

Health and Well Being Toolkit for Community Workers

*A guide for promoting health with Black and Minority Ethnic (BME)
communities in Greater Glasgow and Clyde*

March 2010



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Acknowledgements

NHS Greater Glasgow and Clyde would like to thank the following for their support:

The Stroke Managed Clinical Network and Health Improvement and Inequalities Team for contributing towards the funding for the production of this toolkit.

Amreeta Kaur, Heather Jarvie and Nuzhat Mirza for steering this project and their time and effort in forwarding general editorial and proof reading comments throughout the development of this toolkit.

Anne-Marie Love (Independent Consultant) for her support and involvement in compiling the initial stages of the toolkit.

Members of the Health Improvement and Inequalities team for adding health topic information to the toolkit.

The 'Building a Bridge' project students for taking part in the first pilot of this toolkit and their valuable feedback.

1

Introduction and purpose of toolkit

This **toolkit** has been **produced** by *NHS Greater Glasgow and Clyde*.

Who is this toolkit for?

The toolkit is for those **working with BME communities**.

Aims

The aim of the toolkit is to **help** community based **workers raise awareness** of **health issues** and **support** services available to BME communities, by providing them with a user friendly toolkit.

It is **not** designed as a **substitute** to **specialist advice** provided by health care staff or services.

How to use the toolkit

The toolkit is designed to be **used with other resources**. Details of resources available are in the 'Resources' section at the end of this toolkit.

The toolkit provides information on a number of topics. The aim is to give you guidance on the type of **information** that will enable you to **promote a healthier lifestyle** in the groups you work with.

The toolkit acts as a guide on how to get key health messages across, however, you can **be as creative** as you like in your **delivery of these messages**.

Outcomes

You should also aim to **evaluate each session** you run. This can **include** using **reflection** at the end of the session, to ask yourself and record the answer to the following questions:

What am I noticing about myself?

What am I noticing about others?

What worked well?

Where did I get stuck?

2

Promoting health and engaging with BME communities

There are a number of ways that you can promote health within BME communities. This section provides information on some of the different ways you can do this and some tips for engaging successfully with communities.

First decide what you want to do:

Below some guidance for any other ideas you may have on promoting or raising awareness of health issues

Type of event	Likely numbers	Pros	Cons
Running your own event			
Awareness raising/health fairs	50-100 (will depend on venue; target audience; funding etc).	<ul style="list-style-type: none"> • Can reach a number of different people • Can control target audience and topics covered • Can cover a variety of topics relating to a healthy lifestyle • Can include exhibits; mini-workshops; demonstrations. 	<ul style="list-style-type: none"> • Time to organise and run • Need to find funding.
Group discussion	Up to 10	<ul style="list-style-type: none"> • Can recruit your own target group • Good for in-depth discussion on 1 or 2 topics. 	<ul style="list-style-type: none"> • Time to organise and run • Numbers - maximum of 10 people per session.
Linking with another event			
Health information stand or workshop at an other event	Depends on those organising the event	<ul style="list-style-type: none"> • Can reach a large number of people • You will only have to fund a fraction of the cost of the event • Use less of your resources • Possibility of input from health professionals if they are running the event • Possibility of reaching a national audience • Useful way to provide information on 1 or more health topics. 	<ul style="list-style-type: none"> • Dependent on other event for numbers and target group • No control over target audience and other topics covered at the event • Not able to discuss issues in any great depth • Possibly won't be able to choose the location of your stand or the time slot of your workshop - this will be allocated to you.

Next make a plan to achieve this:

You can either plan to **run your own event** or to **link in with another event**.

A step by step guide to planning your own event

STEP 1 Plan session - identify aim and health topic area(s)

- Know your target audience
- Make sure you engage the communities and involve them in the planning
- See guide plans for each topic section of this toolkit for further details.

STEP 2 Find a suitable venue

Venue should:

- be easily accessible for your target audience (including disabled access)
- be appropriate for your target audience
- have accommodation which will suit your needs (for e.g. meeting room; hall)
- have facilities for preparing food if this is needed
- have crèche facilities if needed.

Contact local venues and arrange a visit to:

- view premises
- discuss your requirements
- discuss your planned event
- get permission to hold session.

STEP 3 Choose day and time of year to run the event carefully

- Find dates and times that suit your audience
- Choose best time - morning, afternoon, evening
- Do not finish the day too late, or start too early
- Choose best day - weekday, weekend
- Be aware of any cultural considerations for the population you are engaging. Avoid clashing with other events that are relevant to your community including festivals (for e.g. Chinese New Year, Gurus' Birthdays, Diwali etc). Consider your timing to fit in with these events
- Address religious requirements (for e.g. fasting during Ramadan).

STEP 4 Book venue

- If catering, address dietary needs.

STEP 5 Advertise event

- Address language needs. Translate the flyers/posters, advertising the event into appropriate languages including English
- Posters/flyers in community venues; GP practices; religious buildings; local shops
- Ads in local media, newspapers, local radio, community newsletters
- Encourage word of mouth advertising within the community
- Engage the help of local community, voluntary or religious organisations to tell people about the event. Send them information to help them promote the event.

STEP 6 Get resources needed

STEP 7 Prepare evaluation of session

- How will you know if your aims have been met?
- Decide on a suitable evaluation method
- Use incentives at the event to encourage people to complete the evaluation (for e.g. Prize Draw).

Planning an event to do list completed (✓)

Decide on type of event and how many participants

Plan event

Find a suitable venue

Decide on possible dates for event

Book venue

Advertise event

Get resources needed

Prepare evaluation of event

Arrange interpreters

Enjoy your event!

1. Planning awareness raising event/health fair

You don't need to have a medical background to deliver an awareness day. However, if anyone attending your event asks for medical advice you **must** tell them to contact their GP.

Organising an 'awareness day' can be a good way to:

- raise awareness
- encourage discussions
- get people to ask questions
- disseminate leaflets, audiotapes and DVDs.



Before running awareness raising event/health fair

1. **Know** the make up of the target **group**:

- Age
- Gender
- Ethnic origin
- Religion
- Main language spoken.

2. Ensure that there will be **interpreters/bi-lingual workers** present, as well as **translated materials**.

3. **Plan** the event carefully including:

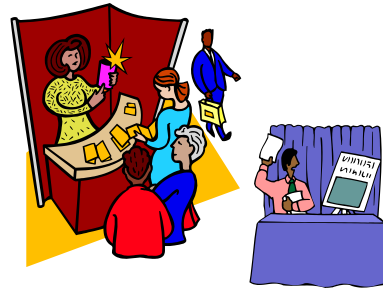
- **Aims** of your event (raising awareness; changes to lifestyle etc.)
- **Health topics** covered (physical activity, diet etc.)
- **Type** of event (information stands; demonstrations etc.)
- Target **number** of participants
- **When** and **where** to hold the event (will depend on which community you are targeting)
- **How long** the event will last
- **Contacting relevant health professionals** to take part - this can also help with the funding of your event for e.g. CHCP in each area
- **Resources** and materials you and any others taking part will need (see 'Resources' section of this toolkit)
- **Publicising** the event.

The following information gives you **some ideas** on how to run an awareness day - it is only a guideline you can **be as creative** as you like.

On the day of the awareness raising event/health fair

1. Set up the venue ready for the event

- make sure information stands are set up



- make sure your event is sign posted



- make sure any health and safety information is clearly displayed.



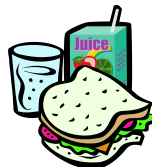
2. Make sure any **equipment** you are using is **working** (for e.g. laptop and projector; CD player etc).



3. Have **handouts** and any other resources ready.



4. Have any **food** and drink ready.



Tips on running an awareness raising event/health fair

Decide on type of event and how many participants

What is the **aim** of the event?

- **increasing awareness** of a **disease/healthy living** by **providing information**
- **increasing awareness** of local **services** and **resources** available
- **motivating** people to adopt a more **healthy lifestyle**.

How do I know **what information** to include in the event?

- What you include in your event will **depend** on your target **audience**, the **venue** and local **needs**. This toolkit provides ideas on the type of information you could include.
- It can also be helpful to **involve** people from the **community** in the planning stages of your event. This can be an effective way of getting the information to the community. This may also encourage your target group to attend as they will feel some ownership and be more comfortable with this approach.
- Remember sessions should be tailored to **meet** specific **needs** as this will **make** them more **relevant** to the everyday life of your **target group**. You may want to do some **research** and find out what it is that your community members want to know and learn about.

Possible Sponsorship

The possibilities for sponsorship are wide ranging. You may be able to find a **corporate company** to sponsor the event. Alternatively, you could try local health organisations, supermarkets, fitness clubs, or other **retailers**. For e.g. the involvement of a supermarket could result in free marketing through the distribution of leaflets in stores and notices on mailed circulars. The supermarket could also display healthy eating products through cooking demonstrations on the day.

Where should I hold the event?

Ideally, the event should be in a **venue** that **suits** the **community** you are planning to invite (for e.g. community health centre; mosque; community hall etc).

How long should the event last?

Events can either be for the **whole day** or **half a day**.

How many people should attend?

You should aim to have up to 100 participants - however, this will **depend** on **venue**, target **audience** and **funding**.

What type of format should I use for the event?

- health information stand/exhibits
- mini-workshops
- demonstrations
- screenings.

Some examples of formats that can be used

Health information stand	Demonstrations and activities
<p>The health information stand is where leaflets; fact sheets, DVDs and audiotapes can be displayed.</p> <ul style="list-style-type: none">- The information stand can either be set up at the entrance to an event or within the event itself.- Need a table; a chair and perhaps a notice board for an information stand.- It is important for someone to be at the stand at all times to talk to people and give out information.- Choose the types of information to display from the list of resources found in the 'Resources' section of this toolkit.	<p>Demonstrations and activities add a practical element to the day, but also create a less formal interactive environment.</p> <ul style="list-style-type: none">- Food and physical activity are important in promoting health and well being, so you could have some interactive sessions on these.- You could organise for a chef or a local supermarket, to get involved in cooking demonstrations using healthy recipes and foods.- You could ask local fitness organisations if they would like to take part (local gyms could use the day to promote their services and offer discounted membership).- You could look at using traditional music and dance to encourage older people to get involved in physical activity (for e.g. Bhangra for Sikh or Hindu community).

