



BME NEEDS ASSESSMENT

HYPERTENSION & DIABETES

**Conducted by
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Lewisham Community
Development Partnership**

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Contents

Page	
3 Social Context
5 Vision
6 Methodology
6 Statistics
11 Relevant Quotes
 Conclusions
15 Recommendations
16 Acknowledgements
17 Appendix 1
19 Appendix 2

The Social Context

The need for a strategy has been flagged up by many research bodies and statutory and voluntary sector agencies.

In 1999 Lewisham Social Services identified the need for a strategy for ethnic minority health.

“Many ethnic minorities suffer greater levels of deprivation than the population as a whole but they are ***less likely to access key health and social care*** services. The reasons for this have *been well documented* in a number of reports and include such factors as:

- A lack of knowledge by service commissioners of the needs and preference of minority ethnic communities
- A lack of racially and culturally appropriate services
- Ineffective public information about the services available, including access to interpreters and information in translation
- A lack of monitoring of the take up of social care services by ethnic minorities
- **Insufficient multi-cultural awareness amongst health and social care staff, especially when few are from ethnic minorities themselves.**

According to **Lewisham’s Black and Minority Ethnic Communities** (Social Services report 1999) –

“People of Black Caribbean and Black other Origin have worse levels of general health than the population as a whole”

Stroke: Black Caribbean men are at 76% greater risk of dying from stroke than the general population and Black Caribbean women have a 110% higher risk.

Hypertension: Death from hypertension disease is four times greater among Black Caribbean men and seven times greater among Black Caribbean women than in the population as a whole.

Diabetes: The prevalence of diabetes is at least three times the national rate.

In 1998 the **Acheson** report chronicled a series of health inequalities – this report identified significant difference in rates of disease, access to services and the delivery of services. All these health inequalities impact negatively on Black Minority Ethnic communities.

The report suggested that the:

“Failure to make specific consideration of minority ethnic issues risks increasing ethnic inequalities ” it went on to say,¹

“Thus policies to consider inequalities in health should include consideration of the application of these policies to minority ethnic groups as a matter of course”

An evaluation of health commissioning in the Lambeth Southwark and Lewisham area written for the Health Action Zone by **Partners in Evaluation** Mark Bitel and Dawn Hill – January 2001 highlighted the correlation between race and health in terms of inequality.

“The links between race and health inequalities are not new. The two issues were brought inextricably close by a report in 1999 from the Social Exclusion Unit (SEU)”

“Ethnic minority disadvantage cuts across all aspects of deprivation. Taken as a whole, ethnic minority groups are more likely than the rest of the population to live in poor areas, be unemployed, have low incomes, live in poor housing, have poor health and be victims of crime” (NHS Plan July 2000 A plan for investment)

With mounting evidenced based data being published by several government departments. **Highlighting these concerns, we need to urgently consider the following question:**

What collaborative health interventions do we need to address the health needs of African and Caribbean communities based in Lewisham? Moreover, the documented based evidence reinforces the need for a strategic and comprehensive black health strategy that will have a meaningful impact on the health status of these communities and not simply paper over the cracks.

¹ STEVE GILL BEMHI 2004

Vision

Start from Community Needs - community engagement

Community reality

Community as experts

Structures and systems need to work better to support the vision –

Utilise Innovative approaches

Tackling inequalities should include the most disadvantaged hard to reach groups and the health issues that affect them

Over the last 9 months BEMHI have conducted ten focus groups interviewing over one hundred and ten people from the community and approximately ten black health professionals. BEMHI is a forum that seeks to raise the profile of BME health issues and respond to them in a number of ways,

- (1) Through educational Workshops
- (2) Via Annual Black Health Week
- (3) Through Research

BEMHI felt that interviewing professionals was an important element to include because of the health inequalities that persist in the African & Caribbean Communities in Lewisham and their expertise on the ground was both welcomed and essential to this assessment.

The areas of concern that we examined and asked questions about were;

- 1) Hypertension
- (2) Diabetes
- (3) Stroke
- (4) Coronary Heart Disease

This work was sponsored by The Primary Trusts' Public Health Department. It was also a collaborative piece of work. We at BEMHI examined community perspectives and Public Health would examine providers' services and their effectiveness in relation to black community groups.

Community Perspectives the Underpinning Issues

- It is clear that people in the community are concerned about the high rates of Diabetes, Hypertension, and Stroke and Heart Disease.
- There is a strong belief that the main targeting on BME health is centred on either sickle cell, or the two main 'moral panic' areas i.e. mental health & sexual health
- There needs to be more work done at grass roots levels on the silent killers, hypertension, diabetes, stroke and coronary heart disease
- People in the BME community feel there is a major need for a stroke prevention/ diabetes project.
- There is not enough funding of 'preventative work' although work is decidedly top heavy in terms of evidence gathering and consultation
- A bottom up approach as part of a comprehensive strategy / campaign of education and health promotion in black minority ethnic communities

Methodology & Participants

Who took part in our study?

