



“Ageing and Wellbeing: health in later life”

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Ageing and wellbeing

- What needs to be done to ensure that we remain healthy for as long as possible as we age?
- Are there cultural, ethnic or social-economic factors that help to promote or prevent healthy ageing?

Background to BARC

- City Centre patient education & support project
- Aims to help people cope with arthritis
- Reaches out to excluded groups, including ethnic minority communities

UK NHS - evidence – that socially excluded groups have poorer health status, and make less use of standard NHS facilities

Problems - Education, Social background, and Language barriers

Findings from Needs Assessment

- In 2000, patients accessed a range of health services
- GPs: most (>90%) offered access to: Physio, OT, pain & injection clinics, aids & appliances
- Fewer (<50%) offered fast track specialist referral, written information, alternative therapies
- Patients: most (76%) received medication
- Half received physio and some verbal information
- Few (<20%) received other information or support
- Conclusion- service provision was mainly medical – there was demand for a range of services and information to be offered in non-medical environment

Range of Services wanted

- Information in various languages
- Access
- Information & Support

The Educated Patient

"many problems relating to Musculoskeletal conditions can be prevented by lifestyle changes"

- **(Report from USA Bone & Joint Decade – 2008) Knowledgeable patients as educators?**

Expert Patients - BARC Volunteers

- **need to provide the right information, at the right time, in a culturally sensitive manner**

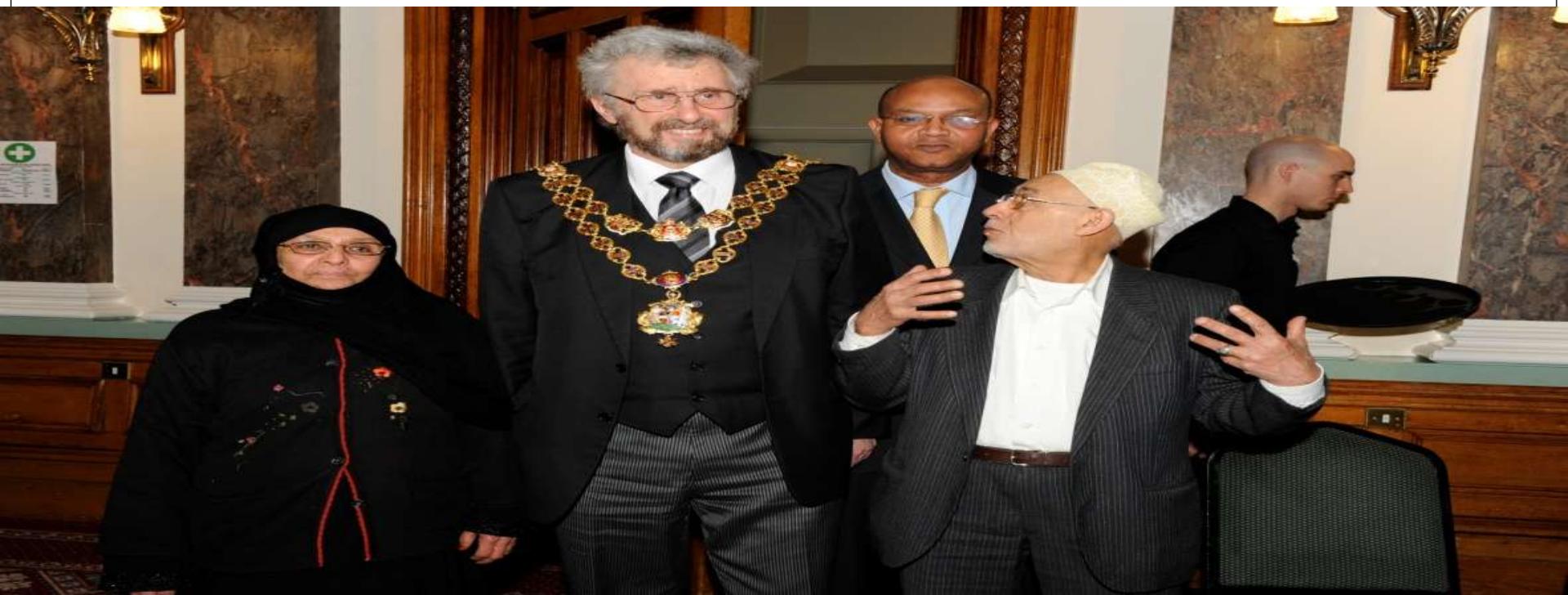


Patient Education @ BARC

Our Experiences:

- **Right educational material a key factor**
- BARC health education based on 3 principles:
 - develop bottom-up material - based on questions people ask
 - translate into locally used languages
 - provide in leaflet and **audio format**
- BARC bilingual CD's
- producing multi-lingual information was a major project
- CD's discussing common musculo-skeletal disease in simple language – plain English, Urdu, etc

“The TF project”
**The Outreach Programme to local BME
Communities**



Background to TF Project

- MSK conditions – challenging to BME groups
- BARC – library hub supports/educates patients
 - BME communities rarely visit city centre

**How to get Health education to
“hard-to-reach” immigrant communities?**

- main TF aim -
to take arthritis education out into the community
targeting selected communities

Structure of TF Project

- 1. Community Networking**

- 2. Taster Sessions** 728

- 3. Group Education Sessions** 248
main targeted intervention

- 4. Ongoing self-education** 119

Results

1. Community Networking

- 12 Community “Champions” recruited from each local group
- They broke language/culture barriers to recruit participants to taster sessions
- Publicity: media, Flyers, involving community leaders & workers

