Pilton
Community
Health
Project

Talking about our health

- A participatory research project into the health needs of the Black and Minority Ethnic community in Greater Pilton

Voting on issues that affect our health

February 2009

Acknowledgements

This work would not have been possible without a lot of hard work and dedication from the members of the BME community who joined the 'core group'.

Badri Adami
Mohamed Ai Eddriss
Tomi Folorunso
Fridah Kathure
Mary Mbae
Nathalie Nogues
Dr Suhada Samsudeen

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Lastly, and most importantly, all the members of the community who contributed their time and thoughts.

Issues that affect our health

Talking about our health

Report from a participatory appraisal research project looking at what affects the health of members of the BME community in north Edinburgh.

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Talking about our health

Background
This project began when Pilton Community Health Project (PCHP) were approached by the Black Community Development Project (BCDP) and asked to do some work to tackle health inequalities for the Black Minority Ethnic (BME) community living in the area.

BCDP wanted to raise the issue after a conference they held with the Pilton Partnership (now North Edinburgh Trust) in 2005. There, members of the BME community in the Forth Neighbourhood Partnership area shared concerns about living in the area. Health was identified as an area of concern. At this conference it was noted that 'although the majority white community shares many of the experiences, the BME community's experience of racism compounds those problems'[1].

Both PCHP and BCDP agreed they wanted to carry out a piece of work that would identify key issues that affect the health of BME communities in the area. Accurate and up to date information about what the health issues really are for these communities would enable agencies like PCHP and BCDP to develop solutions. The agencies wanted this piece of work to be the beginning of practical projects that will tackle health inequalities for this community.

Who carried out the research?
PCHP led this work. The project uses a community development approach to tackle health inequalities. It was established in 1984 and has a long history of supporting local community members to identify barriers to good health and developing strategies to tackle them. The Senior Development Worker (Health Inequalities) took forward this work for PCHP.

BCDP was a partner in this work. BCDP aims to contribute to improving the quality of life and wellbeing of Minority Ethnic Community and work towards social justice for all. It was established in 1995 by the local white community in recognition that racial harassment and discrimination deter minority ethnic residents from using local services and taking a pro-active role in articulating their needs around service provision and in fully participating in civil society. The Community Development Practitioner took forward this work for BCDP.

PCHP developed a proposal that received £3000 of funding from NHS Lothian's Community Development Grant. Both organisations pledged to contribute staff time in kind to support the work.

The agencies agreed to bring together a 'core group' of people from the local BME community to carry out and steer this research work. They are Badri Adami, Mohamed Ai Eddriss, Tomi Folorunso, Fridah Kathure, Mary Mbae, Nathalie Nogues and Dr Suhada Samsudeen.

In addition PCHP were very pleased to recruit a keen and able volunteer, Ellen Stewart, to work on this project.

[1] 'Come together. A conference for the black and minority ethnic community in Greater Pilton'. Pilton Partnership and the Black Community Development Project

Research methods

The project aimed to use a ***Participatory Appraisal***[2] approach to explore the health needs of the Black Minority Ethnic (BME)[3] community living in the Greater Pilton[4] area.

Both Pilton Community Health Project (PCHP) and the Black Community Development Project (BCDP) use a community development approach in their work, so using the methods and principles that underlay Participatory Appraisal was an easy choice. We also felt that some of the more visual methods used in this approach would make participation easier for those who do not speak or read English very well. In our work it is important to share skills and understanding, and have fun. A Participatory Appraisal process satisfied all these criteria for the organisations.

The project took place in three stages over the course of 2008. In February we started training and planning with a core group of local people from the BME community. The research took place between June and October. The analysis and cross-checking process took place in November and December. The final report was agreed in February 2009.