- **The Somali Education Project**
- **Family Health Isis**
- **St. Mauritius House**
- **The Calabash**
- **The Rose Apple Day Centre**
- **Sydenham Elders Group**
- **Young Women's Resource Centre**
- **Youth Aid**
- **Black Disabled Peoples Association**
- **BME Professionals**

What did we do?

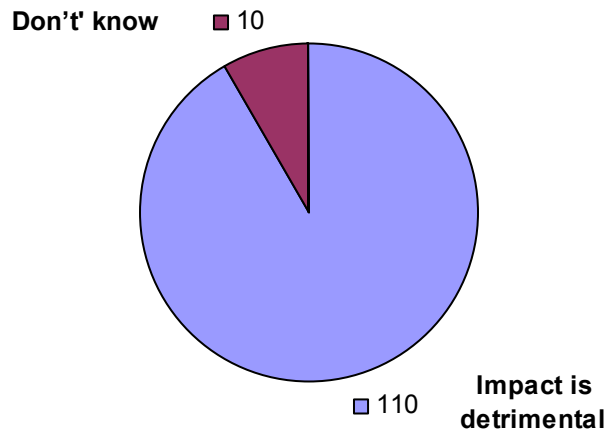
We engaged groups we have worked with during our Black Health Week 2003 events and other groups across the borough. We spent 3 hours posing questions to these focus groups of ten.

Subsequently discussing the affects of high blood pressure, stroke and diabetes on the black community, we recorded their comments and transcribed them. We had planned an hour for each group discussion. However the discussions that were generated in the focus groups lasted much longer due to the level of interest and concern of the participants. These are the major findings and comments in summarised form:

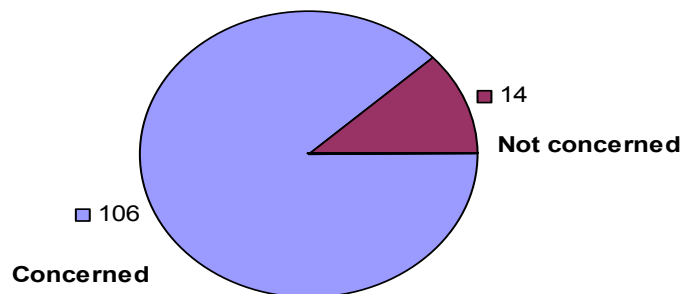
Statistics

120 people were interviewed

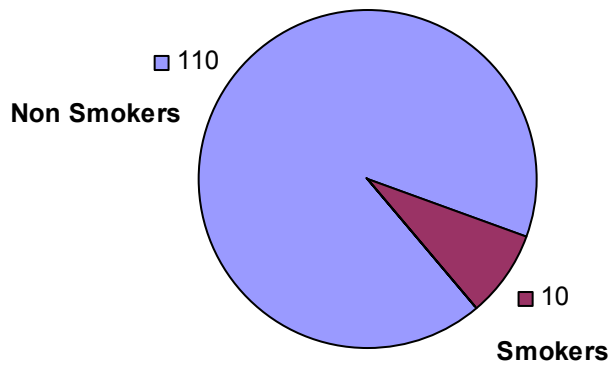
Q1. How do you feel blood pressure and diabetes are affecting African and Caribbean people in Lewisham?



Q2. Are you concerned about stroke and coronary heart disease?



Q3. How many of you smoke?



(120 people were interviewed)

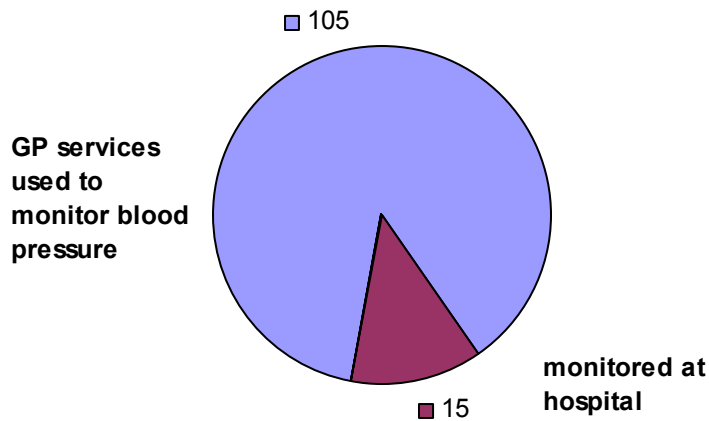
Q4. Have you or any members of your family been affected by stroke, high blood pressure or heart disease?

