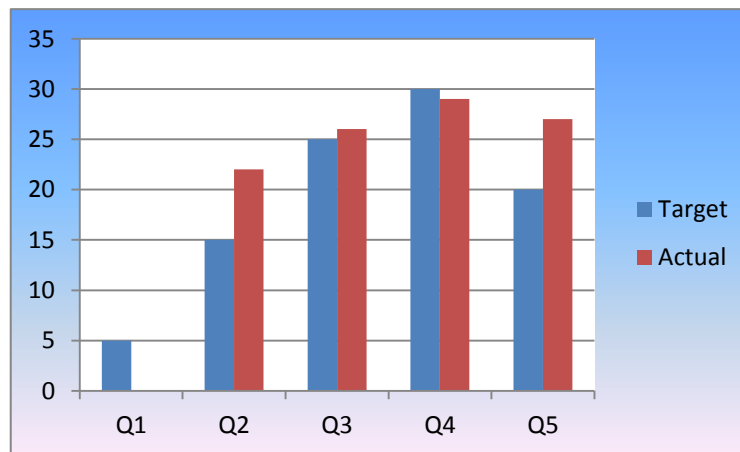
According to the targets set on a quarterly basis it was easy to monitor and access the performance of the project whereby improving on a regular basis. By the end of four quarters the summary of the attainments were as follows:

- We have reached out to 75 individuals (target 75 for the year)
- We have reached out to 29 community groups (target 30 for the year)
- We have achieved 2,556 hits on our website (target 1,000 for the year)

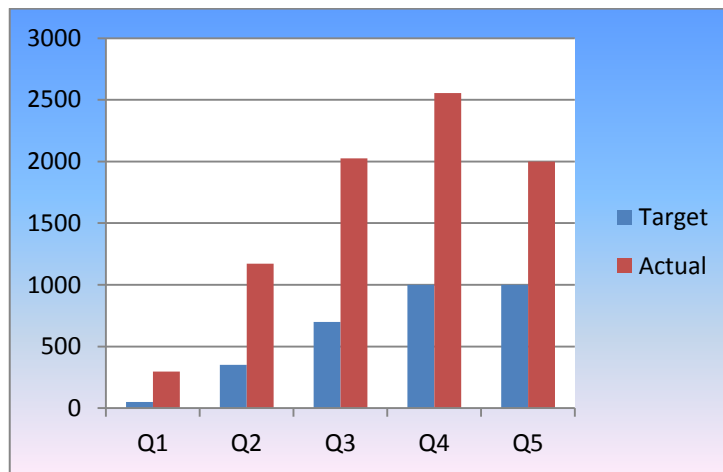
Q1, Q2, Q3, Q4, Q5 represent the four quarters of the project; whereas Q5 is the barometer for the extra follow-up work that was carried out.



BME Individuals participation during the Project

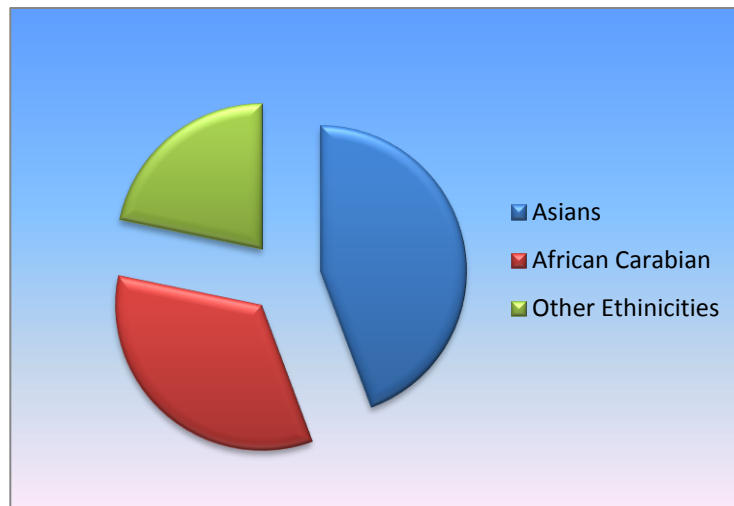


BME Groups Participation during the Project



Hits on the BME Health Website

Although the Participating individuals in attendance at the outreach sessions were recorded in relation to the ethnicities for collecting research data, the accurate number of listeners on Peace FM cannot be included in these figures. The proportion of participating ethnicities in this project can be presented by the following pie chart:



