



Race for Health Calendar 06/07



Why we must place race equality at the core of our work

The Race for Health programme is the right initiative at the right time. Never before has the NHS been so focused on the people who use its services. Everything we do and everything we say should resonate with the people we are there to serve.

The NHS was founded on the notion of equity and fairness. It is simply unacceptable that, nearly 60 years since its inception, black and minority ethnic people experience significantly worse health outcomes. Turning that around takes determination, imagination and persistence. Race for Health combines all those attributes and a read of this, the programme's first Progress Report, demonstrates that very clearly.

The 13 PCTs that make up Race for Health operate at the coalface of the NHS. The restructuring of the local NHS map offers new opportunities to build on this experience. Each of the Race for Health PCTs is forging close links with neighbouring PCTs as well as SHAs, spreading the lessons they have learnt and reiterating the benefits to the NHS of embracing race equality as core business.

I believe that for black and minority ethnic people's experience of the NHS to improve, we need to build race equality into the core of our work. That means looking at everything we do, from the services we provide to the people we employ. We cannot do this alone, nor would we want to. Right from the start, the Race for Health programme has led the way in working with local communities, fostering substantive relationships. As we move to developing a wider pool of providers, these black and minority ethnic communities have enormous potential to help us deliver a modern NHS that acts locally and impacts nationally.

I am proud to be associated with this ambitious programme.

Surinder Sharma

National Director for Equality and Human Rights

Department of Health

IT'S A FACT:

Heart Disease and Stroke

Among adults aged 55 and over:

Nearly a third of Pakistani men (31 per cent) have angina compared with 13 per cent of men in the general population. High prevalence of angina is also found in Indian women (15 per cent), compared with the general population (9 per cent).

Prevalence of heart attacks is especially high among both Pakistani men (19 per cent) and women (7 per cent). Among the general population the rates are 10 and 5 per cent respectively.

Bangladeshi and Pakistani women report relatively high levels of stroke (12 and 10 per cent respectively, compared with 5 per cent in the general population). Stroke rates are also relatively high among Black Caribbean and Irish men (12 and 9 per cent). The equivalent for men in the general population is 6 per cent.

Diabetes

Diabetes is more common in Black Caribbean and many Asian communities.

Among Black Caribbean men and women, diabetes is high (10 and 8 per cent) compared with average (4 per cent for men and 3 per cent for women).

Diabetes also occurs more frequently in Indian men and women (10 and 6 per cent), Pakistani communities (7 and 9 per cent) and Bangladeshi communities (8 and 5 per cent).

Source: *Health and Social Care Information Centre, 2005.*

An NHS that is accountable to BME communities

Imagine an NHS where the health needs of black and minority ethnic communities drive the health services they receive. That is what the Race for Health programme wants to achieve. We are ambitious for the programme and for ourselves, but perhaps most importantly, for all the citizens of this country.

Race for Health is in a different league to previous NHS race equality initiatives. Most of these have been “add ons”. Race for Health asks us to look at our core services. This first Progress Report documents numerous examples of ways in which each of the 13 member PCTs has sought to make a real difference, whether as an employer, provider, commissioner or partner. It is through sharing the learning from our experiences that we believe we can make most headway. That is why our programme comprises opportunities for peer learning, underpinned by specialist help from our Thinking Partners.

We have a special responsibility to share this learning beyond our members. This report signals our desire to be accountable, not just to our sponsors in the Department of Health, nor simply the many community partner organisations we are working with, but to the millions of black and minority ethnic citizens in the country who deserve a National Health Service that reflects their needs.

Evelyn Asante-Mensah OBE

Chair

race for health





May 06

1 MONDAY	2 TUESDAY	3 WEDNESDAY	4 THURSDAY
5 FRIDAY	6 SATURDAY	7 SUNDAY	8 MONDAY
9 TUESDAY	10 WEDNESDAY	11 THURSDAY	12 FRIDAY
13 SATURDAY	14 SUNDAY	15 MONDAY	16 TUESDAY
17 WEDNESDAY	18 THURSDAY	19 FRIDAY	20 SATURDAY
21 SUNDAY	22 MONDAY	23 TUESDAY	24 WEDNESDAY
25 THURSDAY	26 FRIDAY	27 SATURDAY	28 SUNDAY
29 MONDAY	30 TUESDAY	31 WEDNESDAY	

IT'S A FACT:

Some 35 per cent of black Caribbean men smoke, compared to 39 per cent of white Irish men, 44 per cent of Bangladeshi men and 27 per cent of the general population.

MAY TIPS ON YOUR RACE FOR HEALTH:

Kneel down and smell 50 flowers.

Spring clean – try one-legged hoovering.

Now the tortoise is awake, race him round the garden.

No more spills with the wrong pills

The Pills and Spills project was launched after staff at Central Manchester PCT began a focused piece of work in taking forward the NSF for Older People. They noticed the impact on older patients taking incorrect doses of medication. Patients did not just grow sicker. They had more falls and more cracked hips. The wrong pills meant more spills.

So they began creating better and sometimes larger labelling for BME older people. Perhaps, most innovatively, the PCT made it possible to print labels in the five main BME languages for the area: Chinese, Cantonese, Punjabi, Urdu and Arabic. The trust also set up sessions for different BME community groups to raise awareness of managing the medicines that they are prescribed.