2. Planning and delivering a group discussion



Where should the session be held?

Ideally, the session should be in a venue that suits the community you are planning to invite (for e.g. community health centre; mosque etc).

How long should each session last?

Each session should last up to **2 hours**. Consider offering lunch at the end of the session - this may act as a good incentive for people to come to the session; it can also be used for providing further information on a healthy lifestyle (for e.g. healthy eating options).

What size should the group be?

You should aim to have up to **10** participants.

Before running a group discussion

1. Know the make up of the group:

- Age
- Gender
- Ethnic origin
- Religion
- Main language spoken.

2. If you are bi-lingual you must be confident in delivering the entire session in the language of your group - if you feel you are unable to do this then you should arrange for a **trained** interpreter to be present (see Appendix for details).

3. Have all the resources and materials you will need for each session. Details are given in the 'Resources' section of this toolkit.

On the day of the group discussion

Set up the room ready for the session

1. Setting up the room - those coming to the session must **feel comfortable** in the room. Make sure that you set the room up so that people can see each other (not in rows). Set chairs in a circle or semi-circle or round a table.



2. Make sure any **equipment** you are using is **working** for e.g. laptop and projector; DVD player etc.



3. Have **flipchart** ready with different coloured markers



4. Have **paper** and **pencils** for group members



5. Have **handouts** and any other resources ready



6. Have any **food** and **drink** ready.



Tips on delivering a group discussion

1. **Welcome** everyone to the group. Introduce yourself and interpreter (if using one). Give information on:

- where the toilets are
- where the fire exits are (and what to do if an alarm sounds)
- how long the session will be
- timings of breaks
- food and drinks.

5 minutes

2. **Icebreaker:** People must **feel comfortable** talking to you and each other. Use icebreaker techniques to achieve this. First of all say **a bit about yourself** for e.g. your name; where you are from; what languages you speak; a bit about your family. Then ask people from the **group to do the same** for e.g. where they have come from; languages spoken; number of children; who cooks and shops; any health concerns etc.

5 minutes

3. **Ground rules** - The next step is to set some ground rules for the group.

Ask the group what rules they would like so that everyone feels comfortable talking about the **topic** within the group.

You can give a few examples to start this off:

- timekeeping
- confidentiality
- no more than 1 person speaking at a time
- the person speaking should not be interrupted
- everyone's views are important (no right or wrong answers).

5 minutes

Write up the rules on a flip chart. Write down ideas **in the contributor's words**. If you want to shorten or rephrase them, **ask permission before** recording.

About the group

Discuss

The purpose of the group

What to expect for e.g. main topics to be covered; evaluation of the session.

Find out level of knowledge about topic....

What are the expectations of coming to this group:

What do you want to learn about?

What do you need help with? etc.

15 minutes

Write up the rules on a flip chart. Write down ideas **in the contributor's words**. If you want to shorten or rephrase them, **ask permission before** recording.

During discussions

It is important that you do the following to ensure that people get the most out of the group:

- **Ensure** group participants get to **know you and each other** - make sure you have breaks where people can chat together and with you more informally. (For e.g. inviting participants to stay for lunch can be an opportunity for getting to know the group members better. It can also be used for further education and discussion on healthy eating).
- Enable participants to **feel comfortable** talking in this setting.
- **Encourage people** to participate in any discussions, particularly those who are quieter/shier (but do not force someone to speak if they really don't want to).
- **Ensure** that **discussions** are **not dominated by a few** of the participants (ask others in the group questions or for their opinions on what is being said).
- **Keep** discussions **on track**.

Tips for handling disruptive or distracting behaviour

If you feel that the discussion is rambling on return to the subject you are talking about and ask how these comments relate to this.

If people ask about topics that you will be covering later - tell them that this will be discussed later and indicate when this will be.

If 1 or 2 people are dominating the discussion - ask questions of others in the group or ask their opinion on what the others have said.

Arguments - go over each person's point of view and say that the argument cannot be resolved here. Move on to another question. Perhaps take a short break.

Side conversations - stop the discussion without looking at those talking - if they continue with their conversation ask them if they have a question or issue they want to discuss with the group.

Continual disruptive/distracting behaviour - if a member of the group continues to disrupt or distract the group, even after you have asked for them to stop, it is ok for you to tell them to leave.

Linking with another event

Religious festivals and community functions are a great way to include some health awareness as a part of the agenda.

Contact the event organisers to find out:

- If you can attend the event to raise health awareness
- Venue and date/time of event
- Who the event is aimed at?
- Likely numbers
- What is the **overall aim** of the event? Is it a health fair; a religious festival; community event?
- **What role** will you play in the event - health information stand; workshop session?
- What **resources** will you need to bring; what resources are provided.

Agree your **input** with the organisers- content; resources etc.

What **outcomes** do you expect from this - an increase in awareness of a particular health condition; an increase in awareness of local services and resources available? How will you measure this?

3

Prevention of Heart Disease and stroke



Target group background information

Cardiovascular disease (CVD) and Angina

The 1999 Health Survey for England and Wales found that:

Pakistani and Bangladeshi men had rates of CVD (about 60% to 70% higher than men in the general population) while Chinese men had lower rates.

The picture was similar for women (with Chinese women having lower rates of CVD conditions than women in general) while Pakistani and Bangladeshi women had higher rates.

Prevalence of CVD conditions was also higher among Black Caribbean women.

Data from the British Heart Foundation's 2006 annual statistics shows:

The number of self-reported cases of Angina among Pakistani men is 44% higher than the general population. Nearly 7% of Pakistani men (or 1 in 14) report living with the condition, compared to just 4.8% of the general population.

The self-reported rate of Angina is also slightly higher than average for Indian men, at 4.9%, but, unusually, the data suggests prevalence is lower for Bangladeshi men, at 3.1%.

Heart attacks and Coronary Heart Disease (CHD)

The statistics also show that 4.1% of Pakistani men, 3.9% of Indian men and 2.9% of Bangladeshi men have had a heart attack (compared with 3.8% of the general population).

Data from the early 1990s suggests CHD death rates for men and women in South Asian communities are 40-50% higher than the general population. Ongoing work at Edinburgh University indicates that CHD death rates among South Asian groups are now between 30-75% higher (with Bangladeshi communities the worst affected).

Guide plan to (approximately 2 hour) 'Prevention of Heart Disease and stroke' Session

Aim of session- Raise awareness of CVD and stroke risk factors and warning signs.
Encourage individuals to take steps to reduce health risks.

Theme	Content	Time	Resources needed (see also 'Resources' section of this toolkit for more information)
Welcome	Introduce self Welcome everyone to the group and icebreaker. Agree ground rules with the group * Write the rules on a flip chart	15mins	Flip chart and marker Paper and pencils
Aims	Discuss aims of the group. Discuss expectations of coming to the group. Main topics to be covered; What are the expectations of coming to this group? What do you want to learn about? What do you need help with? * Write down expectations on flip chart	15 mins	Flipchart and marker
Topic (see also appropriate page of this section of the toolkit for detailed notes for running this session)	What is CVD?	5 mins	
	Discuss what is a stroke? * Write ideas on flipchart then discuss	5 mins	Flipchart and marker
	Learn to recognise a stroke Common symptoms What makes a stroke happen	10 mins	
	** Break	5 mins	Refreshments and fruit
	What is heart disease? What causes heart disease? Warning signs of heart disease	15 mins	
	Risk factors of CVD: Lifestyle Things you can't change	20 mins	
	Lifestyle risk factors that you can change	15 mins	
	Contacts	5 mins	
Evaluation	Group discussion End session	10 mins	
	** Lunch		Food and drinks

* Make sure you have checked the accuracy of what you intend to write with the group **before** you scribe on the flipchart

** include a longer break if running sessions in afternoon OR have lunch at the end of session if running sessions in the morning

Detailed notes on running the Prevention of Heart Disease and stroke session

Discuss: What is CVD?

CVD's are diseases of the heart (cardiac muscle) or blood vessels (arteries or veins that blood flows through).

There are 3 main types of CVD:

- Problems with the heart or the blood vessels supplying it



- Problems with the blood vessels to the brain



- Problems with blood vessels to other parts of the body (for e.g. blood vessels in the leg).



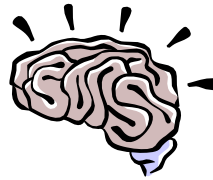
CVD causes:

- Poor circulation
- Chest pains
- Heart attacks
- Strokes.

CVD is the leading cause of death in the UK.

Heart disease and stroke are the most common CVDs.

Discuss: What is a stroke?



There are 2 types of stroke:

- 1 is caused when blood clots in the brain because there is atherosclerosis. Atherosclerosis is a build-up of fatty materials within the walls of the arteries. This happens when the inner lining of artery walls become furred with a thick, porridge-like sludge (atheroma) made up of fatty deposits of cholesterol, cell waste and other substances. The arteries become narrow and this reduces the space through which blood can flow. This means that the flow of blood to the brain can stop or slow, allowing it to clot.
- the other is when blood vessels burst and there is a bleed in the brain.

In both types, the brain is starved of oxygen and this damages or kills cells.

A stroke is a medical emergency. If you see the signs of a stroke act **fast** and **call 999**. Early treatment saves lives and increases the chance of making a better recovery.