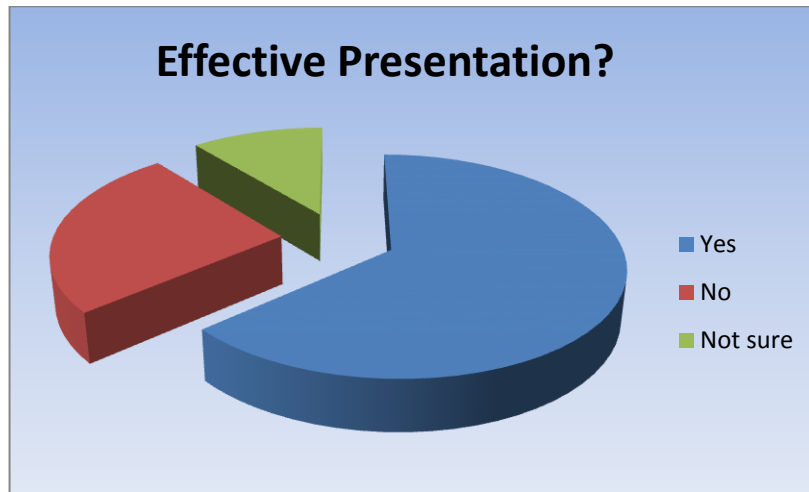
Proportion of Participating Ethnicities in the Project

Presentations delivered to ESOL groups with South Asian students also provided the opportunity to reach people of other ethnicities such as Polish, Somalis, Persians and Arabs.

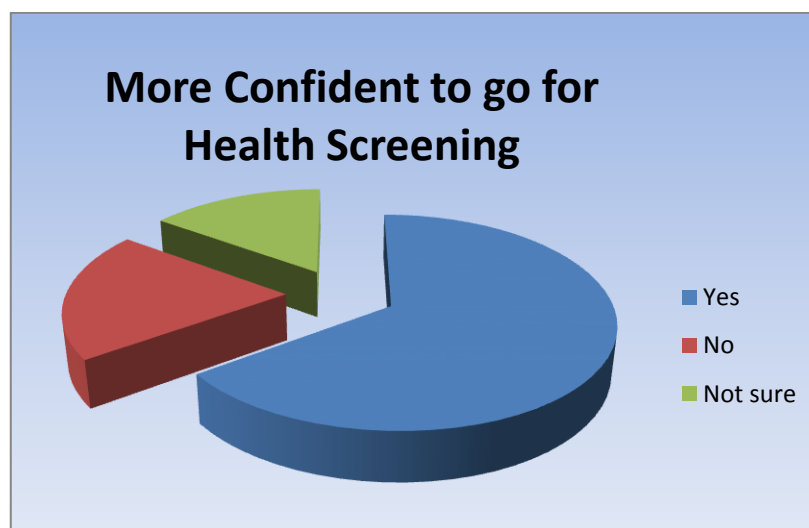
Guidance from the Tutor for communicating with this group was greatly appreciated by the Outreach Workers in addition to the translation facility on VBME-T Health website. In addition, pages from the health website about the diseases and health screening were printed in different languages and distributed to students.

After each session was delivered, the responses of attendees were recorded and the collated findings are presented in the pie charts below.

Q 1: Have you learnt more about cancer, stroke and heart disease?



Q2: Confidence increased of respondents to have health checks and screening after the session



During the outreach work photos were taken with the permission of the respondents. Below are the snap shots of our outreach work.