“Many older people end up with a range of tablets and can become confused about what to take,” explains Claudette Webster, who is responsible for access and inclusion at the trust. “If English is not their first language, there is the potential for people to overdose or not to take the right tablets at the right time.”

The trust has also arranged for staff training so they can refer patients to the Pills and Spills project when patients have difficulty managing to take a large range of medication.

“In the next phase,” says Ms Webster, “we are working with African-Caribbean and Indian senior citizens care groups to raise awareness within those communities around the issues related to medication. We are also exploring pictorial approaches to labelling bottles. So we are testing, for example, images of the sun coming up and going down, to help people to remember what to take in the morning and at night.”

claudette.webster@centralpct.manchester.nwest.nhs.uk

race for health



Central Manchester
Primary Care Trust





June 06

1
THURSDAY

2
FRIDAY

3
SATURDAY

4
SUNDAY

5
MONDAY

6
TUESDAY

7
WEDNESDAY

8
THURSDAY

9
FRIDAY

10
SATURDAY

11
SUNDAY

12
MONDAY

13
TUESDAY

14
WEDNESDAY

15
THURSDAY

16
FRIDAY

17
SATURDAY

18
SUNDAY

19
MONDAY

20
TUESDAY

21
WEDNESDAY

22
THURSDAY

23
FRIDAY

24
SATURDAY

25
SUNDAY

26
MONDAY

27
TUESDAY

28
WEDNESDAY

29
THURSDAY

30
FRIDAY

IT'S A FACT:

The prevalence of stroke among African-Caribbean and South Asian men is 40 per cent to 70 per cent higher than for the general population.

JUNE TIPS ON YOUR RACE FOR HEALTH:

World Cup: Find a ball and bend it like Beckham.

June 18: Walk farther today. It's Fathers' Day.

Exercise in bed – try pillow boxing.

Ramadan radio reaches its audience

Eastern Leicester PCT found that the uptake of cervical smears was very low compared with other trusts in the strategic health authority. The trust couldn't find a single reason for why this would be: there are large BME communities but also areas with a large white community; there are pockets of deprivation and pockets of higher income groups. In some practices, the main non-attenders are white women in the 35-45 age group. So the trust took a multi-faceted approach.

One approach involved looking at the low take-up of smears by Somali women. The trust had discussions with a local radio station targeted at the BME community. "During Ramadan, it broadcast a programme about the importance of cervical smears," explains Sandra Oliver from Eastern Leicester PCT. "At that time a lot of women are at home in the kitchen, preparing food and listening to the radio. The programme was translated into the Somali language."

One GP practice has a particularly large Somali population. Just 60 per cent went for a cervical smear in the previous five years. "Reminder letters printed in English were not very useful for this group. Some Somali women have difficulties with English and feel awkward discussing the issue with their partners." So the practice offered them targeted information about the smears when they came into the surgery – they also have a Somali-speaking receptionist. "Thanks to this work, take-up has increased to 90 per cent and it's now the second highest achieving practice in the trust," says Ms Oliver.

"In the long run, this will save lives. Of those women walking around without screening, I wonder how many have pre-cancerous cells. They are at risk and that worries me."