90 people either suffered from hypertension, diabetes or stroke, or knew someone in their family that did.

Q5. How much information have you received about high blood pressure and stroke from your GP and what services have you used to have your blood pressure monitored/treated?

65 people said they were happy about information received from GP. 55 said they needed more information from surgeries and other places e.g. libraries.

Q6. What services have you used to measure and monitor your blood pressure and how good were those services?



Q7. What can be done to educate and promote healthy BME communities in Lewisham about high blood pressure?

112 said they wanted a campaign to promote BME health centred on hypertension/diabetes.

8 said more debate is necessary especially between the grass roots BME community groups and the PCT. Partnership work between BME and the voluntary sector and the PCT is vital.

Q8. Do you need more information or help with nutrition and if so how should it be provided?

56 said via forums run by BEMHI and Steve Gill.

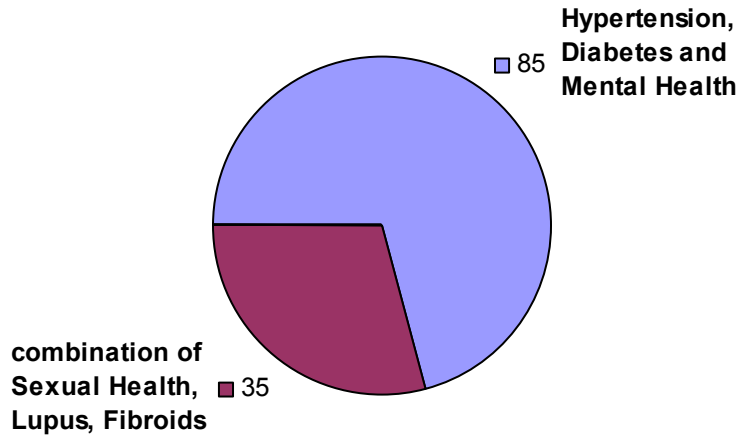
64 said via an outreach nutritionist working closely with practices and community. The balance between the two would be key. There was also one group that felt a nutritional guide would be very useful. The guide would be based on African and Caribbean foods and patterns of consumption. This would highlight the need to assess how often they eat certain types of food and how this impacts on their general health etc.

Q9. What are the top 3 health concerns within the black community in Lewisham?

Hypertension, Diabetes & Mental Health were the top three answers 85

(120 people were interviewed)

Out of 120 stated this.



Q10. What do you understand about salt and high blood pressure and sugar?

80 believed too much salt causes hypertension or stroke.

70 believed too much sugar brought on diabetes.

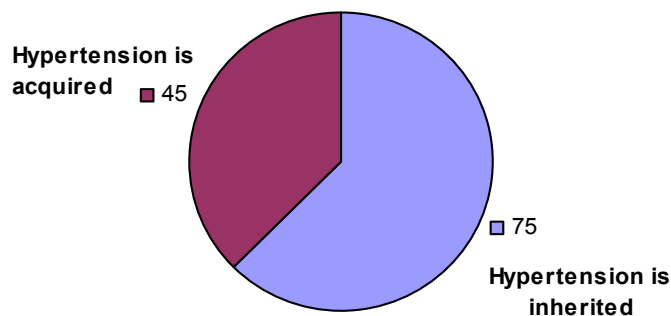
Q11. What could happen to you if you leave your blood pressure untreated after being diagnosed as having high blood pressure?

100 thought stroke or death would follow.

20 said they weren't sure.

Q12. Is high blood pressure inherited or acquired?

75 out of 120 people felt hypertension was acquired 45 felt it was inherited



Relevant Quotes

We asked all our groups 12 questions and this is a snapshot of some of their responses:

“Several members of my family have died of hypertensive related illnesses.”

“ My sister has diabetes my brother has hypertension” another lady stated,

“If we eat a mango will it be the same as having an orange or would yam be the same in terms of calories and nutritional value per portion as potatoes. ” Subsequently a guide was suggested to be developed that would include how best to cook African and Caribbean foods as well as which foods are the healthiest.

What is the salt or sugar content/or fat content of these foods what is the nutritional value of sweet potato compared to another vegetable like cauliflower.

According to the Black Disabled Peoples Association there is an important need for a nutritional guide for BME communities it has been called the “sweet potato / cauliflower scenario” by the BDPA.