PICTURES OF OUR OUTREACH WORK:



4. ISSUES IDENTIFIED BY PARTICIPANTS

4.1 GP Interaction

- The common issue which was raised was regarding lack of cultural awareness amongst health professionals for the BME communities. Many complaints of GPs have been recorded regarding their discouraging attitude instead of empathy. Similar issues have been mentioned in Cancer Outreach Project Report of VBME-T:
'A common expression was not feeling capable of asking their GP to do more and feeling slightly intimidated'.
- Many participants complained that their GP refused to listen to their concerns despite being told to attend health screening and check-ups.
- There are multiple experiences of Health Professionals' non serious attitude towards patients' concerns leading to late diagnosis of cancer or stroke.
- Some respondents mentioned that they are under the impression that *'doctors and health professionals are reluctant to listen to the patients because they think that their decision and diagnosis is always right and don't want to involve patients and carers in the care plans as they don't have any clue'*
- Lack of good relationship and trust between patient and GP was also recorded *"I went to see the doctor as I was getting annoyed with the whizzing sound in my ear, she sent me for CT scan and prescribed me with medicines but my condition is getting worse since I have started medicine. I feel more weak and having headaches all the time. I think she has misdiagnosed me as I was never been that ill before."* Another respondent in this context stated *"when we visit the doctor it is not usually followed by the health check but a recommendation to have few paracetamol tablets."*
- A carer mentioned that *"our doctor didn't notice my husband's high blood pressure he always complained to the doctor about headache...he could've been saved from stroke."*
- Unavailability of appointment when most needed was also pointed out *"Whenever I want to see the doctor it is always impossible. I get appointment for following week, what's the point? I usually get recovered or get worse from the illness."*
- *"I am 31, having chest pain but my doctor said I am too young to have a heart attack."*

4.2 Framework of Health Services

The National Health Service has been performing its function to deliver the best service for all irrespective of different communities although facing a significant period of change. The Trafford Health and Wellbeing Strategy states about this changing phase: *'Funding to local authority is being reduced and the NHS budget will not increase for several years. At the same time our population is increasing and growing older, requiring more care.'* These cutbacks are affecting the performance of health services; with regard to Health screening, it should start at an early age as we have more cases of women suffering with breast cancer at the age of 30 to 40 whereas cancer screening starts at the age of 40.

- Regarding health screening one respondent mentioned that even if she is keen to have screening done she has not received an invitation – *"the case is not that I don't want to go for Mammogram. The thing is I have never been asked to do that."*
- A few responses were recorded in relation to age and cancer in the BME communities: *'The age for routine cervical screening is till about 60 and women need testing even*

after this age as cervical cancer can still hit you after this age.” Another respondent said “I am not invited for screening, they asked for it after 40.”

- A male respondent identified that *“the NHS does not regulate PCA (Prostate Cancer Antigen) blood tests like there are routine cervical screening for women in this country, whereas in America it is a routine test.”*

4.3 Website Interaction

- VBME-T’s Health and Wellbeing website was considered very comprehensive and equally good for a common man’s understanding regarding these illnesses and their effects on our lives.
- The translation facility on the website was very useful when a session was held with the basic ESOL group. Webpages on all the three illnesses were printed in six different languages: Arabic, Persian, Gujarati, Chinese, Urdu and Hindi at the request of ESOL Tutor at St. Brides Church.

4.4 Translated Health Leaflets

- VBME-T ordered a range of health leaflets on cancer, heart disease, stroke, high blood pressure etc. translated into different languages.
- The languages were: Urdu, Gujarati, Punjabi, Hindi, Bengali and English
- The leaflets were provided, free of charge, by the NHS, British Heart Foundation, Cancer Research and MacMillan Cancer Support.
- Participants were offered the above leaflets at the outreach sessions.
- At one of the sessions with the South Asian Women, leaflets in 4 languages: Urdu, Gujarati, Hindi and English; were asked for.