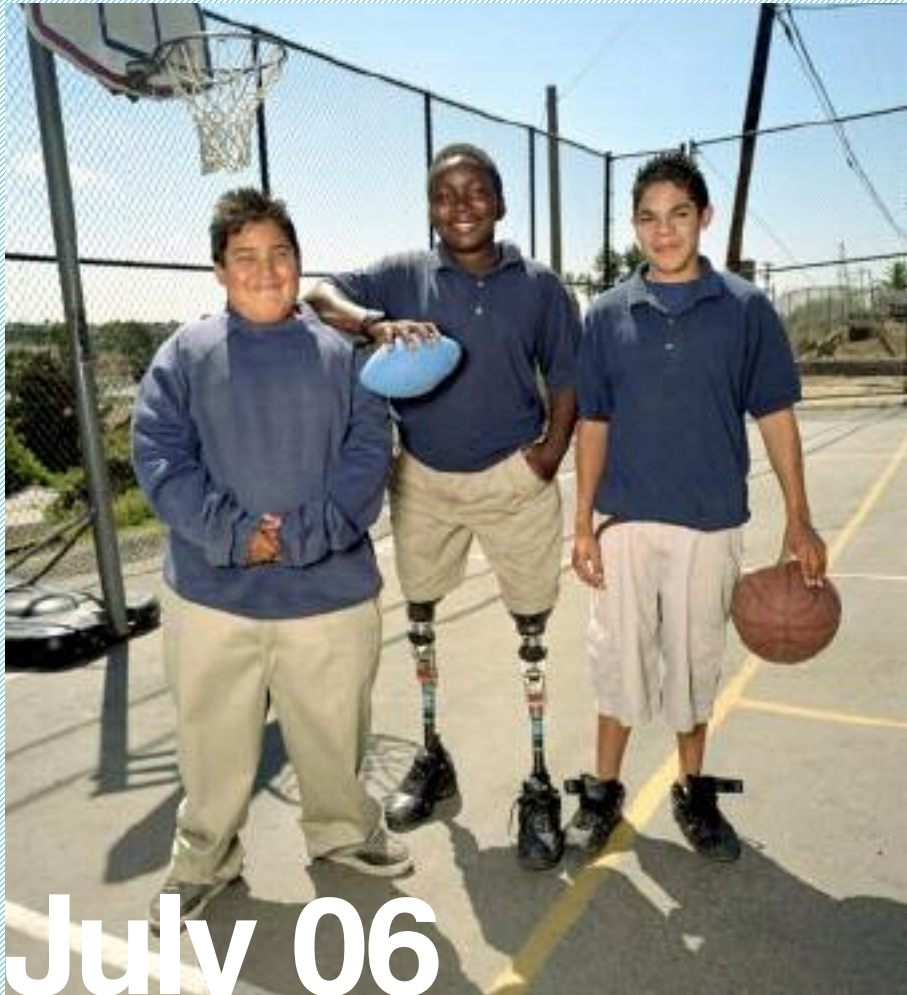
sandra.oliver@elpct.nhs.uk

race for health



Eastern Leicester
Primary Care Trust





July 06

1 SATURDAY	2 SUNDAY	3 MONDAY	4 TUESDAY
5 WEDNESDAY	6 THURSDAY	7 FRIDAY	8 SATURDAY
9 SUNDAY	10 MONDAY	11 TUESDAY	12 WEDNESDAY
13 THURSDAY	14 FRIDAY	15 SATURDAY	16 SUNDAY
17 MONDAY	18 TUESDAY	19 WEDNESDAY	20 THURSDAY
21 FRIDAY	22 SATURDAY	23 SUNDAY	24 MONDAY
25 TUESDAY	26 WEDNESDAY	27 THURSDAY	28 FRIDAY
29 SATURDAY	30 SUNDAY	31 MONDAY	

IT'S A FACT:

In 2004, 7.5 per cent of NHS executive directors in England were from black and minority ethnic backgrounds – up from 3.0 per cent in March 2000.

JULY TIPS ON YOUR RACE FOR HEALTH:

Try eating asparagus without licking your lips.

Have a silent Sunday. Unplug the TV.

Fill a paddling pool using a cup.

Speech therapists lead a language revolution

Imagine that you have three-year-old child, whose mother tongue is not English, and you are worried about her language development. It is vital that any problems are spotted early and then dealt with. But the speech therapist speaks only English. How do speech and language services identify and then support the needs of that child?

Bradford City Teaching PCT's speech and language therapy service has been exploring just such issues. It now has therapists specialising in bilingualism who can deliver support in Punjabi – the most sought-after of the local community languages – as well as in Urdu and Bengali. The unit is now developing a capacity for eastern European languages.

Additionally, the service is recording information on CD and audio cassettes to help families support children with speech and language development. "The local dialect of Punjabi does not have a written script," says Louise McChrystal, a consultant speech and language therapist for multicultural communities. "So we produce written Urdu material and then record CDs in Punjabi. We have a CD explaining what speech therapists do. We can send this to parents so they understand the service before they come to the clinic."

Most innovatively, 30 of the unit's 43 staff are learning Urdu. "Most of these staff at the class have English as their first language. But it is important that we understand South Asian languages – everyone including managers, therapists and clerical staff – so that we can properly deliver the service to the people who live in this area."

News of Bradford's innovative practice has spread. "Other services in Bradford are contacting us, asking us to run Urdu classes for them," says Ms McChrystal.

louise.mchrystal@bradford.nhs.uk

race for health



Bradford City Teaching
Primary Care Trust





August 06

1 TUESDAY	2 WEDNESDAY	3 THURSDAY	4 FRIDAY
5 SATURDAY	6 SUNDAY	7 MONDAY	8 TUESDAY
9 WEDNESDAY	10 THURSDAY	11 FRIDAY	12 SATURDAY
13 SUNDAY	14 MONDAY	15 TUESDAY	16 WEDNESDAY
17 THURSDAY	18 FRIDAY	19 SATURDAY	20 SUNDAY
21 MONDAY	22 TUESDAY	23 WEDNESDAY	24 THURSDAY
25 FRIDAY	26 SATURDAY	27 SUNDAY	28 MONDAY
29 TUESDAY	30 WEDNESDAY	31 THURSDAY	

IT'S A FACT:

In Britain today, black and minority ethnic groups comprise eight per cent of the population.

AUGUST TIPS ON YOUR RACE FOR HEALTH:

Summer pudding. Eat some. Be one.

Stay shady about your whereabouts when the office calls.

Smile. You'll feel better. Everyone else will too.

Slough bus catches hidden diseases

When Slough PCT wanted to raise awareness about diabetes among black and ethnic minority communities, it made use of a unique marketing tool that can map the lifestyles of these groups.

The unique computer programme, developed by Dr Foster, an independent medical research company, combines information about medical treatment and hospital admissions for particular conditions with data on the socio-economic background of a particular area's population.

"This is a tool that can identify where Asian businesses are, what television programmes people watch, what newspapers they read – even what cars they drive," says Grace Vanterpool, Diabetes Specialist Nurse, who has led the initiative. "It is fantastic because we can use it to map where we have an increased incidence of diabetes in the community and how that relates to ethnicity, age and other factors."

The Action Diabetes team organised a three-week tour of Slough on a special bus staffed with volunteer health counsellors from the Asian community – many with personal experience of the disease – and medical personnel. The team tested for the disease, distributed information and offered advice on diet and exercise. Three diabetes sufferers were identified as well as a further twenty people at risk of the disease.