Conclusions

Examining a healthy dietary generic framework that is set out for non- BME groups it soon becomes quite clear these foods have no cultural connection to many BME communities whose food tastes often differ.

Moreover the nutritional dietary market is generally non- bme foods and there are no easily accessible healthy eating pamphlets or guides/ available that are particularly user friendly in a multi-cultural sense and the ones that are available are not widely disseminated.

Many people from African or Caribbean origin have been affected by Hypertension or Diabetes. In fact it is so common that worryingly within some Caribbean households these health issues are almost treated like the norm.

However, people in the community do not believe the situation is improving as they feel that there is not enough being done to increase public awareness and therefore counteract them. We found in some of our groups it was sometimes 6 out of 10 people had hypertension or diabetes and sometimes both illnesses.

We found there were quite a few young people in the Youth Aid focus group that had parents or grandparents who had experienced a stroke or suffered from Hypertension or Diabetes, this concerned them greatly.

It was the Lewisham Young Women's centre focus group that flagged up the importance of knowing your family medical histories a few participants expressed concern over the lack of knowledge and recorded information within the community of hereditary illness within families. This was felt to be a result of migration and other problems associated with all aspects of relocation.

Similarly there are some perceptions in the black community that the problem with hypertension and diabetes in the bme community is even more widespread in Lewisham and they really want large scale preventative work done with young people in particular, refugee groups and the BME community in general.

Question 1:

How do you feel Hypertension & Diabetes is affecting African & Caribbean people in Lewisham?

"Its affecting all of us, too many people. Not just one black person. All of us complain. But what happens it's not until the government really find a solution for black people complaining of blood pressure."

There were clear perceptions by many in the groups we interviewed that the government are not doing enough about hypertension in particular and BME health problems in general.

Question 2:

Are you concerned about stroke or coronary heart disease?

"Yes I am deeply concerned because I find I am gaining a lot of weight and excessive weight can lead to a stroke said one elderly lady,". Are you concerned about stroke or coronary heart disease?

" I have had three strokes" said one lady, my concern is that my whole left side isn't working, can't remember anything and my walking isn't very good."

One man from St. Mauritius House said, "I think it is the climate and because we are not educated enough to understand we are not given the chance to get educated about this kind of disease "

"I have high blood pressure and diabetes and I am on two kind of tablets. But yes I am still worried because it is very common amongst black people. It seems like when you reach 50 you must watch out for stroke."

Question 3:

Do you smoke?

There were low numbers of smokers throughout all the groups.

Question 4:

Other questions revealed the similar answers regarding diabetes and stroke,

"My mother and father have high blood pressure, diabetes is in my family,

" My daughter has got hypertension and diabetes. "

This was very much the thrust of many of the discussions in terms of the prevalence of hypertension and diabetes throughout participant's families.

Question 5:

How much information have you received about high blood pressure and stroke from your GP and what services have you received about high blood pressure?

"I get leaflets at my doctor's and read those. They're quite helpful."

Another significant contribution stated that,
"On Peoples day I had my blood pressure checked."

"Okay, so prior to that have you had any information. Have you been given information on high blood pressure?" Steve Gill questioned.

"I had high blood pressure but I read information in the doctor's surgery in a leaflet, because the doctor didn't tell me much or give me much information. I went to the library and read some books about it then my blood pressure went down because I stopped taking salt in my diet."

Question 6:

What services do you use to monitor your blood pressure and how good are they?" I use the GP, although I think he is too quick a lot of the time.
Our findings demonstrated that,

" People at the Calabash said they wanted a nurse to come round and take their Blood pressure and their blood sugar which has now stopped .

At the Calabash and other centres people seemed to like the service they received from their GP although they did reminisce about the past when a nurse came in to take their blood pressure and check their blood sugar level and general health needs.

Question 7:

What can be done to educate and promote healthy bme communities about Hypertension and Diabetes in Lewisham?

"There are several things need to be done you need to get the churches involved. You really need lots of people getting involved for us to sit up and listen "said one man.

"I think we need some type of campaign like what they did for Sickle Cell & Organ Donation I think it is important to know what affects us the most so we can guard against it" stated another lady .

Question 8:

Do you need more information or help with nutrition and if so how should it be provided?

"We need information we can understand on paper, plus we need someone to speak to us. I think it should be both, because if you are going to get a list of what to buy, you can't keep it in your brain, so if someone comes and explains, just like how you came here and explain and they say here you are here is a leaflet and what is good for blood pressure or diabetes.

But you get a lecture on it which explains these health problems we are experiencing and we are talking about today. Since not everybody can read. You need to go to the barbers and the churches so everybody knows what's going on and people can be protected early."