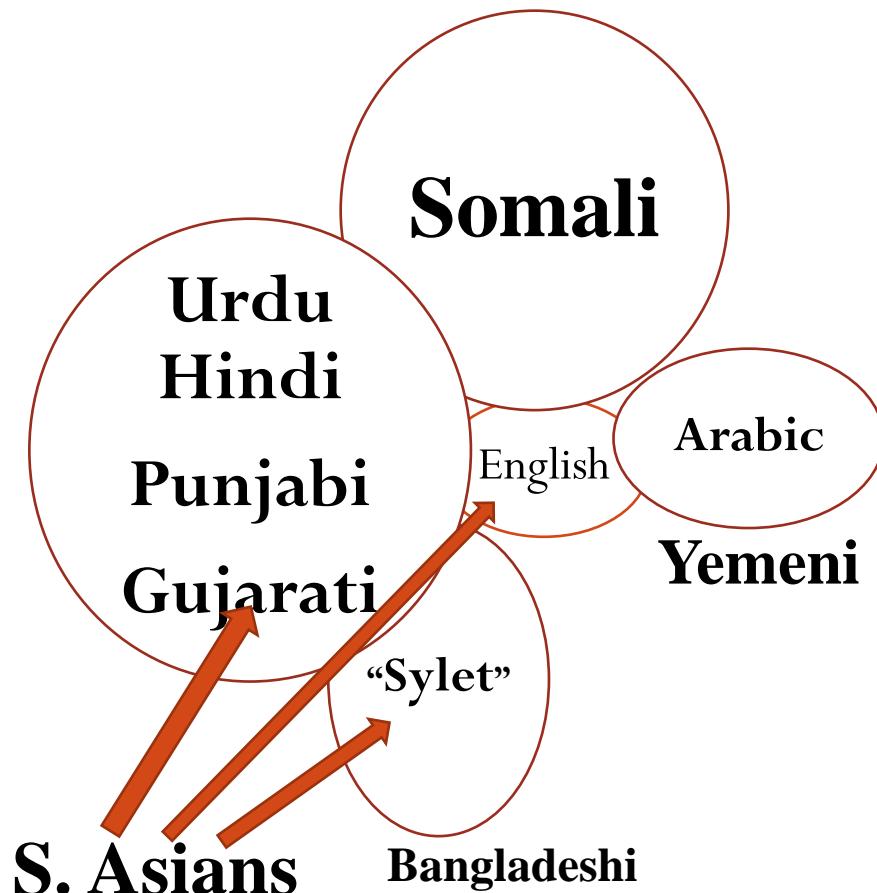
Results

2. Taster Sessions

- 728 adults participated
- 12 “understanding arthritis” sessions delivered at community locations
- Aim - recruitment to group education sessions
- 248 registered for next stage

Results

Engaging newer Immigrant Communities



- 248 registered
(target - 200)
- 51% - South Asians
- 27% - Somali
- 17% - Yemeni

67% were female

Results

3. Group Education Sessions:

- 248 participants registered
- received 6 wks group training around “Understanding Arthritis”
- Learning coping techniques
- Participant-chosen sessions on areas they wanted to discuss

Results

There is a widely held belief in BME groups, that arthritis is a result of age, the pain of growing old, even in young adults!

- The educational workshops explored:
 - Diet & exercise, IT & further learning
 - Hobbies, Interests
 - Stressed lives
 - ESOL tutor – basic English skills

Results

4. On-going Self-education

Intervention → positive behaviour change

- 119 (48%) attendees went on to individually participate in further learning!
 - 35 S.Asians joined local leisure classes
 - 27 Yemeni men joined Keep Fit Centre
 - 16 Yemeni ladies joined local leisure classes
 - 15 Somali ladies signed up for ESOL classes
- BME groups are keen to learn about health

Discussion

- **BARC-TF project reached agreed aims**
 - identified a major gap in the service

BME communities:

- worry about arthritis +multiple co-morbidities
- yet not thinking about positive health
- Pre-occupied by family concerns

➤ BME groups are keen to learn about health but lack even basic education skills
impose cultural restrictions

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Thank you for your attention

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Mission Statement

“To enable people with arthritis to have improved quality of life and greater independence through education about their diseases. To provide a diversity of information for Birmingham’s multicultural society, particularly the socially excluded groups who seek conventional medical less frequently”

Objectives:

- To establish an arthritis resource centre in central Birmingham
- To translate information into a variety of community languages
- To provide it in various forms – leaflets, CD's, videos and the internet
- To recruit ethnic volunteers to support users to access information.
- To carry out research on the impact of BARC on users
- To develop BARC into a community based project with local bases.

Outreach Service

Outreach takes information to community centres to reach people who do not come into the city centre or use public libraries

Talks about Understanding Arthritis given in a range of languages followed by group discussions

BARC Outreach service popular

- 72 given in 2011 in many settings from senior citizen centres to youth clubs;
- from ethnic community centres to temples
- requests outweigh the capacity to provide the service
- Transformation Fund project showed outreach also effective to involve hard-to-reach communities in health education

The Delivery & Evaluation of an Arthritis Education Outreach Programme to local BME Communities”

Key TF-Project Message



- Self-coping for MSK needs education + support
- best given as part of wider information on “Healthy Living”



Results from post intervention questionnaire



	Did you find this visit helpful	Was the information well structured and easy to understand
South Asian	9.7	9.6
Somali	9.7	9.6
Yemeni	9.6	9.8

- All groups rated the intervention highly but Afro-Caribbean's less enthusiastic
- No significant difference was found between the rating given by people from a South Asian, Arabic and Somali background