5. BARRIERS ENCOUNTERED

5.1 Language Barrier

For the delivery of the awareness sessions, we had the advantage of having a multilingual Outreach Worker which helped overcome some of the language barriers with the South Asian participants. However, it was difficult to put the message across when it came to deliver the session to ESOL Group as mentioned earlier in this report. This Group had students of South Asian origin and students of Arabic, Polish, Somali origin too. The Tutor said that *“we have a mix blend of students and some of them don’t have an understanding of technical terms in their own language, so it is twice as hard to give awareness to them about these health issues.”*

This hurdle was overcome by using simpler terms, referring to everyday examples and communicating with the students by changing the website into their native languages. Informative printed resource materials in different languages from MacMillan Cancer Research and British Heart Foundation helped. Goodie bags consisting of materials with healthy lifestyle tips and relaxation CDs were also well received.

5.2 ‘Hard to Reach’ Groups

To run a community project smoothly is reliant on the research about reaching to the community and engaging them has its own significance. The Home Office Development and Practice Report 15 identified *‘minorities, those slipping through the net and the service resistant’* as ‘hard to reach’ groups. Initially this project also encountered this difficulty but some changes were brought into practice in relation to the research about the identified groups and their engagement. Different methods were used for different groups as mentioned in Ahmed I Lambat’s Workbook:

‘...Hard to reach groups are not homogeneous. They have their particular characteristics and barriers to engagement. An engagement method that is effective with one group may not work with another nor necessarily with the same group in another area.’

Diversity within Black and Minority Ethnic group was carefully considered with cultural knowledge thus tailoring the presentation in a particular format. Trafford Council’s Adult Social Care Service, as part of the ‘Putting People First / Personalisation Agenda’ have developed comprehensive online information: ‘My Way’, which was utilised as a source for locating community, voluntary and faith groups for outreach work in the community.

5.3 Gate Keeping:

Another barrier encountered by the Outreach Workers was gate-keeping when they tried to reach the target audience through third parties, for example, service providers, community groups and places of worship. The common response received was *“we haven’t got any group now, as soon as we develop a group we will let you know.”* Another response recorded from an organiser of social groups: *“First you help me to develop the group.”*

In these situations, the follow-up calls and emails were not made. These responses were found to be disappointing when a supportive attitude was expected by the Outreach Workers from the community organisations as this is a good cause. As Ahmed Lambert quoted in his ‘Workbook about Engaging Communities’, from Henry Ford, *‘Coming together is the beginning, keeping together is progress, working together is success.’*

6. CASE STUDIES

6.1 Case Study 1: Ms M

Ms M is a Carer for her husband - he had stroke 6 months ago

Ms M is 38, a South Asian mother of three children has been living in the area of Old Trafford since last 15 years. She has been working in a local school and her husband was a taxi driver. They both were doing their bit to raise their children happily.

Her husband, Mr M, was having persisting headaches which he tried to cope with using Ibuprofen and headache tablets available over the counter. Then Mr M thought that he could be getting exhausted with the driving and that could be the reason for this headache so he planned to reduce his driving hours. He went to see the doctor as his blood pressure was high that evening. It was not a usual case therefore doctor said to keep an eye on it, try to reduce some salts in the diet and asked him to book an appointment in a week's time.

Two days later, in the evening he told his wife that he is walking to his brother's house which is 15 minutes away. She was bit occupied with house chores and didn't notice the time. At 7.30pm her phone rang and it was Accident and Emergency Department on the phone with shocking news that Mr M is in the hospital as he had a stroke and he was found on the pavement on his way to his brother's house.