Learn to recognise a stroke. Stroke signs include sudden:

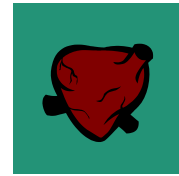
- Numbness or weakness of the face, arm or leg, especially if only on 1 side of the body
- Confusion, trouble speaking or understanding
- Trouble seeing in 1 or both eyes
- Trouble walking, dizziness, loss of balance or coordination
- Severe headache with no known cause.

Even if these signs go away after a few hours (we call that a mini-stroke or transient ischaemic attack (TIA), and you have not called 999 for some reason, you must not ignore them. See your doctor as soon as possible so that you can go to an out-patient clinic that week. Short lived symptoms can be a warning that something more serious is about to happen.

Some things you should know about a stroke:

- Every 5 minutes someone in the UK has a stroke
- Stroke is the 3rd biggest killer and the leading cause of severe disability in the UK
- Almost 1 in 4 men and 1 in 5 women (aged 45) can expect to have a stroke if they live to the age of 85
- More than 3 times as many women die from stroke than breast cancer in the UK
- Eating healthily, taking more exercise, not smoking and ensuring blood pressure is normal, can all help to prevent stroke.

Discuss: What is CHD?



The words 'coronary heart disease', are used for conditions caused by narrowing of 1 or more of the coronary (heart) arteries.

The problems this can cause include:

- angina,
- heart attack
- heart failure

(There are other heart conditions such as heart valve problems, congenital heart problems, etc. but these are not included when we talk about CHD).

What causes CHD?

The main cause is atherosclerosis. This is a build-up of fatty materials within the walls of the arteries. This happens when the inner lining of artery walls becomes furred with a thick, porridge-like sludge (atheroma) made up of fatty deposits of cholesterol, cell waste and other substances. The arteries become narrow and this reduces the space through which blood can flow. This means that the flow of blood to the heart can stop or slow causing:

- Chest pain on exertion or emotion (angina)
- Shortness of breath
- Heart attack
- Other signs.

Discuss: Warning signs of heart disease

Chest pain (angina) is the most common symptom. It results from the heart not getting enough blood or oxygen. The intensity of the pain or tightness varies from person to person. It is brought on by exertion such as climbing stairs or carrying heavy shopping; or by emotion - for e.g. arguing. Both of these make your heart beat faster and so it needs more oxygen. When the blood vessels are narrowed, no more blood can flow to keep up with the increased need for oxygen. The pain or tightness goes away when the exertion stops or when you calm down. Sometimes, if the blood vessels are even more damaged, slight exertion, such as walking, can bring on angina.

Shortness of breath - The heart's pumping action is weak because of a long-term lack of blood and oxygen or because of a recent or past heart attack. The breathlessness can be brought on by very slight exertion. If the heart is not pumping enough blood to the body, shortness of breath may be accompanied by swollen feet and ankles.

Heart attack - In some cases, the first sign of CHD is a heart attack. The pain associated with a heart attack is usually severe, lasts longer than the chest pain described above, and is usually described as tight or heavy rather than actual pain. It can occur across the chest, in an arm, or up into the throat. If the pain lasts longer than 15 minutes after stopping any exertion, it is time to get emergency help.

Other signs - Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in 1 or both arms, the back, neck, jaw or stomach. Breaking out in a cold sweat, nausea or feeling light-headed.

Discuss: Risk factors of heart disease and stroke (CVD)

Lifestyle – things you can change

- **Smoking**
- **Lack of physical activity**
- **Being overweight**
- **Having an unhealthy diet**
- **Drinking too much alcohol**

Other factors which mean you may be at risk – things you can't change

- **Strong family history of CVD**
- **Being male**
- **Early menopause in women**
- **Age** (risk increases as you get older)
- **Ethnic group** (higher prevalence in some BME communities)

If you suffer from any of these conditions there is an increased risk of CVD

- **Diabetes**
- **High blood pressure**
- **High cholesterol level**
- **High blood triglyceride (fat) level**
- **Kidney diseases causing reduced kidney function**

Making as many **changes** as you can to your lifestyle **risk factors** will help you **lower your risk of CVD**.

Note: Some risk factors are more 'risky' than others. For e.g. Smoking causes a greater risk to health than being overweight. Also, risk factors interact. So, if you have 2 or more risk factors, your health risk is much greater than if you just have 1. (For e.g. A middle aged male smoker who does little physical activity and has a strong family history of heart disease, has quite a high risk of developing a CVD (such as a heart attack or stroke) before the age of 60).

Discuss: Lifestyle risk factors that can be prevented and/or changed

Smoking

Smoking is a major risk factor for CVD. Smokers are twice as likely to have a heart attack as non-smokers. Smoking 3-6 cigarettes a day doubles the chances of a heart attack. Smoking cessation can help reduce the risk of a heart attack and within 5 years of quitting, the risk is reduced to almost the same as a non-smoker (BHF 2004).

Lack of physical activity - a sedentary lifestyle

Physical activity is known to lower the risk of CVD. However, the activity needs to be **regular** and of **moderate intensity**.

Current physical activity targets are that a person should do at least 30 minutes of moderate activity 5 or more days a week or 20 minutes of vigorous activity 3 times per week.

- You don't have to do the 30 minutes all at once - this can be spread across the day for e.g. 3 shorter (10 minute) walks.
- **Moderate physical activity** - try and do the activity (for e.g. walking), at a moderate pace (a pace that makes you slightly breathless but still able to talk).
- **5 or more days per week**. You cannot 'store up' the benefits of physical activity. You need to do it regularly.

Diet

The incidence of CHD is highest in overweight and obese people. Eating healthily helps to control obesity, and lower your cholesterol level. Both of these help to reduce your health risk.

Briefly, a healthy diet means:

- Try to have at least 5 portions of fruit and vegetables per day
- Include starchy food with every meal for e.g. bread, rice, potatoes, cereal, pasta, chapattis
- Cut down the amount of fat you eat (use olive oil and rapeseed oil to cook, cut down on fatty meats, cheeses, full-cream milk, fried food, butter, Ghee etc)
- Try to have at least 2 or 3 portions of fish per week (make sure 1 of these is an 'oily' fish - e.g sardines, salmon, mackerel, pilchards)
- Try to include more beans and lentils in your meals such as kidney beans, butter beans, chickpeas, red and green lentils
- Cut down on sugar and sugary foods
- Try not to add salt to food. Limit foods that are salty such as processed foods, meat pies and crisps.

Alcohol

A small amount of alcohol (1-2 units per day) may help to protect you from heart disease.

1 unit is in about half a pint of normal strength beer, or 2 thirds of a small glass of wine, or 1 small pub measure of spirits. However, too much alcohol can be harmful. Men should drink no more than 21 units per week (and no more than 4 units in any 1 day). Women should drink no more than 14 units per week (and no more than 3 units in any 1 day). And you should try to have 2 alcohol free days every week.

If you are currently a non-drinker, there is no good reason to start.

4

Physical activity



Target group background information

Physical activity is known to lower the risk of Cardiovascular Disease (CVD). However, the activity needs to be **regular** and of **moderate intensity**.

Current physical activity targets are that a person should do at least 30 minutes of moderate activity 5 or more days a week or 20 minutes of vigorous activity 3 times per week.

Recent research in Glasgow showed the % of the respondents meeting the physical activity target was as follows:

General population	58%
Indian	50%
African and Caribbean	45%
Chinese	34%
Pakistani	32%

(Source: Black and Minority Ethnic Health in Glasgow February 2006)

Physical activity recommendations are less likely to be met by Indian, Pakistani and Bangladeshi people. The British Heart Foundation found that only 26% of Bangladeshi, 28% of Pakistani and 30% of Indian men met the current recommended physical activity levels (30 minutes activity on 5 or more days a week), compared to 37% of the general population. More than half of Pakistani and Bangladeshi men (51%) and 44% of Indian men were completely sedentary, compared to 32% of the general population. **(British Heart Foundation 2006)**

The 1999 Health Survey for England and Wales found that: Men and women from BME groups based in England are 6% less likely to participate in physical activity compared with the indigenous population.

Guide plan to (approximately 2 hour) 'Physical Activity' Session

Aim of session- Raise awareness of risks of inactivity and encourage individuals to become more active

Theme	Content	Time	Resources needed
Welcome	Introduce self Welcome everyone to the group and icebreaker. Agree ground rules with the group * Write the rules on a flip chart	10 mins	Flip chart and marker Paper and pencils
Aims	Discuss aims of the group. Discuss expectations of coming to the group. Main topics to be covered; What are the expectations of coming to this group? What do you want to learn about? What do you need help with? * Write down expectations on flip chart	15 mins	Flipchart and marker
Topic (see also appropriate page of this section of the toolkit for detailed notes on running this session)	Discuss what is physical activity? * Write ideas on flipchart then discuss the different ways of being physically active	10 mins	Flipchart and marker
	Group work - Ask participants to write down the benefits and barriers to physical activity Discuss as a group * Write key points on flipchart	20 mins	
	How much physical activity each day Choosing an activity	20 mins	
	** Break	5 mins	Refreshments and fruit
	What stage are you at? How to get started? 1 step at a time How to stay motivated	20 mins	
	Health concerns	5 mins	
	Physical activity opportunities and support services in Greater Glasgow and Clyde Contacts	10 mins	
Evaluation	Group discussion End session	5 mins	
	** Lunch		Food and drinks

* Make sure you have checked the accuracy of what you intend to write with the group **before** you scribe on the flipchart

** include a longer break if running sessions in afternoon OR have lunch at the end of session if running sessions in the morning

Detailed notes on running the Physical Activity session



Discuss: What is physical activity?

What do you think of when you hear the words "physical activity"?

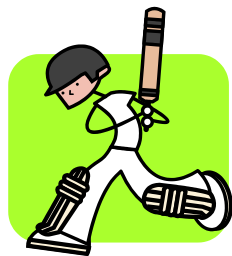
What do you think of when you hear the words "exercise"?