The computer programme helped to pick where the bus stopped – including a bingo hall, community, leisure and shopping centres, hospitals and mosques. "These are places where people feel relaxed and more likely to take in information," says Ms Vanterpool.

john.sailsman@berkshire.nhs.uk

race for health



Slough 
Primary Care Trust





September 06

1 FRIDAY	2 SATURDAY	3 SUNDAY	4 MONDAY
5 TUESDAY	6 WEDNESDAY	7 THURSDAY	8 FRIDAY
9 SATURDAY	10 SUNDAY	11 MONDAY	12 TUESDAY
13 WEDNESDAY	14 THURSDAY	15 FRIDAY	16 SATURDAY
17 SUNDAY	18 MONDAY	19 TUESDAY	20 WEDNESDAY
21 THURSDAY	22 FRIDAY	23 SATURDAY	24 SUNDAY
25 MONDAY	26 TUESDAY	27 WEDNESDAY	28 THURSDAY
29 FRIDAY	30 SATURDAY		

IT'S A FACT:

In 2004, 5.8 per cent of chairs of local NHS organisations were from black and minority ethnic backgrounds.

SEPTEMBER TIPS ON YOUR RACE FOR HEALTH:

Take a two year old for a walk – on your shoulders.

Clean all the spiders' webs in your home.

Lie down and watch clouds pass over head.

Salsa dancing is the best prescription

In Tottenham, north London, on Sunday afternoons, the local African Caribbean hairdressing salon has a makeover. The hairdryers are pushed aside, as 20 ladies arrive, not for dyeing or braiding, but for salsa dancing.

The salon, near St Ann's hospital, is one of 60 venues outside normal health settings that Haringey Teaching PCT supports to improve fitness. The Health for Haringey projects – over 80 per cent of them for ethnic minority communities – focus on physical activity.

Ama, who runs the salon, realised that many clients wanted to lose weight and become fitter. So she gathered a group of 20 and won a grant from Health for Haringey, which is Big Lottery funded, to pay an instructor for 12 weeks.

"This class is particularly good because this community faces a higher risk of hypertension, CHD and diabetes," says Michele Daniels, an organiser of the programme.

Meanwhile, Jamait Al-Nissa, the local Muslim women's group, which holds sewing workshops, now temporarily sets the machines aside to hold a weekly fitness class. After a few classes, the women also began a healthy cooking class at the same workshop.

None of these 60 projects costs more than £2,000 to start up – they soon become self-sufficient, charging participants, after the initial period.

"Health for Haringey projects aim to get away from the idea of health being about the NHS," says Ms Daniels. "Some projects have asked for a dietician to help and we have helped out, but the main focus is self-help prevention by people within their own communities."

michele.daniels@haringey.nhs.uk

race for health



Haringey Teaching 
Primary Care Trust





October 06

1
SUNDAY

2
MONDAY

3
TUESDAY

4
WEDNESDAY

5
THURSDAY

6
FRIDAY

7
SATURDAY

8
SUNDAY

9
MONDAY

10
TUESDAY

11
WEDNESDAY

12
THURSDAY

13
FRIDAY

14
SATURDAY

15
SUNDAY

16
MONDAY

17
TUESDAY

18
WEDNESDAY

19
THURSDAY

20
FRIDAY

21
SATURDAY

22
SUNDAY

23
MONDAY

24
TUESDAY

25
WEDNESDAY

26
THURSDAY

27
FRIDAY

28
SATURDAY

29
SUNDAY

30
MONDAY

31
TUESDAY

IT'S A FACT:

Ninety per cent of children in the UK have visited a dentist. This compares with 40 per cent of Bangladeshi and 60 per cent of Pakistani children.

OCTOBER TIPS ON YOUR RACE FOR HEALTH:

Friday 13: Avoid ladders and lone magpies.

Run as far as you can (ring for a lift home).

**Avoid the October wind.
Drink water.**

Hands-on approach beats diabetes

Harjeet Panesar, a retired midwife, knows the limitations of the printed word. When she began her job dealing with diabetes in Bristol's South Asian community, she was straightforward. "I said I believe in more hands-on, less pen and paper," explains Ms Panesar, who works for Bristol North and Bristol South and West PCTs.

Hundreds of people – some with diabetes, some at risk – have attended workshops that she conducts with a colleague, Veena Bassi, in Urdu, Punjabi, Gujarati and Hindi. They both speak each language fluently. For sessions in Bengali they recruit an interpreter.

Awaz Utaoh, an organisation dealing with domestic violence victims, has invited them in for a session. So has Dhek Bhal, a carers' association, and Khaas, a community organisation for disabled people, as well as the Asian Day Centre.

"A lot of our people don't like to read," says Ms Panesar. "People don't have time for it. You have to go out and talk to them. We don't even use Powerpoint presentations, just flip charts so we really hit them with the message, there and then."

As well as raising awareness of diabetes, the sessions identify new cases of diabetes. Nurses take glucose tests and check blood pressure, referring some people to GPs.