Mrs M said *"My whole life turned upside down in few moments; I wish it was only a bad dream."* Mr P is back at home now but has severe care needs and cannot be left alone. His eldest daughter is in college and has taken permission from the college to study from home to look after her dad when Ms M not at home. Ms M added *"I really don't know how I am going to cope with all this, I have restricted earnings, but it is only God who will give me strength to go through this. I still think if our doctor would've given him medicine to control his hypertension then the situation would've been better."*

Issues identified:

- Lack of knowledge, about high blood pressure and related diseases
- Advice on where to go for support on how to balance life
- Not sure on benefits claim

Action taken by VBME-T Outreach Workers:

- Provided information about carer's allowances and DLA
- Provided leaflet 'how to live with stroke' in her own language from British Heart Foundation

6.2 Case Study 2: Mr A

Mr A had a heart attack three years ago

Mr A lives with his wife and two children in Old Trafford. He is 51 years old now and had a heart attack at the age of 48. He belongs to the Asian British ethnicity. He told us, *“I am a heavy smoker - it is the thing I can't help it with. I tried so many times with different methods to quit smoking but simply can't. I know it is dangerous for me and I know I have to live for my children but....it's just one of those things where I can't help it.”*

When Mr A was having his heart attack, the symptoms were very different from what they show in advertisements. He didn't have any severe chest pain but the heaviness in his left hand and numbness in his arms started to develop along with slight tightness in the chest. Mr A was in this condition for whole night and mentioned this to his wife.

In the morning his brother convinced him not to go to work, instead took him to A & E at Wythenshawe Hospital. Mr A got scared as he and his brother had lost their Uncle due to a heart attack at a young age.

Some special blood tests were done and it was diagnosed that Mr A had had a major heart attack in which 60% of his heart was been damaged due to a clogged artery. He stayed in the hospital for several days and that was followed by angioplasty; a procedure to dilate the clogged artery.

Since then Mr A has had medicine to thin his blood, to control his blood pressure and beta-blockers to control the rhythm of his heart.

Mr A told us, *“I am fine and I am not scared of dying but sometimes I think what would my children do without me and that's why I have tried so many times to quit smoking.”*

Issues identified:

- Regular health screening for patient with past family history of heart attacks at an early age
- Information on smoking support groups

Action taken By VBME-T Outreach Workers:

- Provided information regarding smoking and Heart diseases
- Provided leaflets about how to quit smoking

6.3 Case Study 4: Mrs C

Mrs C is recently diagnosed with Cervical Cancer

Mrs C is the mother of four children came to Trafford four years ago as an asylum seeker from China. She is a housewife and her husband works in a local grocery shop. With mutual understanding they were living a happy life until something horrible happened to them six months ago.

Mrs C was having persisting bleeding and pain in the stomach. She thought that it is menstrual bleeding which was getting heavier due to age or work. She tried several home remedies and some Chinese medicines to cure it. She was hesitant to visit the doctor and was reluctant to be examined, although she has a female doctor.

One day due to low iron and blood count Mrs C fainted in her house. When her husband came she found her lying on the floor. Immediately he called Paramedic Staff by calling 999. Mrs C was taken to the hospital for transfusion and further investigation regarding her illness. A few tests were done and the diagnosis was shocking for the family as she was diagnosed with Cervical Cancer.

Mrs C is now receiving treatment and expecting to recover from this illness with family support but she said *"I didn't have any idea that this will be so serious. I want to live for my children and my husband, I don't want to die. I am getting good care now. But I wish I knew about this before, I don't like to visit GP because I find it hard to communicate, although she is nice."*

Issues identified:

- There are still people who need to be made aware of the signs and symptoms of cancer
- Language acts as a barrier, interpreter or community leaders are required to raise awareness of cancer

Action taken by VBME-T Outreach Workers:

- Resource material regarding cancer in the Chinese language was provided.
- Mrs C was informed about ESOL courses near her house.