"This is something serious and the health authority should be treating it that way by distributing leaflets up and down Lewisham in pharmacies, post offices and throughout the borough" said one lady.

Question 9:

"High Blood Pressure, Diabetes, & Mental Health are the main ones," said one lady from Family Health Isis. "They are the big three" stated a young person from Youth Aid you always see quite a few black people walking up and down acting strange and you know that mental health is a big problem "

Question 10:

What do you understand about salt and hypertension and sugar?

"Salt is very dangerous, for us, keep away from salt it's not good for you, some people don't know that they have high blood pressure or diabetes until something goes wrong and they have to go to the hospital" said one man.

I didn't know I had it I just blacked out and it happened at work I went to hospital and they said I had high blood pressure."

Question 11:

What could happen to you if you leave your blood pressure untreated after being diagnosed as having high blood pressure?

"You could get a stroke but there's no point in taking lots of tablets and eating the food that is not healthy" said one woman. "It will affect your heart"
"Eventually it could kill you"

Question 12:

Is hypertension inherited or acquired?

"Quite a few of us have it and our children do too but if we knew more about it and how to prevent it less people would be having it" said a lady from the Calabash centre.

Some of us are suffering from hypertension and diabetes and we don't want others to suffer like us although I think bad diet isn't helping us saltfish and things like that"

"I think we get it because of the food and drinks we eat" said one man

“That’s right , we didn’t mention alcohol’s not good for people with hypertension ,we drink too much and some of us smoke too much . Sugar is another thing that we shouldn’t take too much of , it seems we contribute to this blood pressure when our people cook for us as children or adults, with our rice and peas using coconut crème the real coconut milk is okay but the crème is saturated fat. There are a lot of other things that we can mention but if you use the wrong foods you are poisoning yourself. So all these things that we eat and our parents eat we are suffering from it through our diet and more people need to know this”

Recommendations

- (1) Targeted preventative work with BME communities to reduce the incidence of Hypertension and Diabetes
- (2) A special monthly surgery
- (3) More screening and closer monitoring of hypertension and diabetes in BME communities
- (4) Outreach to BME groups and communities across the borough
- (5) African / Caribbean Nutritional Food Guide
- (6) A Public Health Campaign to promote awareness of Hypertension and Diabetes amongst bme communities
- (7) Media partnership to support the publicity element of this work / utilise black celebrities to help promote the campaign similar to the campaign done with Organ Donation (Curtis Walker)
- (8) A Public Health Tsar /Leader that would be accountable for reducing Hypertension & Diabetes in BME communities and bringing the numbers down to at least national minimum standards
- (9) Stronger links with BME groups and the Public Health Department to ensure ongoing health intelligence data is fed into the PCT and all social care & health strategies and strategic agencies. These stronger links need to be with health groups and non- health groups i.e. faith groups and others working or linked to bme communities.
- (10) There was a call for trials centred on better medication to reduce hypertension and diabetes because there was concern from several group members that the medication isn't always that useful and needs to be improved
- (11) Promote symptom awareness / managing illness
- (12) Our Somali group spoke very little English and would like more health information in their mother tongue

(13) A 5 year strategy to address and reduce Hypertension and Diabetes within African and Caribbean Communities in Lewisham. All objectives within the five year strategy should be *SMART*.

Acknowledgements

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this piece of work.

BEMHI is the Black and Ethnic Minority Health Initiative based in
Lewisham

Steve Gill is the Chair of BEMHI.

Appendix1: Questionnaire

- 1) How do you feel Blood Pressure and Diabetes are affecting African & Caribbean people in Lewisham?**
- 2) Are you concerned about Stroke or Coronary Heart Disease , Diabetes?**
- 3) Do you smoke?**
- 4) Have any of your members of your family been affected by Stroke, High Blood Pressure, Diabetes, Heart Disease?**

- 5) How much information have you received about High Blood Pressure Diabetes, Stroke from your GP what services have you used to have your blood pressure monitored /treated?**
- 6) What services have you used to have your blood pressure monitored and how good are they?**
- 7) What can be done to educate and promote healthy BME communities in Lewisham about High Blood Pressure and Diabetes?**
- 8) Do you need more information or help with nutrition. If so how should it be provided?**
- 9) What are the top three health concerns in the BME community in Lewisham?**
- 10) What do you understand about salt and high blood pressure and likewise diabetes?**
- 11) What could happen to you if you leave your blood pressure untreated after being diagnosed as having high blood pressure?**

12) Is high blood pressure inherited or acquired?

Appendix 2

Darcus Howe

2003

**New Nation Article
'Know Your Numbers'**