The next step is to hold sessions in religious institutions – six temples and a mosque want a workshop. "We've also developed our 'Lose Weight, Feel Great' programme," she says. "We offer yoga or aerobics plus a talk from a health professional. Organisations do it after they have had the diabetes workshop so people are learning and then improving their physical activity. It really makes a difference when you get out there and talk to people."

harjeet.Panesar@bristolswpct.nhs.uk

race for health



Bristol North and Bristol South and West
Primary Care Trust





November 06

1 WEDNESDAY	2 THURSDAY	3 FRIDAY	4 SATURDAY
5 SUNDAY	6 MONDAY	7 TUESDAY	8 WEDNESDAY
9 THURSDAY	10 FRIDAY	11 SATURDAY	12 SUNDAY
13 MONDAY	14 TUESDAY	15 WEDNESDAY	16 THURSDAY
17 FRIDAY	18 SATURDAY	19 SUNDAY	20 MONDAY
21 TUESDAY	22 WEDNESDAY	23 THURSDAY	24 FRIDAY
25 SATURDAY	26 SUNDAY	27 MONDAY	28 TUESDAY
29 WEDNESDAY	30 THURSDAY		

IT'S A FACT:

Young black men are six times more likely than young white men to be sectioned for compulsory treatment under the Mental Health Act .

NOVEMBER TIPS ON YOUR RACE FOR HEALTH:

**Sweep some leaves.
Help to build a bonfire.
Try that open air swimming pool (no wetsuits allowed).**

Trust finds new ways to develop the “X” factor

Ealing's BME NHS staff network broke the mould when it set up a singing and dancing talent show to advance the careers of its ethnic minority staff. However, its goal was not, in fact, to find employees with the “X” factor and propel them to fame.

The show, attended by 200 employees and Board members and developed by three local trusts, aimed to build the BME staff network that embraces all NHS organisations in Ealing. “We have realised that one of the issues for BME staff is isolation,” says Stephen James, Ealing's head of partnerships and diversity. “People may not feel part of the mainstream, so we are trying to create a community in the workforce.”

Another strand of this work has been to develop better counselling for victims of bullying and harrasment. “It's a problem that has become an issue for BME staff in the mental health trusts,” says Mr James. “We are developing supports outside the management structure for this sensitive issue.”

Key to supporting BME staff has been adapting the national Breaking Through programme which helps BME staff climb the ladder to executive director and chief executive level. “Staff were pleased at the success of this programme but said that there was still a big problem of their under-representation at lower management levels. There seem to be relatively fewer opportunities for learning and career development. So we have partnered with the West London Mental Health Trust, Ealing Hospital Trust and Ealing council to create Breaking Through training for people in this band.

“It's great to partner with all these trusts. It means that those staff who want to climb the ladder can build networks across different sectors.” Such support is vital, says Mr James.

stephen.james@ealingpct.nhs.uk

race for health



Ealing
Primary Care Trust 



December 06

1 FRIDAY	2 SATURDAY	3 SUNDAY	4 MONDAY
5 TUESDAY	6 WEDNESDAY	7 THURSDAY	8 FRIDAY
9 SATURDAY	10 SUNDAY	11 MONDAY	12 TUESDAY
13 WEDNESDAY	14 THURSDAY	15 FRIDAY	16 SATURDAY
17 SUNDAY	18 MONDAY	19 TUESDAY	20 WEDNESDAY
21 THURSDAY	22 FRIDAY	23 SATURDAY	24 SUNDAY
25 MONDAY	26 TUESDAY	27 WEDNESDAY	28 THURSDAY
29 FRIDAY	30 SATURDAY	31 SUNDAY	

IT'S A FACT:

Infant mortality in England and Wales for children born to mothers from Pakistan is double the average.

DECEMBER TIPS ON YOUR RACE FOR HEALTH:

Treat yourself to a duvet day.

Use the TV remote with your opposite hand.

22nd: Is the year's shortest day, so go home early.

Navigating the NHS when far from home

It's all very well having a great health service, but lots of people who need the NHS don't use it or don't know how to use it. This is particularly true within some ethnic minority communities. Worse still, people in these communities are more likely to have long-term conditions, such as coronary heart disease, that need regular care.

That's why South Birmingham PCT has developed an innovative course to train people to support others with long-term conditions in their own homes. The recruits, many of them without formal qualifications, are taught listening and communication skills and how to steer people around the NHS. They are supported as they acquire the literacy and numeracy skills for the job.

"We're particularly interested in training people from ethnic minority communities," says Grainne Behan, course coordinator. "We want a workforce that reflects the community and will be better able to communicate. Often patients are more open because they feel the person from their own community is receptive, someone in whom they can confide.

"The new staff will visit people at home. Perhaps a husband is looking after his wife who has a chronic condition. The worker may find that the couple have been trying to access health care services but have not had much luck. A lot of people with chronic illnesses don't know where to go to for help. The same goes for their carers.

"The new workers will signpost them to the right places. Perhaps the couple have been told to eat healthier food, but don't know where to start. So the worker will take them shopping and show them what to buy. Success in this field is all about understanding and communicating at the right level."

grainne.behan@gatewayfs.org

race for health



South Birmingham
Primary Care Trust





January 07

1 MONDAY	2 TUESDAY	3 WEDNESDAY	4 THURSDAY
5 FRIDAY	6 SATURDAY	7 SUNDAY	8 MONDAY
9 TUESDAY	10 WEDNESDAY	11 THURSDAY	12 FRIDAY
13 SATURDAY	14 SUNDAY	15 MONDAY	16 TUESDAY
17 WEDNESDAY	18 THURSDAY	19 FRIDAY	20 SATURDAY
21 SUNDAY	22 MONDAY	23 TUESDAY	24 WEDNESDAY
25 THURSDAY	26 FRIDAY	27 SATURDAY	28 SUNDAY
29 MONDAY	30 TUESDAY	31 WEDNESDAY	

IT'S A FACT:

Young Asian women are more than twice as likely to commit suicide as young white women.