7. RECOMMENDATIONS:

7.1 Health Professionals:

- To help with issues of mistrust and confidence in the service delivered by GPs, it is recommended that a system of accountability be developed which is accessible for the patients to lodge their complaints.
- Cultural and religious awareness courses for the health professionals to provide them with first-hand knowledge about cultural issues and boundaries when dealing with BME communities.
- Having access to a BME health professional/ worker can have a positive effect with regards to understanding of needs, similarities in belief systems and reassurance of not being discriminated. Respondents mentioned that they feel more reassured and confident in talking to staff of the same cultural heritage.

7.2 Language:

- The literature that is available regarding health issues needs updating.
- Patients should be provided with the medical summary of their illness and medication, in case of emergency when they can't communicate clearly with Paramedic staff in English.

7.3 BME Representatives:

- People from BME communities do hesitate to communicate in English therefore language acts as a barrier when visiting to the doctors. Better quality translated information for BME communities is the need of the day.
- Information in different languages placed in the communities not just at GP surgeries.
- Community Consultants and Champions specifically trained could be a better solution in this context.

7.4 Awareness and Training:

- More BME-tailored care support and culturally appropriate support groups should be available to provide impartial advice and advocacy.
- More awareness training is required for the BME and disadvantaged non BME communities. Training is needed on sign and symptoms and Examination for diagnosis.
- These awareness trainings should be an on-going thing where a follow-up can be placed into practice to check on respondent's health behaviour.

7.5 BME Health Engagement Group:

An additional consideration to be included in the outcomes and recommendations of this project VBME-T would be to continue work with the BME Health Engagement Group with a strong structure and wider engagements in the community. With limited resources we are trying our best to overcome the hurdles as the following illustrates.

The aim of the BME Health Engagement Group is to bring together people from the BME communities in Trafford living with health conditions to meet with health professionals. These BME people would be those who have recently, or are currently receiving treatment from the health services and who would be well placed to inform health professionals about their experience of the care of the services, and advise on improvements that could be made to address culturally sensitive needs of patients. The health conditions could be: cancer, heart disease and stroke, and also related illnesses such as diabetes. The mental health and wellbeing of BME residents would also be of relevance both in relation to people living, or surviving various diseases and those for whom mental illness itself is the key health area of concern.

Initially, the plan was to recruit people from the groups the workers met on outreach visits when taking out the BME Health Website to raise awareness of the signs and symptoms of cancer, heart disease and stroke. In addition, it was anticipated that BME members of the community that VBME-T were already in touch with through their volunteer, membership, past work on health etc. would also be a possible recruiting ground.

However, as the health presentations were rolled out, it became apparent that the initial plan was not going to work due to:

- the short amount of contact made with people on the outreach visits
- the fact that the time and focus during the outreach visits had to be spent on answering people's questions and sharing health information
- that sessions sometimes took a little longer due to the need for interpreters

The second approach, i.e. to work through existing contacts in the BME communities, was attempted. 3 people with extensive experience of health provision and with an awareness of how services could be improved came forward. A plan was put in place for group work sessions to build trust, share experiences and identify health issues of concern in provision to discuss with health professionals. In addition, the work of developing the engagement group was written into the job descriptions of the Sessional Outreach Workers.

The first meeting to introduce these volunteers to each other and outline the plan was held on Tuesday 12th November 2013. The Volunteers began to share their experiences and follow-up meetings were planned. Unfortunately, another barrier to progressing this work arose when it transpired that the very fact that these volunteers were living with health issues was impacting on their ability to attend the follow-up meetings.

Again, we had to reconsider our approach and it was agreed that more time needed to be spent on gathering a wider pool of BME people who would fit the criteria for forming the BME Health Engagement Group so that there would be a core group of volunteers available to attend the meetings.

An additional consideration would be that there may be a need to have separate meetings for men and women, depending on the health issues that are being discussed and the feelings of the members of the Group.

Identifying the key health professionals such as representatives from Public Health and Macmillan for joining the Engagement Group, and making contacts with key people, has been an on-going area of work for the Project. For example, VBME-T held a presentation showing their Health Website to the Director of Commissioning at Trafford Council.