Use the information below to discuss with the group.

Exercise is any structured activity like circuits or aerobics. Physical activity is any movement of the body that uses energy. There are many types of physical activity:



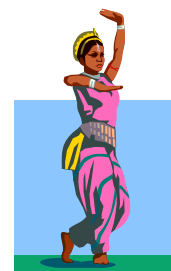
Yoga



Sport



Play



Dance



Walking



Shopping



Gardening



Housework

Physical activity doesn't have to mean vigorous exercise - you don't have to be the "sporty type" or feel that "no pain, no gain" means the activity is not worth doing. These ideas often discourage people from taking part in activity, or acting on advice.

Ask group:

What physical activity have you done in the past that you have enjoyed?

Why was it enjoyable?

What physical activity have you done in the past that you have not enjoyed?

Why did you not enjoy it?

Use flipchart and marker to write down key words from discussion.

Group work: Benefits and barriers to being more physically active.

Break into smaller groups and write down some of the benefits and barriers (concerns) to being more physically active.

Use the information below to discuss benefits and barriers with the group.

Benefits

- Helps you feel good about yourself
- Helps relieve stress and anxiety and makes you feel better
- Can help you sleep better
- Burns calories so can help you control your weight
- Helps you lose fat and gain muscle - this will improve your strength, mobility and flexibility
- Helps lower blood pressure
- Can improve cholesterol levels
- Helps keep your heart healthy
- Can help reduce the risk of heart disease and stroke

Barriers

"I don't like doing exercise"

You don't have to exercise to be more physically active. You can be more active and get fitter by doing everyday activities that suit you.

For e.g:

- walking instead of using the car
- housework
- using stairs instead of lifts
- cutting the grass
- dancing

"I don't have time to do exercise"

You don't have to do exercise for a long time all at once. You can do small bits throughout the day.

"I don't want to be any more physically active"

By being more physically active your health and fitness will get better. It can also make you feel better.

"I have to look after my family"

You can be more physically active while doing this. For e.g. walking your children to school instead of taking the car.

"I'm too self-conscious"

You don't have to attend an exercise class or session you could start off by exercising in your own home or try to walk a bit more. As you become fitter you will be able to work a bit harder for a bit longer and you may find that you gain the confidence to try other things.

"I don't know how to become more physically active"

The best way to start is to have an action plan. Use this to write down any activities you do. Set yourself 1 goal for the first week for e.g. walk the children to school 3 times this week. Be flexible, if you don't manage to do this on 1 day (for e.g. because of the weather or you were running late) then try and fit in something else that day (for e.g. walk to the shops; use stairs instead of lifts etc).

If you don't manage all your goals - don't give up, look at what you have achieved, then build on this the following week. When you have achieved your goals look at other ways you could become more physically active in your daily life - don't try and do too much too soon. Make sure that you can achieve your goals regularly before setting yourself new ones.

Do people from BME communities prefer single-sex exercise classes?

Some literature lists the lack of female only exercise classes as a direct barrier to accessing cardiac rehabilitation (Jolly 1994). Some models of good practice in areas of England which have a high population of minority ethnic participants, have specifically set up separate classes for women. However, single-sex classes are not always possible due to lack of resources and funding. Research by Trusts in several cities found that most patients were not concerned about attending mixed classes as they considered these classes to be part of their rehabilitation (BHF 2004). **It is a good idea to find out from individuals what they prefer.** Many sports and leisure facilities do have women only evenings - so you could check with local clubs if this is something that members of your group prefer.

Discuss: How much physical activity should we do?

Start slowly and build up (listen to your body). You should try to build up to 30 minutes of moderate physical activity a day for 5 days each week. You don't have to do the 30 minutes all at once - this can be spread across the day for e.g. 2 shorter (10 minute) walks. Try and do the activity (for e.g. walking), at a moderate pace - a pace that makes you slightly breathless but still able to talk.

You can use the scale below to show the group what 'moderate' means.

When using this scale number 6 is when you are sitting doing nothing (i.e. no effort at all) and 20 is the maximum effort you can imagine (i.e. sprinting flat out for a bus). When you are working moderately you should be between numbers 12-14 (i.e. somewhat hard but still able to talk).

6

7 - Very, very light

8

9 - Very light

10

11 - Fairly light

12

13 - Moderately hard

14

15 - Hard

16

17 - Very hard

18

19 - Very, very hard

20 - Exhaustion

When you are achieving 30 minutes of moderate activity most days of the week, and want to increase health benefits, try to work a little harder or for a little longer.

Discuss: Physical activity recommendations can be split into 2 stages:

Stage 1 is what people should aim for if they currently do no activity and want to gain health benefits.

Stage 2 is for people who are achieving the first stage and want to gain further fitness benefits - this stage recommends you work at a harder intensity for a continuous amount of time (i.e. 20 minutes, 3 times per week). This stage should be complemented with Stage 1.

Two Stage Approach



Beginners activity goals

For adults who are currently inactive

Aim to accumulate 30 minutes of moderate physical activity on at least 5 days of the week



More advanced activity goals

For adults who are already doing 30 minutes of moderate activities on most days

Try to increase amount of time and effort of the activities and aim to achieve 20 minutes (all in one go) of vigorous activity 3 or more days of the per week

A **little** physical activity **means** a **lot**

Discuss - Choosing an activity

You may want to investigate using traditional music and dance to encourage the older people to get involved. These could be tailored to reflect the diversity in the cultures. For e.g. having Bhangra (for Sikh or Hindu communities).

There are other ways of keeping fit that you may want to highlight to your community members, these are:

- Gardening
- Easy arm chair exercises
- Housework
- Walking
- Getting off the bus 1 stop early and walking the rest of the way home
- Walking to pick children/grandchildren up from school

Encourage people to choose an activity that they enjoy and are able to do on a regular basis.

Discuss - What stage are you at?

I'm not thinking about becoming more active - Person is not aware of the consequences of inactivity. Best method is to give an information leaflet on the benefits of physical activity and not to pressurise people to become more physically active at this stage.

I'm thinking about being more active - Person is at a stage that they can start thinking and discussing the personalised benefits that can be achieved (and the barriers in their way) in becoming more physically active.

I'm active once in awhile, but not regularly - Person at this stage may need more information and knowledge of opportunities and facilities.

I've been active regularly for less than 6 months - Person at this stage will need support to continue their new physical activity routine.

I've been active regularly for 6 months or more - Person at this stage will continue to need support to maintain their routine.

Discuss - Getting started is easier than you think

- Build physical activity into your daily routine.
- Do the activities you are doing now, more often.
- Walk wherever and whenever you can.
- Start slowly with easy stretching.
- Move around frequently.
- Take the stairs instead of the elevator.
- Carry home the groceries.
- Find activities that you enjoy.
- Try out a class in your community.

Note - Health concerns: if anyone in the group is unsure about starting physical activity, or has an illness that they think might prevent them from becoming more active, you must tell them to check with their GP before increasing their activity levels.

Discuss: Physical activity opportunities and support services in Greater Glasgow and Clyde

Live Active Referral Scheme

This Scheme is for people who are currently inactive and are motivated to become more active. A referral is made to an Live Active Counsellor from a GP, Practice Nurse or Physiotherapist. The Live Active Counsellor who is based at a local leisure centre will support and motivate people to become more active. The scheme lasts 12 months. For more information on the scheme please contact the Physical Activity Team at NHS Greater Glasgow and Clyde (see 'Resources' section of this toolkit for details).

First Steps Programme

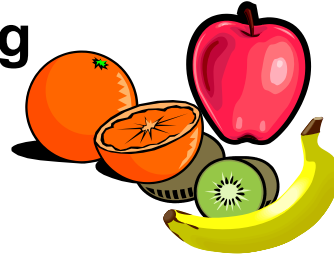
This is an 8 week programme aimed at those wishing to become more physically active and who would like some support, advice and the opportunity to experience classes and activities in a supported environment. The programme also includes information sessions on other lifestyle services available to access. All this in the friendly atmosphere of other individuals, taking their first steps to becoming more active. For more information on this programme and to access venues and times please contact First Steps (see 'Resources' section of this toolkit for details).

Resources

Resources available from PERL Public Education Resource Library (see 'Resources' section of this toolkit for details).

5

Healthy eating



Target group background information

The target is for individuals to eat at least 5 portions of fruit and/or vegetables per day.

Recent research in Glasgow gives figures for the proportion of respondents who said they ate 5 portions of fruit and/or vegetables per day.

This shows that:

- Around half of Chinese, African and Caribbean respondents
- 1 third of the general population and Indian population
- Only 1 fifth of Pakistani respondents

said that they ate 5 portions of fruit and/or vegetables per day.

(Source: Black and Minority Ethnic Health in Glasgow, February 2006)

The incidence of Coronary Heart Disease (CHD) is highest in overweight and obese people. Eating healthily helps to control obesity, and lower your cholesterol level. Both of these help to reduce your health risk.

The incidence of central obesity (where fat is concentrated around the abdomen) is very high in the South Asian population, particularly amongst men.

In women there are particularly high obesity levels in the Bangladeshi and Pakistani groups (BHF 2004).

A reduction in the use and consumption of oil, fats, Indian snacks and sweets, has been recommended as preventive measure (Kooner 1997) and is in line with the national guidelines and recommendations. This would aid in weight management, prevention of the onset of obesity and/or diabetes (by improving insulin sensitivity) and reduce the risk of developing CHD.