JANUARY TIPS ON YOUR RACE FOR HEALTH:

Don't throw out your Xmas tree. Plant it.

Hit the sales. Lifts, escalators banned.

Tear up credit cards with bare hands.

Someone to hold a nervous hand at an HIV test

Rhian Williams, a health visitor, remembers the first time a GP asked her to make a home visit to a refugee family – a Somali woman with an epileptic child.

“When I got there, I found a shared house with five women from different parts of the world,” she recalls. “Four of them were HIV positive. One was pregnant and one had a little girl who was also HIV positive. None of them were registered with GPs and two did not speak English. Two needed immediate hospitalization.

“That was my first case and I realised that this was a hidden population. We didn't know people were out there because they were not on any local authority housing registers.”

Since then, as part of a team from Wandsworth PCT, supporting the health care of homeless people and asylum seekers, Ms Williams has focused on understanding how they fare in the NHS. She trains GPs and health professionals – they often have little idea about their situation – and guides refugees and asylum seekers through the system.

She recalls an 85-year-old Somali gentleman who was destitute. His daughter had not managed to register him with a GP. His health had become so bad that he was virtually bed bound. The simple act of finding him a GP, getting him a HC2 Exemption Certificate, securing him free dental care, eye tests and prescriptions, made a huge difference.

Refugees and asylum seekers, she says, often need more time than GPs can offer. “Take someone who is worried about whether they will gain asylum. They may be living with grief and possibly trauma. There may be no one to go with them for an HIV test and a positive result could tip them into a suicidal state. We are here for them.”

rhian.williams@swlondon.nhs.uk

race for health



Wandsworth
Primary Care Trust





February 07

1 THURSDAY	2 FRIDAY	3 SATURDAY	4 SUNDAY
5 MONDAY	6 TUESDAY	7 WEDNESDAY	8 THURSDAY
9 FRIDAY	10 SATURDAY	11 SUNDAY	12 MONDAY
13 TUESDAY	14 WEDNESDAY	15 THURSDAY	16 FRIDAY
17 SATURDAY	18 SUNDAY	19 MONDAY	20 TUESDAY
21 WEDNESDAY	22 THURSDAY	23 FRIDAY	24 SATURDAY
25 SUNDAY	26 MONDAY	27 TUESDAY	28 WEDNESDAY

IT'S A FACT:

In 2004, people from black and minority ethnic groups comprised 39.1 per cent of hospital medical staff but only 22.1 per cent of consultants.

FEBRUARY TIPS ON YOUR RACE FOR HEALTH:

14th: Do 50 lip-ups on bathroom mirror.

Build a very large snowman.

Eat a bowl of broccoli and sing a happy song.

Why choose a healer instead of a GP?

It is well-known that people from some ethnic minorities are less likely than their white counterparts to visit a GP. But why precisely, if you come from a BME community, does it seem to be so much more difficult to see a family doctor?

That's the question Westminster PCT is asking local people and staff in primary care this year. The trust has trained 20 volunteers to interview three groups – BME patients who are on GP lists, BME people who are not registered with a GP and, finally, staff working in general practice and primary care clinics.

A detailed questionnaire explores a host of potential difficulties at the GP surgery such as a lack of interpreters, feeling judged, explaining symptoms in English. It asks people which is the person's provider of choice – a GP, a pharmacist, an A&E department or an alternative healer, for example. A separate questionnaire for staff looks at how well they understand the health needs of ethnic minorities.

"We know there is a problem," says Brian Colman, equality and diversity manager for Westminster PCT, "but we want some real concrete understanding of the barriers and of the needs that the NHS is not meeting. Then we can frame a set of proposals to tackle the problem.

"I am particularly interested in why patients go elsewhere or use A&E or a walk-in service when they could or should use primary health care. We may find that, although we have a good interpreting service, it is not used enough in some settings. We may find people are not registered with GPs because they are anxious about immigration issues. Whatever the explanations, the PCT intends to get to the bottom of the problem." Watch this space.

brian.colman@westminster-pct.nhs.uk

race for health



Westminster 
Primary Care Trust



March 07

1 THURSDAY	2 FRIDAY	3 SATURDAY	4 SUNDAY
5 MONDAY	6 TUESDAY	7 WEDNESDAY	8 THURSDAY
9 FRIDAY	10 SATURDAY	11 SUNDAY	12 MONDAY
13 TUESDAY	14 WEDNESDAY	15 THURSDAY	16 FRIDAY
17 SATURDAY	18 SUNDAY	19 MONDAY	20 TUESDAY
21 WEDNESDAY	22 THURSDAY	23 FRIDAY	24 SATURDAY
25 SUNDAY	26 MONDAY	27 TUESDAY	28 WEDNESDAY
29 THURSDAY	30 FRIDAY	31 SATURDAY	

IT'S A FACT:

South Asian people are 50 per cent more likely to die prematurely from coronary heart disease than the general population.

MARCH TIPS ON YOUR RACE FOR HEALTH:

10th: Potato Sunday. Off the couch. Start planting.

17th: Buy shamrocks. Better worn than eaten.

25th: Mothering Sunday. Ring Mum to tell her how good you've been.