The above barriers and problems show that the scope of work that is required to set up and establish a BME Health Engagement Group is wider than was originally anticipated when the funding application for the BME Health Project was first written and the idea of this Group formed. However, documenting these barriers is important as it shows the challenges that need to be overcome, and the kind of developmental work and additional time required to make such an initiative a success.

Additional Outcomes for the BME Health Engagement Group include the following:

- Bringing people together from diverse communities to work together to share and address health experiences that they have in common
- Putting BME residents with health issues directly in touch with health professionals and relevant partner representatives to share information and resources about improving access to better health care
- Breaking down barriers and bridging the gap between health professionals and patients of BME backgrounds
- Increasing mutual understanding and respect between professionals and patients
- Building positive relationships between BME patients and health professionals through the focus on a common goal of improving access to, and take-up of, health services for BME patients

8. CONCLUSION

When we talk about health inequalities we have to consider several factors that contribute to these inequalities; the lifestyle of BME communities and denial to access primary care are amongst those factors. Throughout this report the discussion has been regarding prevention and early intervention. This project brought forward many thought-provoking issues for delivery of health services in addition to the following thoughts:

- **Will ‘raising awareness about Health Screening and Regular Health Checks’ change the behaviour of BME communities towards seeking Primary Health Care?**
- **What factors could influence the behaviour of people so that they seek medical help?**

Social Psychologists Hochbaum, Rosenstock and Kegels presented the ‘Health Belief Model’ which is based on the understanding that a person will take a health related action if that person:

- Feels that a negative health condition can be avoided
- Has a positive expectation that by taking a recommended action he/she will avoid negative health condition
- Believes that he/she can successfully take a recommended health action

Taking into consideration this Health Belief Model, the VBME-T website was developed with recommendations for avoiding negative health conditions such as cancer, stroke, and heart diseases; active lifestyle, health checks and health screening. Different Video links in the website assist to create a firm belief that we can successfully take the recommended health action of health screening, as the videos show the people of our own community sharing their experiences of suffering with these illnesses because they didn’t go for early intervention. *‘Our thoughts, beliefs and expectations influence our behaviour and these are shaped by our social environment’*, proposed Robert Sears in his ‘Social Cognitive Theory’. The project brought into perspective the importance of health and wellbeing thus influencing general behaviour towards health screening.

With the help of these theories and the Project’s outcomes, it is evident that this awareness would bring a positive change in BME communities’ attitude and practice to seek medical help; hence reducing health inequalities in Trafford.

‘Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities’.
Trafford Health and Wellbeing Strategy 2013-2016

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- ESOL Class, St. Brides Church
- BlueSCI
- Windrush Millenium Centre
- West Indian Sports and Social Club
- Union Street Media Art
- South Asian Families Association
- BME Service Improvement Partnership
- Peace FM
- J2 Technique Hairdressers
- St John's Centre
- Trafford Council
- Trafford PCT
- Trafford NHS
- Diverse Communities Forum
- Old Trafford Partnership Health & Wellbeing Subgroup
- MacMillan

10. REFERENCES AND BIBLIOGRAPHY

1. Trafford Health and Wellbeing Strategy 2013-2016 www.infotrafford.org.uk/hwbstrategy
2. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies of the future. *Department of Health*
3. Trafford Council and Trafford NHS Joint Strategic Needs Assessments for 2009 – 2012 and for 2012-2016
4. Cancer Outreach Project Report 2013. *Voice of BME-Trafford*
5. Putting People First case study: culture change and user www.thinklocalactpersonal.org.uk
6. National Strategy for Carers
7. Social Cognitive Theory http://en.wikipedia.org/wiki/Social_cognitive_theory
8. Health Belief Model <http://www.utwente.nl/cw/theorieenoverzicht/>
9. 'A Workbook', Engaging with hard to reach Groups. Ahmed I Lambat/ Yusuf I Lambat

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