Guide plan to (approximately 2 hour) 'Healthy eating' Session

Aim of session- To encourage a healthier diet

Theme	Content	Time	Resources needed
Welcome	Introduce self Welcome everyone to the group and icebreaker. Agree ground rules with the group * Write the rules on a flip chart	15mins	Flip chart and marker Paper and pencils
Aims	Discuss aims of the group. Discuss expectations of coming to the group. Main topics to be covered; What are the expectations of coming to this group? What do you want to learn about? What do you need help with? *Write down expectations on flip chart	15 mins	Flipchart and marker
Topic (see also appropriate page of this section of the toolkit for detailed notes for running this session)	Explore what is healthy eating? Explore the Balance of Good Health, food groups and the recommendations. Discuss how you can make your diet healthier; Ways to eat more healthily; Cooking methods *Discuss as a group. Write key words on a flip chart	45 mins	Flipchart and marker Food mat and props Balance of Good Health Poster
	** Break	5 mins	Refreshments and fruit
	Ask participants to write down the barriers and some practical solutions to eating more healthily. Explore what is healthy to drink and the difference between juice and juice drink. Group work - break into smaller groups. Then feedback and discuss key points with whole group	25 mins	Flipchart, post-it's and pencils
	Support services in Greater Glasgow and Clyde Contacts	5 mins	
Evaluation	Group discussion End session	10 mins	
	** Lunch		Food and drinks

* Make sure you have checked the accuracy of what you intend to write with the group **before** you scribe on the flipchart

** include a longer break if running sessions in afternoon OR have lunch at the end of session if running sessions in the morning

Detailed notes on running the Healthy eating session

Discuss: What is healthy eating?

What do you think of when you hear the term healthy eating?

Use flipchart and marker to write down key words from discussion.

Discuss: The Balance of Good Health

Use the 'The Balance of Good Health' poster (see 'Resources' section of this toolkit for details) to show the food groups, the proportions and types of foods that make up a healthy balanced diet. The guide shows that people do not have to give up the foods they enjoy and that all foods can be part of a healthy diet. It is getting the right balance and variety of foods that is important for health.

The Balance of Good Health is based on the Government's 8 Guidelines for a Healthy Diet, which are:

- Enjoy your food
- Eat a variety of different foods
- Eat the right amount to be a healthy weight
- Eat plenty of foods rich in starch and fibre
- Eat plenty of fruit and vegetables
- Don't eat too many foods that contain a lot of fat
- Don't have sugary foods and drinks too often
- If you drink alcohol, drink sensibly.

Discuss the following: Food groups and recommendations -

Fruit and vegetables - discuss 5 portions a day

1 portion = 1 apple; 1 banana; 1 small glass of fruit juice; a handful of grapes; a small bowl of salad .

Ideas on how to eat more fruit and vegetables:

- Add fresh or dried fruit to your breakfast cereal
- Have a salad with your meal
- Add grated or chopped vegetables or fruit to yoghurts
- Eat fruit or raw vegetables as a snack.

Bread, Cereals, Rice and Potatoes

Try to include these with every meal. Choose types high in fibre - wholemeal or granary bread; wholegrain breakfast cereals; potatoes with the skin on

Fish, Meat and alternatives - discuss 2 portions a day

1 portion = 125g of cooked beans or lentils; 100g of cooked fish; 75g of cooked meat.

Milk and Dairy Foods - discuss 3 portions a day

1 portion = 200ml milk; 25g of hard cheese; 1 small pot of yoghurt

Use semi-skimmed and low fat varieties (give examples) - semi-skimmed or skimmed milk; low fat yoghurts; reduced fat cheese; lower fat cheese like Edam, cottage cheese, curd cheese.

Fat

Foods high in fat

Ask group about foods they think are high in fat (for e.g. cakes, biscuits, sweets, crisps, chips).

Ways to cut down:

- Cut down on cakes and biscuits especially between meals
- Reduce the amount of sugar added to tea or coffee
- Avoid sweetened fizzy drinks
- Cut down on deep fried foods - chips; pakoras; samosas
- Eat less fatty snacks like crisps, peanuts
- Don't have too many take away meals like fish and chips; pizzas.

Cooking methods:

- Fry less often - use healthier cooking methods like grill/steam/boil/roast/ microwave
- When cooking use vegetable oil, rapeseed oil or olive oil instead of butter.

Sugar

Foods high in sugar

Cakes, biscuits, sweets

Ways to cut down:

- Cut down on cakes and biscuits especially between meals
- Reduce the amount of sugar added to tea or coffee
- Avoid sweetened fizzy drinks.

Alternatives to sugar

Artificial sweeteners

Salt

About 75% of the salt we eat is already in everyday food like bread, biscuits and ready made meals. You should only have 6g of salt a day (about a teaspoon).

Tips on how to reduce the amount of salt:

- Don't add salt at the table
- Use only a small amount of salt when cooking
- Eat unsalted snacks.

Alternatives to salt

Use herbs and spices to flavour dishes

Drinking

Drink 8-10 glasses per day.

Discuss best ways to achieve this (for e.g. drinking water, fruit juice, tea etc).

It is useful to discuss the difference between what is meant by the terms *juice* and *juice drinks*.

Juice is used when **no extra sugar** has been added. Juice can consist of different juices such as mango and banana juice or freshly squeezed orange juice and offers a healthier option.

Drinking pure juice counts as 1 of the 5 portions of fruit and vegetables. It is best to try to drink this at mealtimes rather than between meals

Juice drinks have **added sugars**. Comparing the ingredients lists between juice drinks packages help to show the difference.

Try and avoid drinking a lot of juice drinks (the ones with added sugar).

Group work: Benefits and barriers to healthy eating

Break into smaller groups and write down the benefits and barriers (concerns) to healthy eating.

Use the information below to discuss benefits and barriers with the group:

Barriers:

- Costs
- Personal tastes
- Availability
- Time
- Knowledge
- Views of the family and community.

Benefits:

- Helps control weight
- Makes you healthier (heart, cholesterol etc)
- Good source of vitamins
- Makes you feel better

Some people think they cannot eat healthily because they would not like the food while others classify foods as good or bad.

Resources available from PERL Public Education Resource Library (see 'Resources' section of this toolkit for details).

6

Stopping smoking



Target group background information

The current Scottish target is to reduce levels of smoking to 22% by 2010

Smoking is a major risk factor in CHD. Smokers are twice as likely to have a heart attack as non-smokers. Smoking 3-6 cigarettes a day doubles the chances of a heart attack. Smokers are 3 times more likely to suffer a stroke than non-smokers. Smoking is the biggest risk factor for cancer. It is linked to many kinds of cancer and is the cause of 9 out of 10 cases of lung cancer. Smoking cessation can help reduce the risk of a heart attack and within 5 years of quitting, the risk is reduced to almost the same as a non-smoker (BHF 2004).

Minority Ethnic Communities smoking rates

Recent research in Glasgow shows that smoking levels were lower in the majority of ethnic communities than in the general population. However, Pakistani men smoked marginally more than the general population.

% of respondents who said they were current smokers

Ethnic group	Male	Female
Pakistani	36%	5%
General population	35%	32%
Chinese	24%	4%
Indian	16%	4%
African and Caribbean	16%	5%

Source: Black and Minority Ethnic Health in Glasgow February 2006

Smoking and culture

A qualitative study by Bush et al. (2003) investigating influences of smoking in Bangladeshi and Pakistani communities, found that there were similarities with white males regarding cultural context and smoking. In males, smoking was seen as an association with male identity. The study found that in females smoking was associated with stigma and shame. However, due to Western influences, smoking is now more prevalent in young Bangladeshi and Pakistani women. It is, therefore, important that certain sub-groups are not overlooked due to popular belief (i.e. it is culturally forbidden for Muslim women to smoke). Any preventive measures should be targeted at both genders regardless of their culture and religion.

Knowledge of dangers of smoking

A quarter of Bangladeshis, Pakistanis and Indians associate smoking with CHD and about half are aware of the link with lung cancer (Health Education Authority 2000). Despite this, the South Asian community is 1 of the biggest users of tobacco in the United Kingdom (Bhopal 2004).

Chewing tobacco

It is not only smoking tobacco that is an issue amongst South Asians, but also chewing it. In some communities chewing pan, a green leaf which is folded into a small cone like shape, containing shopari (beetle nut) and ground tobacco, is practised by women and men. There has been recent research conducted in Glasgow within a dental department, investigating pan consumption and the incidence of oral cancers in minority ethnic groups (Chauhan 2004). Other studies have shown that there were significantly higher deaths from oral cancer in men originating from the Indian sub-continent (which has a long history of beetle nut/pan/tobacco chewing) than among the indigenous UK male population (Donaldson and Clayton 1984).

Guide plan to (approximately 2 hour) 'Smoking Awareness' Session

Aim of session- To raise awareness of risks of smoking and encourage uptake of cessation services in Greater Glasgow and Clyde

Theme	Content	Time	Resources needed
Welcome	Introduce self Welcome everyone to the group and icebreaker. Agree ground rules with the group * Write the rules on a flip chart	15mins	Flip chart and marker Paper and pencils
Aims	Discuss aims of the group. Discuss expectations of coming to the group. Main topics to be covered; What are the expectations of coming to this group? What do you want to learn about? What do you need help with? * Write down expectations on flip chart	15 mins	Flipchart and marker
Topic (see also appropriate page of this section of the toolkit for detailed notes for running this session)	Discuss what is in tobacco? * Write ideas on flipchart then discuss	10 mins	Flipchart and marker Chemicals board
	Why do people smoke or chew tobacco? Group work - Ask participants to write down the benefits and downsides of smoking or chewing tobacco Discuss as a group * Write key points on flipchart	20 mins	
	Health effects of smoking Group work - body map exercise Discuss as a group	20 mins	Body map
	** Break	5 mins	Refreshments and fruit
	Discuss quitting - benefits (groupwork) - withdrawal symptoms - coping strategies	20 mins	
	Discuss planning to quit	5 mins	
	Help available and support services in Greater Glasgow and Clyde Contacts	15 mins	
Evaluation	Group discussion End session		
	** Lunch		Food and drinks

* Make sure you have checked the accuracy of what you intend to write with the group **before** you scribe on the flipchart

** include a longer break if running sessions in afternoon OR have lunch at the end of session if running sessions in the morning

Detailed notes on running the Smoking Awareness session

Discuss - what is tobacco?

