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Primary Care Trust

Taking a Strategic Approach to Developing Wellbeing: Minority Ethnic Groups

London Health 08 Conference

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- Inner East London Borough
- Population 242,000
- 3rd most deprived local authority (IMD)
- Ethnicity breakdown
  - 51% White (3% population Eastern European)
  - 34% Bangladeshi
  - 6% Black
  - 3% Chinese
- Highest concentration of Bangladeshis outside Bangladesh

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Summary

- Building ethnicity into needs assessment
- Incentivising equity
- Ethnicity equity audit
- Understanding beliefs and attitudes
- Opening doors – working in partnership
- Commissioning from the community
- Lessons learnt

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Building Ethnicity into Needs Assessment

- National predictive models breaks down as Tower Hamlets population major outlier
- Bespoke predictive prevalence model developed for around 30 conditions (McKinsey)
  - Unadjusted prevalence based on evidence review
  - Adjustment for Bangladeshi population where evidence of different prevalence (eg diabetes, CHD, hypertension)
- Comprehensive set of best practice service lines covering primary care developed in consultation with local clinicians
- **Service lines acknowledged longer consultation time needed for patients who need language/advocacy support**
- Capacity requirements to meet estimated need calculated based on gap analysis
- 3 year business case developed for investment in primary care based on needs assessment
- Implications of high ethnicity therefore built into planning assumptions

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Incentivising Equity

- Low and variable ethnicity recording
- Allocation of interpreter/advocacy unrelated to need
- Local Enhanced Service established to address
- Sliding scale incentive payments around
  - Recording of ethnicity and language needs
  - Focus on new patients and patients on disease registers
  - Recording of need for interpreter/advocate
- Interpreting/advocacy resources allocated on basis of need
- Piloting local networks of interpreters
- Over 90% ethnicity coding for disease registers enabling meaningful equity audit…

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Diabetes by Age

Age Bands	White	Bangladeshis	Others
19-49	2%	5%	1%
50-64	11%	34%	10%
65-79	20%	41%	24%
80+	15%	49%	19%
Grand Total	5%	7%	2%

Almost 1 in 2 of Bangladeshis over 65 have diabetes

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Ethnicity and Vascular Care

	White	Bangladeshi	Others
Hypertension			
BP controlled	52%	61%	57%
Cholesterol controlled	50%	57%	38%
CHD			
BP controlled	65%	72%	68%
Cholesterol controlled	70%	69%	47%
Diabetes			
BP controlled	62%	71%	69%
Cholesterol controlled	63%	69%	50%

BP and Cholesterol is consistently better in Bangladeshis

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Understanding your population (from the inside)

- Social marketing
- Academic research
- Getting the story from frontline workers

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Social Marketing
Smoking in Bangladeshi Males

- Social Marketing Formative Research
  - Authority figures eg Imam
  - Role of Mosque as setting
  - High viewing figures for community channels
  - Translations not necessary
- Service change – East London Mosque Project
  - Tobacco cessation service set up in Mosque
  - Imam advertised service and importance of tobacco cessation at Friday prayers
  - Service advertised on local community media
- Impact
  - Mosque based clinics hugely successful
  - In first month, 88 set quit dates of whom 54 quit
  - Have commissioned extra capacity on basis of pilot

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Preventing Diabetes in Bangladeshis*

- Intensive diet and exercise programmes can achieve 58% reduction in diabetes incidence
- Qualitative study to understand lay beliefs, religious teachings and professional perceptions around diabetes prevention in Bangladeshis
- Findings challenged local myths
  - Poor knowledge not the problem
  - Fatalism not the problem
  - Obesity is not associated with fertility
- Clear resonance between Islam and healthy lifestyles messages
- **Clinicians concerned about their own limited cultural understanding and therefore withhold preventive advice**
- Lessons for local implementation
  - Cultural competence for health professionals
  - How we communicate healthy lifestyle messages
  - Who we involve

BMJ Prevention of type 2 diabetes in British Bangladeshis, Grace C, Begum R et al BMJ 2008;337

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Frontline Intelligence

- Getting the story from your frontline providers
- Health Trainers
  - Commissioned from third sector on locality basis
  - Part of SLA to conduct community consultation
- Women's Health and Family Service Advocates
  - Storytelling pilot
  - Advocates relate one story per month
  - Collated on database
- Point is to ensure that as commissioners we are aware of what is in front of our noses…..

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Opening Doors - Faith in Health

- 39 Mosques in Tower Hamlets
- Faith settings key resource
- Faith in Health pilot established as partnership between PCT and London Muslim Centre
- Joint post established in London Muslim Centre
- Opens doors across the mosques – facilitates:
  - Promotion of PCT agenda around equitable access to services and health promotion into the community
  - Understanding of community perceptions of PCT services
  - Rapid dissemination of resources eg leaflets, DVDs
  - Involvement of Imams (smoking cessation, diabetes, sexual health)
  - Settings for events involving PCT staff (eg diabetes specialist nurses)
- Next steps
  - To broaden across other faiths in the Borough
  - To better understand the dynamics between the mosques in Tower Hamlets
  - To make further use of potential for mosques as settings for services

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Commissioning from the community

PCT Commissioning (Public Health)

Project Management and Delivery (Health Trainers Coordinator)

4 Host Organizations (one per locality) – each employing:

Health trainer team leader
4 wte health trainers

NW Locality = Elite Youth
SW Locality = Stifford
NE Locality = Bromley by Bow
SE Locality = Island House

Health Trainers Training Programme

Tower Hamlets College

Evaluation

University East London

All Health Trainers live in Tower Hamlets and over 70% are from BME groups

All Host Organisations are physically located in their locality and therefore have strong networks within the community

Outcomes 07/08

480 people stopping smoking (either directly or through referral to stop smoking services)
1800 people participating in healthy lifestyle programmes
2280 peoples contacted/supported by health trainers overall

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Some lessons learnt

- Know your population (inside and out)
- Equity means investing more in some groups
- Don’t take local wisdom at face value
- Get the right people talking to each other
- Believe in your voluntary sector