Asylum seekers in search of slimmer lives

Being a refugee or asylum seeker can really damage your health, explains Paul Southon, a public health practitioner with Wolverhampton City PCT.

"Asylum seekers are socially isolated and often feel vulnerable. They may come from societies in which they spent a lot of time outdoors, but now find the weather keeps them indoors. So they get less exercise than in the past. Their nutrition may be poor because they can't get familiar food. Their financial status may be poor. There is also all the stress of what they have been through in their home country and en route to getting here. They have a lot of needs."

All these factors begin to explain why the PCT has developed a weight management club aimed particularly at asylum seekers, but open to all. "The health visiting team was running a parenting group in Heath Town Clinic, which is based in the area where many asylum seekers are housed," explains Mr Southon.

"The nursery nurse had recently lost some weight at a slimming club and there was a discussion about it at the parenting group. People were saying that it was really important to help people to lose weight but slimming clubs were quite expensive. So they decided to set up their own weight management group."

The Health Visiting team ran a six week programme devised by the PCT. This was extended and has seen considerable success with asylum seekers losing weight and gaining health benefits in terms of lower blood pressure. "They get advice on blood glucose and cholesterol, which can be tested, plus talks on lifestyle and exercise. But, most importantly, they get the chance to have a coffee and a chat to support each other."

paul.southon@wolvespct.nhs.uk

race for health



Wolverhampton City
Primary Care Trust





April 07

1 SUNDAY	2 MONDAY	3 TUESDAY	4 WEDNESDAY
5 THURSDAY	6 FRIDAY	7 SATURDAY	8 SUNDAY
9 MONDAY	10 TUESDAY	11 WEDNESDAY	12 THURSDAY
13 FRIDAY	14 SATURDAY	15 SUNDAY	16 MONDAY
17 TUESDAY	18 WEDNESDAY	19 THURSDAY	20 FRIDAY
21 SATURDAY	22 SUNDAY	23 MONDAY	24 TUESDAY
25 WEDNESDAY	26 THURSDAY	27 FRIDAY	28 SATURDAY
29 SUNDAY	30 MONDAY		

IT'S A FACT:

Thirty-eight per cent of Bangladeshis are under 16, double the figure for the white population

APRIL TIPS ON YOUR RACE FOR HEALTH:

April showers – try dodging the raindrops.

23rd: Go dragon hunting.

Make a friend.

Oriental flavour in quintessential England

You might imagine that Shropshire, with its rolling landscapes and country market towns, is solidly white British. However, Shropshire County PCT recently became the first trust to commission the Chinese National Healthy Living Centre to take a closer look. There are in fact nearly 1,000 people of ethnically Chinese origin served by the trust, according to the 2001 census (which found 247,403 Chinese people in the UK). The centre was commissioned to assess their health needs.

“Most ethnically Chinese people in Shropshire are Cantonese-speaking and involved in the takeaway business,” explains Lucy Tran, the centre’s evaluation and research officer. “However, many in Telford are Mandarin-speaking from Taiwan or the mainland and in other businesses.

“The main issue is language. There are middle-aged people who don’t speak English. They may rely on family and friends to interpret when they visit a doctor, so they find that regular appointments for long-term treatments are problematic. Those in the takeaway business say that GP opening hours are unsatisfactory. They find it difficult to book appointments. However, once people are in the system they are happy with the care.”

College students in boarding schools comprise 50 per cent of the county’s ethnically Chinese population – often from Malaysia, Singapore and Indonesia. The colleges worry about students bringing Chinese medicine from home and self-medicating.

The study is expected to suggest translation of information leaflets into Cantonese and Mandarin – little is available – and better publicity for the existing interpreting service. “It’s good the PCT realises that the community in Shropshire is so diverse,” says Lucy Tran.

www.cnhlc.org.uk 020 7534 6546 lucy.tran@cnhlc.org.uk

race for health



Shropshire County
Primary Care Trust





May 07

1 TUESDAY	2 WEDNESDAY	3 THURSDAY	4 FRIDAY
5 SATURDAY	6 SUNDAY	7 MONDAY	8 TUESDAY
9 WEDNESDAY	10 THURSDAY	11 FRIDAY	12 SATURDAY
13 SUNDAY	14 MONDAY	15 TUESDAY	16 WEDNESDAY
17 THURSDAY	18 FRIDAY	19 SATURDAY	20 SUNDAY
21 MONDAY	22 TUESDAY	23 WEDNESDAY	24 THURSDAY
25 FRIDAY	26 SATURDAY	27 SUNDAY	28 MONDAY
29 TUESDAY	30 WEDNESDAY	31 THURSDAY	

IT'S A FACT:

Asian women aged 65 and over have the highest rate of long-term illness (64.5 per cent compared to 53.1 per cent for all women aged 65 and over).

MAY TIPS ON YOUR RACE FOR HEALTH:

Sit in the park at lunchtime.

25th: Fish on Fridays. Try using a sharpened stick.

Catch 100 blossom petals and give to a loved one.

Number crunching gets to grip with psychosis

Wouldn't it be wonderful if commissioning agencies knew precisely which service modifications are effective in tackling ethnic health inequalities in, for example, diabetes and heart disease? You would know, for example, that one style of management was more effective than another, say, in cutting hypertension among African Caribbean men.

Lambeth PCT hopes to achieve just such knowledge with a sophisticated research project that ties together clinical data on patients about self-ascribed ethnicity, language preference and religious affiliation.