Write down ideas from group on flipchart and then use chemicals board (see 'Resources' section of this toolkit) to show what is in tobacco.

What's in a cigarette?

4000 chemicals, 60 of which can cause cancer. **Nicotine:** Addictive part. **Carbon Monoxide (CO):** Poisonous gas. **Tar:** Thick, sticky. Arsenic, cyanide, ammonia, acetone, benzene, formaldehyde, cadmium, hydrogen cyanide etc.

Group work - Why do people smoke? Break into smaller groups and write down some of the benefits and downsides of smoking. Report back to main group.

Use the information below to discuss with the group.

Benefits of smoking

"Tobacco helps me relax"

Tobacco contains the powerful stimulant nicotine, which increases your heart rate and blood pressure. It releases adrenaline into your blood stream within a matter of minutes. Nicotine is also a powerful drug (one that you are likely to be craving within just 15 minutes of your last hit). These craving feelings mean that the tobacco user is never completely relaxed (but rather in a constant cycle of withdrawal).

"It's a social thing. All my friends use tobacco"

You may feel that tobacco use helps you bond with others. But think about it, tobacco doesn't really have the power to change anything. The perception that cigarettes are fashionable is largely created by tobacco companies (a strategy to encourage people to smoke more). Don't let yourself be fooled. Think about the consequences. Having to breathe through a tube in your throat is not attractive. Losing a leg does not enhance your image. Smoking is an unattractive, anti-social habit.

"Using tobacco is part of my culture"

"It is difficult to explain, but tradition and culture are something that do not die ... it serves as an important measure for identity. I would say that chewing tobacco for me is a tradition more than a habit..."

Many families enjoy a ritual of chewing tobacco in paan at home. There's no need to disrupt centuries of tradition by putting an end to the ritual altogether, but why not try chewing paan without the tobacco in it? It's a lot safer than paan with tobacco, so you won't be putting yourself and those you care about at risk. Enjoy your paan, just leave out the tobacco!

"It's something to do"

If you're bored there are plenty of other safer things to do with your time than use tobacco. It would be tragic to develop a tobacco related illness because you didn't find

another way to occupy yourself. Many people find that starting a new project when they give up using tobacco helps to keep the momentum going. Think of something that you've wanted to do for ages (but not had the time or money to do) and then go for it! Not using tobacco means you'll have some extra cash and time.

"It helps me digest, and eases my indigestion"

Although you may feel that smoking helps digestion, the long term effects of smoking on your digestive system show the opposite to be true. Smoking can cause painful stomach ulcers, which make you more prone to chronic indigestion and heartburn. There are many other, more natural remedies that can be used to relieve indigestion (for e.g., mint, ginger or fennel).

Downsides of smoking:

- Nicotine is found in all tobacco. It creates an addiction for the user that results in greater tobacco use and dependency
- Tobacco use kills and causes disease
- People chewing tobacco in paan are over 5 times more likely to be at risk of oral cancer
- Smokers of more than 25 cigarettes a day are 25 times more likely to die from lung cancer and almost twice as likely to die from heart disease
- Every year 106,000 smokers in the UK die as a result of their habit
- Dirty ashtrays in your home; the smell on your clothes and in your home; nasty cough; stained teeth
- Less money.

Secondhand smoke

Smoking doesn't just affect you. Non-smokers who breathe other people's tobacco smoke are exposed to the same 4,000 chemicals that a smoker inhales.

It is estimated that as many as 12,000 cases of heart disease in the UK each year are attributable to secondhand smoking. Those particularly at risk are likely to be those closest to you (your children, your family and your friends). Children whose parents smoke are at a higher risk of cot death, asthma and other respiratory diseases, glue ear and, in the long term, are more likely to become smokers themselves.

Group work – Health effects of smoking

Body Mapping Exercise: Group to divide into smaller groups with a piece of flipchart and marker pen. Group draw the outline of a person and draw arrows labelling the picture with diseases they know are caused by smoking or chewing tobacco. Go through this with the groups afterwards in a group discussion with everyone sharing what they have put down. Trainer to add any illnesses that may have been missed out.

Quitting

Group work - Why give up? Break into smaller groups and write down some of the reasons why people want to give up smoking and the benefits of this.

Here are some common reasons that people give for wanting to give up smoking:

- "For my health - I know that tobacco use can kill and it's also really bad for my general fitness. My mother-in-law told me that chewing tobacco can cause cancer so I just threw it in the bin ... my next door neighbour was a heavy tobacco chewer and she got cancer in her mouth".
- "To save money".
- "For my family and friends - secondhand smoking puts those I care about at risk, and in any case I want to be a good role model for my children by not using tobacco".
- "My teeth are stained and I've started feeling unhealthy generally".
- "I'm fed up of my hair, clothes and home smelling of tobacco smoke".

Discuss: Withdrawal symptoms and coping strategies

- Tackle cravings head on (try doing something instead of sitting back and enduring them passively). Try some sugar-free gum, a glass of water, or keep yourself busy. Even when the cravings are violent and catch you unaware, the moment will pass. In fact, it only takes about 5 minutes before the urge for tobacco goes away.
- Nicotine is a powerful drug and when you stop, you may suffer withdrawal symptoms (anything from extreme mood swings to a lack of concentration). This is completely normal and the good news is that these physical symptoms don't last long. Withdrawal symptoms such as irritability occur in the early days and are a sign that your body is craving nicotine.

Discuss - planning to quit and local help available

Countdown

- Set a date when you're going to give up. Then tell your friends, family, work colleagues - everyone! That way they'll know not to offer you any tobacco, and they'll be able to give you lots of support.
- Using nicotine replacement or other pharmaceutical aids doubles your chances of stopping smoking, and combining this with attending a stop smoking group means you are 4 times more likely to stop smoking than going it alone.
- Find out about your local services to help give up tobacco (see 'Resources' section of this toolkit for more details)
- Tobacco users find they have more spare time on their hands when they give up (work out what you're going to do). You might consider a new hobby or enrolling on a course.
- Keep concentrating on things you don't like about smoking (dirty ashtrays, the smell on your clothes and in your home, nasty coughing). Remember all those cigarettes you have smoked that you didn't actually enjoy much.
- Start thinking of yourself as a non-smoker, and try to view smoking in a negative light.
- Stub out your last cigarette, throw away lighters, ashtrays and all cigarettes.

- Be determined. If there is a word that sums up the key to giving up smoking, it is willpower.

Stay stopped

- Plan treats. This could be anything from your favourite meal to a family get-together. Do what's right for you.

Resources

Resources available from PERL Public Education Resource Library (see 'Resources' section of this toolkit for details).

7

Alcohol



Target group background information

BME communities

Research is limited but suggests that all minority ethnic groups drink smaller quantities than the general population, and all report drinking less frequently.

Recent research in Glasgow reported that 91% of Pakistanis, 64% of African and Caribbean, 63% of Chinese and 57% of Indians said they did not drink alcohol compared with 30% of the general population. (Black and Minority Health in Glasgow, February 2006)

There is considerable variation across the BME groups, and across age ranges within the groups. Research on drinking habits and alcohol-related health problems amongst BME groups is summarised in Alcohol Concern's fact sheet *Alcohol drinking among Black and minority ethnic communities (BME) in the United Kingdom*
<http://www.alcoholconcern.org.uk/servlets/doc/1317>

Alcohol problems remain low in the Black and South Asian groups, particularly among women. However, aggregated data may conceal high levels of alcohol consumption in Sikhs while levels among Hindus are approaching those of the general population, and persist into second generations (Office of National Statistics 1996).

There is a danger that culturally sensitive health promotion does not address alcohol consumption due to cultural stereotyping and thus people are not offered the appropriate help.

Due to religious or cultural constraints people may not be completely open about taking alcohol. Therefore, within some communities, religious restrictions can lead to hidden drinking or heavy drinking sessions alone at home - this makes seeking help difficult. This may also mean that people access services later and therefore present with more developed problems.

If staff possess inadequate knowledge of the different cultural beliefs, information deduced merely from stereotyping (i.e. Muslims do not consume alcohol) could result in the problem of alcohol as a health risk factor, being missed altogether.

Recommendations in relation to alcohol consumption

Drinking too much can be bad for your heart as well as for your health in general.

The guideline for safe limits for alcohol consumption are:

- *Men can safely drink up to 3-4 units in 1 day*
- *Women can safely drink 2-3 units in 1 day*

with at least 2 alcohol free days in any given week.

The number of units of alcohol in a drink depends on the strength (ABV - alcohol by volume) and the volume of the drink. If it's twice the strength or twice the size then it contains twice the number of units. For e.g. a 440ml can of standard strength beer contains approximately 2 units of alcohol, a small 125ml glass of wine contains approximately $1\frac{1}{2}$ units and a small 25ml measure of spirits contains approximately 1 unit.

Guide plan to (approximately 2 hour) 'Alcohol Awareness' Session

Aim of session- To encourage discussion of alcohol issues; explore attitudes to alcohol; provide basic information about the risks and effects of alcohol use and increase awareness of services and support for people with alcohol problems.

Theme	Content	Time	Resources needed
Welcome	Introduce self Welcome everyone to the group and icebreaker. Agree ground rules for the group * Write the rules on a flip chart	15mins	Flip chart and marker Paper and pencils
Aims	Discuss aims of the group. Discuss expectations of coming to the group. Main topics to be covered; What are the expectations of coming to this group? What do you want to learn about? What do you need help with? * Write down expectations on flip chart	15 mins	Flipchart and marker
Topic (see also appropriate page of this section of the toolkit for detailed notes for running this session)	Discuss: What is alcohol? Is alcohol a commonly used substance in community Reasons for drinking alcohol * Write ideas on flipchart then discuss	10 mins	Flipchart and marker
	Group work - statements about alcohol	15 mins	Handout - statements about alcohol card
	Discuss: Effects alcohol can have on behaviour/ family/ friends/community * Write key points on flipchart	20 mins	Flipchart and marker
	** Break		Refreshments and fruit
	Groups work - Health effects of alcohol	20 mins	Handout - leaflets - Alcohol Know the Facts - About Alcohol - Alcohol - what every parent should know
	Discuss: Attitudes to alcohol services	10 mins	
	Help available and support services in Greater Glasgow and Clyde Resources Contacts		
Evaluation	Group discussion End session	15 mins	
	** Lunch		Food and drinks

* Make sure you have checked the accuracy of what you intend to write with the group **before** you scribe on the flipchart

** include a longer break if running sessions in afternoon OR have lunch at the end of session if running sessions in the morning

Detailed notes on running the Alcohol Awareness session

Discuss: What is alcohol/is alcohol a commonly used substance within the communities?

Reasons why people drink alcohol - positive and negative:

Provides:

- Self-confidence
- Improves social relationships
- Relaxation
- Improves health and well-being
- Stress management

Group work: Statements about alcohol

Ask groups to discuss statements about alcohol use and decide if they agree or disagree with them.

"Black and minority ethnic communities living in Scotland do not have serious alcohol problems"

"Parents should never drink in the company of their children"

"It's OK for a man to get drunk but not for a woman"

"Most people who use alcohol are addicted to it"

"Alcohol problems can be solved within the family"

Facilitator leads a discussion considering

- How easy was it to reach agreement
- What statements caused the most discussion and why
- Who might have different views to the members of the group and why.

During the discussion the facilitator should challenge stereotypes by asking open questions.

Discuss: Effects alcohol can have on behaviour/family/friends/communities

Group work - health effects of alcohol

Split the group in $\frac{1}{2}$ and ask each smaller group to use the available leaflets to find out information about the risks and effects of alcohol and feed this back to the other group.

Discuss: Attitudes to alcohol services

Resources

Resources available from PERL Public Education Resource Library (see 'Resources' section of this toolkit for details).

8

Mental health issues



Target group background information

The prevalence of mental ill health in our society and the associated stigma are well established. However, BME communities, there is potential for even greater mental health difficulties due to the stress associated with (for e.g. cultural differences, living with extended families, racism and language barriers).

Across Greater Glasgow and Clyde there are a range of local projects aimed at BME communities. Many of these projects deal directly or indirectly with mental health and well being issues. Several staff have reported difficulties in raising mental health issues with some of the BME communities, due perhaps to denial, stigma or reluctance to bring shame upon the family.

Psychosocial factors and risk of Coronary Heart Disease (CHD)

A number of psychosocial factors are associated with an increased risk of CHD. These include inadequate social support/lack of social networks, work stress, depression and a hostile personality. CHD statistics published by the British Heart Foundation reported that 16% of men and 11% of women living in England expressed a severe lack of social support. Adults from the South Asian communities were around twice as likely to report a severe lack of social support. Moreover, adults from the Pakistani communities were more likely to exhibit higher levels of psychological distress (British Heart Foundation 2003).

The 1999 Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC) survey found that:

- Pakistani and Bangladeshi women had higher rates of common mental disorders, such as anxiety and depression, than the white group.
- Pakistani and Bangladeshi people were more likely to have worse 'social functioning' and higher levels of chronic strain, than the general population. The findings suggest, though, that this may be related to socio-economic factors.

Socio-economic circumstances

Another study based on a cross-section of men and women from Glasgow found that the socio-economic circumstances of the South Asian group were worse than the general population (Williams et al. 1994). The prevalence of several circumstances potentially associated with stress (such as length of working day, low income and crowded housing) was greater in this group.

Stressful situations

A study investigating the contribution of stressful situations towards psychological distress among British South Asians living in Glasgow, found that the greater distress of British Asian women (predominantly Muslim Punjabis) and limited English speakers was attributable

to the extended range of stressful situations that they experienced when compared to the general population (Williams and Hunt 1997).

Language barriers

Language barriers can also be a common source of stress for minority ethnic groups and the ramifications can be potentially serious. Such barriers often prevent important information, advice and the importance of screening reaching some communities. The absence of family and confidants for these groups is also a source of distress. A common theme particular to the field of mental health is the low uptake of mainstream preventive and community-based services such as counselling and befriending (Scottish Executive Central Research Unit 2001).

Guide plan to (approximately 2 hour) 'Mental Health' Session

Aim of session- To identify what mental health is; give information on ways to reduce or manage stress and ensure people have a list of further contacts so they may receive support for stress or other mental health issues.

Theme	Content	Time	Resources needed
Welcome	Introduce self Welcome everyone to the group and icebreaker. Agree ground rules for the group * Write the rules on a flip chart	10 mins	Flip chart and marker Paper and pencils
Aims	Discuss aims of the group. Discuss expectations of coming to the group. Main topics to be covered; What are the expectations of coming to this group? What do you want to learn about? What do you need help with? * Write down expectations on flip chart	15 mins	Flipchart and marker
Topic (see also appropriate page of this section of the toolkit for detailed notes for running this session)	Discuss what do you think of when you hear the words 'mental health'? * Write ideas on flipchart then discuss	15 mins	Flipchart and marker
	What is good mental health?	10 mins	
	What mental health problems do you know about? Discuss as a group * Write key points on flipchart	10 mins	
	** Break	5 mins	Refreshments and fruit
	Stress - - what is stress? - what causes stress? Break into smaller groups and then report back to main group	20mins	'Stress blocks' with guidance from the publication 'Blocking out stress, Building a Healthy Mind'
	How does stress affect us? - physical symptoms - mental and emotional symptoms Discuss as a group	20 mins	
What can you do? Help available and support services in Greater Glasgow and Clyde Contacts	10 mins		
Evaluation	Group discussion End session	5 mins	
	** Lunch		Food and drinks

* Make sure you have checked the accuracy of what you intend to write with the group **before** you scribe on the flipchart

** include a longer break if running sessions in afternoon OR have lunch at the end of session if running sessions in the morning

Detailed notes on running the Mental Health session

How to facilitate a workshop on mental health

Skills/Knowledge

No special knowledge or experience of mental health issues is required by you to run this workshop. However, you should have basic group work facilitation skills ('Promoting Health and Engaging with Communities' section of this toolkit). You should also be aware of local support services (including community projects and primary care mental health teams) if issues are raised that require support.

Handouts

You can use the information from the handouts to help guide your group discussions.

Group discussion

Encouraging a group to discuss mental health issues can be a difficult and challenging process. It may bring to the surface feelings that have been suppressed for a long time. The group facilitator has a responsibility to ensure that participants are not left 'high and dry' to cope with these newly acknowledged feelings without support. There are 3 things you can do to help:

- Ensure that, by the end of the workshop, individuals have had the opportunity to identify potential ways to reduce or manage stress in their lives.
- Ensure people have a list of further contacts so they may receive support for their stress or other mental health issues (see 'Resources' section of this toolkit).
- Offer to help participants to access these services if they require support.

Discuss: What is good mental health?

Good mental health is not just the absence of mental health problems. Individuals with good mental health:

- Develop emotionally, creatively, intellectually and spiritually
- Initiate, develop and sustain mutually satisfying personal relationships
- Face problems, resolve them and learn from them
- Are confident and assertive
- Are aware of others and empathise with them
- Play and have fun (laugh, both at themselves and at the world).

Discuss: What are mental health problems?

Mental health problems range from the worries and grief we all experience as part of everyday life, to the most bleak, suicidal depression or complete loss of touch with every day reality. On average 1 in 4 of us will experience a mental health problem in the course of a year. These problems can cause lasting damage, both to the individual and to the community. However, most people who get help can recover

Group work: What is stress?

Split group into smaller groups and ask them to think about what stress is and any examples of stress in their lives. Then report back to the whole group.

You could use 'stress blocks' (see 'Resources' section of this toolkit for more details) to encourage the group to identify stress in their lives.

For most of us, stress is part of our everyday lives. It is caused by the many demands, which others make on our time and energy and the expectations we may have of ourselves. In some situations, we need to feel stress in order to avoid danger (for e.g. if we are trying to cross a busy road). It can also spur us on to achieve a goal and 'rise to the occasion', (perhaps at a job interview).

However, sometimes the balance tips too far and the pressure becomes so intense or persistent that we are unable to cope. We may therefore need to change our circumstances or how we cope.

Causes of Stress shown on the Stress Blocks			
Isolation	Work issues	Disability	Racism
Children	Unemployment	Caring for others	Feeling Unsafe
Husband/wife	Money Worries	Different Culture	Close Community
Relatives	Neighbours	Language	Forced Marriage
Health Problems	Weather	Getting About	Religion
Bereavement	Housing Problems	Access to Services	Time Pressure

Discuss: What causes stress?

Stress affects people of all ages and from all walks of life, not just high-powered executives. We all face difficulties in our lives which can cause stress, including:

- Problems with relationships - family, friends, colleagues or neighbours
- Money worries
- Problems at work (changes to the job, an excessive workload, job insecurity)
- Worries about our own health or the health of those close to us
- Poor housing
- Being abused or harassed, including racial harassment.

Discuss: How does stress affect us?

Stress can affect us physically, mentally and emotionally:

- **Physical symptoms:** Prolonged or excessive stress can also lead to physical symptoms of sickness, palpitations, headaches, tiredness, sleep disturbances, digestive problems, increased, or reduced appetite.
- **Mental and emotional symptoms:** Prolonged stress can affect our emotions too. You may find it hard to relax; feel confused/indecisive; lack concentration/forgetful; feel easily distressed/angry; depressed /overwhelmed; and may use alcohol, tobacco or drugs to help cope.

Discuss: What can you do?

What helps will be different for different people but here are some ideas which other people have found helpful.