Datanet recruits local practices and helps them to improve their collection of data on ethnicity, language and religion. It also helps clean up their clinical data. This data is then tied together for research. The Datanet project is based on a partnership of Lambeth PCT with the Department of General Practice at Guy's, King's and Thomas's and the South London Primary Care Research Network (STARNET). Funds come from the St Thomas and Guy's charity. So far 26 practices within the PCT, with a combined population of 185,000, have joined up.

"The first project is called 'Identifying and reducing ethnic inequalities in the management of people with psychosis'," says Dr Richard Williams, a local GP and project leader. "Datanet will be used to examine the difference in prevalence of psychosis between the African Caribbean and general populations. It will look at issues of access to services and develop service modifications to address these. In the long run, we should be able to do equity audits on a large number of health care activities. In time, lots of small modifications to services could make a big difference to health outcomes."

richard.williams@gp-g85025.nhs.uk

race for health



Lambeth 
Primary Care Trust





Race for Health Progress Report

Communications consultant:

Jessica Morris

Editorial consultant:

Jack O'Sullivan

Design: Show Media

Publisher: Race for Health

Further information about

Race for Health contact:

Anurita Mulchand

Programme administrator

on 0161 958 4081 or email
enquiries@raceforhealth.org

or

Professor Helen Hally

National Director

Race for Health

0161 958 4081

helen.hally@centralpct.manchester.nhs.uk

Race for Health

Race for Health is funded by the Department of Health and administered by Central Manchester PCT. Money is provided to participating PCTs to enable them to make significant progress in race equality. Funds are also invested in a programme of events and support designed to enable PCTs to share learning and best practice.

The programme is run by the national director, Professor Helen Hally. Evelyn Asante-Mensah OBE (chair of Central Manchester PCT) chairs the programme and Surinder Sharma, national director of Equality and Human Rights, is the Department of Health sponsor. A board comprising chairs, chief executives and PEC chairs from the participating PCTs, shapes the strategy for the programme and engages with ministers, the Department of Health and NHS leaders.

For more information go to www.raceforhealth.org

race for health



MAY 2006

13 BUDDHA DAY

Buddhists celebrate the birthday of the Lord Buddha.

JULY 2006

11 GURU PURNIMA

Hindu celebration of the ancient Gurus.

AUGUST 2006

16 KRISHNA JANMASHTAMI

Hindu commemoration of the birth of Krishna – the 8th incarnation of the god Vishnu who took the form of Krishna to destroy the evil king Kansa.

SEPTEMBER 2006

23 ROSH HASHANAH

Jewish New Year. A time of introspection, abstinence, prayer and penitence.

24 RAMADAN

The holiest period of the Islamic Year: strict fasting, sunrise to sunset. Ends Oct 23.

OCTOBER 2006

2 YOM KIPPUR

Jewish Day of Atonement. This holiest

day of the Jewish year is observed with strict fasting.

21 DIWALI (DEEPAVALI)

Hindu Festival of Lights which symbolizes the human urge to move towards the light.

24 EID-UL-FITR

End of Ramadan, a festival of thanksgiving to Allah for the month of Ramadan.

NOVEMBER 2006

5 BIRTHDAY OF GURU NANAK DEV SAHIB

Sikhs honour founder's birthday.

12 BIRTH OF BAHAU'LLAH

Bahai celebration of the birth of their founder and teacher.

30 ST ANDREW'S DAY

Christian observance of the coming of Christianity to Scotland.

DECEMBER 2006

16-24 HANNUKAH

Jewish Festival of Lights commemorates the Maccabean recapture and rededication of the Jerusalem Temple in 164BC.

25 CHRISTMAS DAY

Celebration of the birth of Jesus Christ.

26 ZARATHOSHT DISO

Anniversary of the death of Prophet Zarathushtra.

31 EID-AL-ADHA

The most important feast of Islam that marks the end of Hajj

JANUARY 2007

1 GANTAN-SAI

Shinto New Year festival.

3 MAHAYANA

Mahayana Buddhist New Year.

5 GURU GOBIND SINGH BIRTHDAY

Sikhs honour birth of the founder of the Khalsa

7 FEAST OF THE NATIVITY

Orthodox Christian celebration of birth of Jesus Christ.

FEBRUARY 2007

21 ASH WEDNESDAY

Beginning of Christian 40-day penitential season of Lent.

MARCH 2007

1 ST DAVID'S DAY

Christian patron saint of Wales.

3 MAGHA PUJA DAY

Buddhist celebration to mark the day

that Buddha presented his teachings to an assembly of holy men.

17 ST PATRICK'S DAY

Christian celebration of Patrick who brought Christianity to Ireland.

26 KHORDAD SAL

Marks birth of Prophet Zaranhushtra.

APRIL 2007

1 PALM SUNDAY

Christian celebration of the entry of Jesus into Jerusalem and the start of Holy Week.

3-10 PESACH (PASSOVER)

Jewish eight-day celebration of the deliverance of the Jews from slavery in Egypt.

6 GOOD FRIDAY

Christian remembrance of the crucifixion of Jesus.

8 EASTER

Commemorates the resurrection of Jesus Christ, three days after death

14 BAISAKHI (VAISAKHI)

The Sikh New Year festival.

23 ST GEORGE'S DAY

Celebrates day dedicated to the patron saint of England, said to have killed a dragon.

Faith Calender 06/07