- Work out **what** is making you feel stressed and what you can do about it.
- Find ways to **relax** and make time to **enjoy** yourself.
- Take up a **physical activity** like yoga, walking or swimming.
- Eat a sensible **diet** and to get enough **sleep** (avoid drink, drugs and smoking).
- Find **someone you can talk to**.
- Try to pace yourself and **prioritise tasks** (tackle 1 thing at a time).

Discuss: Getting help from others

People from BME communities might find it difficult to access services because of:

- Stigma or shame.
- Difficulties communicating - if English is not a first language (NOTE: everyone should have access to interpreters but this is not widely known).
- Do not know what services are available or how to access them.
- Fear that services will not be culturally sensitive.

Help is available from the following sources:

- **Your Family Doctor:** May check out your physical health and prescribe a course of medication. May refer you to a counsellor, therapist, or stress group.
- **Counselling and Psychotherapy:** A counsellor/therapist would give you the chance to talk through your feelings and may teach you relaxation techniques.
- **Primary Care Mental Health Teams**

Information And Advice Agencies

- Citizen's Advice Bureaux for advice on practical and legal matters.
 - Credit unions for help with financial affairs.
 - Tenants' associations/community associations for help with housing issues.
 - Trades unions/professional associations for work-related issues.
- **Support/Advice/Self-Help Groups:** Support and encouragement from those who have had similar experiences, relaxation training and advice.

Background material

Stress blocks - There are 'stress blocks' available to use in this workshop - see publication **Blocking out Stress, Building a Healthy Mind** for guidance on how to use the blocks (see 'Resources' section of this toolkit for more details).

Handouts - There are 2 handouts to support the content of this workshop; 1 is about stress itself and the other provides participants with information on contacting key agencies, and getting more information. These may be distributed during, or at the end of, the workshop. The handouts are contained in the publication 'Blocking out Stress, Building a Healthy Mind - see above.

9

Resources



Using leaflets and posters

PERL Public Education Resource Library

Health Promotion Department
Dalian House
350 St. Vincent Street
Glasgow G3 8YY
0141 201 4914/4915
web address www.phru.net/perl

The PERL online publications directory www.phru.net/perl enables clients to browse, search and view the latest editions of the resources held and also download sample copies where available.

These free high quality resources are available in limited quantities to people living or working in the NHS Greater Glasgow and Clyde area. To ensure that they are used to their best advantage, these resources should be used in conjunction with group teaching or individual health counseling.

Please allow 2-3 weeks for completion of orders. For clients employed by NHSGGC delivery will be by the NHS Transport system. All other clients will be contacted by the Central Stores department at Hillington, via a telephone call, to arrange a suitable time to uplift their order.

Please contact PERL to choose from and order a range of posters and leaflets to promote health improvement. These can be used when advertising your event or as handouts at your event. Some of these are listed below:

- **Physical Activity**

- 'A little physical activity means a lot' leaflet (English)
- 'Thinking about becoming more active' booklet (English)
- 'Live Active Exercise referral scheme' leaflets and posters (Available in Urdu, Chinese and English).

- **Healthy eating**

- There is a pack 'Food for thought' - for professionals working with Asian and Chinese Communities.
- 'Recipes for a Healthy Diet' - Chinese (Booklet)
- 'Eating for Health' - Arabic, Bengali, Cantonese, Punjabi, Turkish, Urdu, Gujarati (Healthy Living Leaflet)
- The Balance of Good Health' poster

- 'Balance for Health' - Urdu (Leaflet)
- '9 steps to eating well for Black African-Caribbean community' (adapted from Diabetes UK, Living healthily with diabetes - A guide for Black African-Caribbean communities, 2006).
- 'Ethnic food' (A3 poster)
- Leaflets promoting the 'Eat Up' and 'Shape Up' services.

- **Smoking**
 - 'Looking for help with an alcohol or drug problem or help to stop smoking' leaflet - for information on services in Greater Glasgow and Clyde
 - Leaflets promoting the Health Improvement Smoking Cessation Services.

- **Alcohol**
 - Alcohol Know the Facts - Chinese, Urdu, Punjabi
 - About Alcohol - Urdu, Punjabi
 - Alcohol - what every parent should know - Urdu, Punjabi, Mandarin, Turkish.
 - 'Looking for help with an alcohol or drug problem or help to stop smoking' leaflet - for information on services in Greater Glasgow and Clyde.

- **Mental health**

Stress blocks - see publication 'Blocking out Stress, Building a Healthy Mind' for guidance on how to use the blocks.

 - Time to unwind (audio tape) - Albanian, Arabic, Cantonese, Farsi, French, Kurdish (Kirmanji), Kurdish (Sorani), Punjabi, Swahili, Turkish, Urdu.
 - The Public Education Resource Library (PERL) also has a wide range of books, leaflets and tapes covering mental health issues in English.

The following leaflets (and many others) are available from the NHS Health Scotland library:

- **Talking About Stress**
Booklet describing what stress is, the possible sources of stress, what it feels like, what can be done, and getting help.
- **Talking About Anxiety**
This leaflet is written for people who are experiencing anxiety, and for their friends and family.
- **Talking About Depression**
This leaflet is written for people who have recent experience of depression, and for their friends and family.

NHS Health Scotland
Woodburn House
Canaan Lane
Edinburgh EH10 4SG
0131 536 5500

10

Appendices

Interpreters

Health Improvement Contacts

References

Interpreters

Before you book an interpreter find out:

- Which language and any specific dialects of the group
- Any gender requirements/cultural needs of the group

Tell the interpreting service/the interpreter:

- That it is a group session - preferable to have an interpreter with some experience of interpreting in a group setting
- What the purpose of the group is and which topic you will be discussing

Before the first session

- Meet with the interpreter shortly before the start of the session to brief them on what they will be required to interpret, check they understand about topic and any terminology you will be using for e.g. cardiovascular.
- Make sure they are comfortable with any sensitive or cultural issues that may arise during the group (for e.g. if talking about alcohol)
- Define the interpreter's role and responsibilities

During the sessions

- Check seating arrangements - make sure everyone can see each other
- Speak directly to the group, not the interpreter
- When someone in the group is speaking show, by your body language, that you are listening
- Speak in manageable chunks, make sure you give the interpreter enough time to translate
- Use as much straightforward language as you can - avoid jargon

Remember to check:

- That the interpreter understands the purpose of the group session
- That you are using simple jargon-free language
- That the interpreter is translating exactly what you and members of the group are saying
- That you are allowing the interpreter enough time to translate

A Directory of Resources available in Minority Ethnic Community Languages,

NHS Health Scotland 2005

www.healthscotland.com

Glasgow Interpreting Services

39 Napiershall Street, Glasgow, G20 6EZ

0141 341 0019

Fax: 0141 276 6850

E-mail: serjinder.singh@sw.glasgow.gov.uk

Health Improvement Contacts

Physical activity

NHS Greater Glasgow and Clyde Live Active Referral Scheme
0141 201 4756.

First Steps Programme 0141 287 9873.

Healthy eating

NHS Greater Glasgow and Clyde Eat Up Programme 0141 531 6819

NHS Greater Glasgow and Clyde Shape Up Programme 0141 287 0112

Smoking Cessation

NHS Greater Glasgow and Clyde - Smokefree Service has all local NHS information for smoking cessation. Chemicals board - may also be available from local Smokefree service
0141 314 6202

www.nhsggc.org.uk/smokefreeservices

Smokeline This is a Scottish based service:

- information on what is available locally
- offers an interpreting service
- open every day from 12 noon to midnight
- 0800 84 84 84

NHS Asian Tobacco Helpline - The NHS Asian Tobacco Helpline offers confidential advice and tips on giving up smoking or chewing tobacco and/or tobacco paan. All lines are open every Tuesday from 1pm - 9pm

0800 169 0 881 - Urdu

0800 169 0 882 - Punjabi

0800 169 0 883 - Hindi

0800 169 0 884 - Gujarati

0800 169 0 885 - Bengali

Alcohol Awareness

Alcohol Concern <http://www.alcoholconcern.org.uk/servlets/doc/1317>

Black and Minority Ethnic Drug and Alcohol Service.

Contact: 0141 420 8100 (English)

0141 420 8133 (Urdu)

0141 420 8144 (Punjabi)

Drop in: Tuesdays 1pm - 4pm
 3rd Floor, Twomax Building
 187 Old Rutherglen Road, Glasgow
 Thursdays 1pm - 4pm
 East Pollokshields Project
 100 McCulloch Street

Mental Health

Local and National Contacts

The national organisations listed below can put you in touch with local sources of help in your area:

- **Glasgow Association for Mental Health** (has a special BME service)
St. Andrew's by the Green
33 Turnbull Street
Glasgow, G1 5PR
0141 552 5592 Email: info@gamh.org.uk
- **Scottish Association for Mental Health**
Cumbrae House
15 Carlton Court
Glasgow, G5 9JP
0141 568 7000
0800 917 34 66 M-F 2-4.30pm
- **Sandyford Counselling and Support Services**
The Sandyford Initiative
2-6 Sandyford Place
Glasgow, G3 7NB
0141 211 6700
- **YCSA (Youth Community Support Agency)**
11 Forth Street,
Pollokshields,
Glasgow, G41 2SP.
0141 420 6600
- **Youth Community Support Agency**
48 Darnely Street
Pollockshields
G41 2SE

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Physical Activity

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British Heart Foundation 2006

The 1999 Health Survey for England and Wales.

Healthy eating

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Alcohol

Alcohol Concern's fact sheet *Alcohol drinking among Black and minority ethnic communities (BME) in the United Kingdom* <http://www.alcoholconcern.org.uk/servlets/doc/706>

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For further information on the Health and Well Being Toolkit for
Community Workers please contact: Nuzhat Mirza on
nuzhat.mirza@ggc.scot.nhs.uk