Planning

In February 2008, BCDP invited people to join some participatory training in preparation for this research work. 10 local activists from the BME community participated in the training which lasted 4 weeks (2 hrs per week) and covered;

- Social and medical models of health
- Poverty, inequality and health
- Principles and values associated with community development and participatory appraisal
- Participatory appraisal tools
- Participatory appraisal process

An evaluation of the training is attached as Appendix A. It shows that at the end of the training the group felt prepared for the work ahead. 6 of the participants decided to be involved with the project and the group started to plan how to carry out the research. During the time of the work, 2 people left the group (to return to their countries of origin) and one person joined the group.

We focused the research on two aspects of health;

- what prospective participants felt affected their health
- their experience of health related services (including NHS and community based health services).

We decided to hold three events. These events aimed to attract people from the BME community to come together to think and talk about health issues. Each of the events was held on a different day of the week and in a different area of Pilton to try and make them as accessible as possible to as wide an audience as possible. At the events we use a wide

[2] More information about Participatory Appraisal can be found at http://www.participatorytraining.co.uk/ethics.htm

[3] For the purposes of this work Black Minority Ethnic refers to Black African and Caribbean, Asian (Kurdish, Pakistani, Bangladeshi, Indian and Chinese), Latin American, Eastern European and mixed ethnicities. It recognises that the BME community is not homogenous. The term BME refers to male and female members of these communities who are aged 16 or over.

[4] Greater Pilton includes Drylaw, Muirhouse, Royston Wardieburn, West Granton and West Pilton.

range of methods to encourage people to talk to us about their health issues. The three events we decided on were: -

1. An ‘open spaces’ event focusing on what affects health and how these issues can be tackled.
2. A ‘health fayre’ focusing our research on people’s experience of health services – the group invited many health service providers to this event.
3. Feedback event to show those who had contributed to the research what had been said and the recommendations the group proposed to make.

Methodology

Questionnaires
At both the first and second events we used questionnaires (Appendix B and C) as a way to get people to think about the particular issues we wanted to explore. These were, on the whole, completed by individuals on their own, although some people required help with the written English. The questionnaires contained a mixture of open and closed questions. A third questionnaire (Appendix D) was sent to local organisations that deliver health related services as well as city wide projects delivering health related services to the BME community. A final questionnaire (Appendix E) was posted to members of BCDP in October.

The advantage of using questionnaires was that it would provide us with quantitative data for the research and it could be used with those who were unable to attend events. The disadvantages were that some people found it difficult to read and there was no opportunity to find out more about the information provided on the questionnaires.

‘Open spaces’ facilitated discussions
The open spaces event was a very structured process which allowed the content to be dictated by the participants. In small groups, facilitated by core group members, participants were asked to share what they thought affected their health and each group came up with a number of themes which was shared with the bigger group. Individual participants then ‘voted’ on which issues they thought were most important. In the afternoon, we discussed the 5 most important issues, again in small groups facilitated by core group members. Participants were encouraged to join the group discussing the issue of most interest to them. During these sessions participants explored the issue in front of them e.g. diet, and came up with potential actions that would alleviate the issue e.g. provision of local access to ‘ethnic’ vegetables. Facilitation notes are in Appendix F.

Small group thinking about what affects our health

This event was friendly and people had lots of opportunity to discuss the issues that were affecting them, and this was recorded. It gave us a lot of qualitative information about what participants thought affected their health, as well as what they would like done about these issues. For some who did not have good spoken English, this event was quite difficult to participate in, although all facilitators made an effort to give people time to speak and translate. We had hoped the number of participants would be large enough to allow those who needed to, to work in their first languages, but this was not possible on the day.

Participatory appraisal exercises at the health fayre

Core group members carried out 4 different visual methods to encourage participants to tell us about their experiences of using health services in the area. These exercises were very eye-catching and facilitated well by the core group. Participants could contribute their thoughts on their own, but more usually a core group member would engage in a conversation with them and record the key points. This helped for those who were not comfortable writing English. Everyone who attended the event took part in the exercises as well as finding out more about services available to them from the agencies that had set up stalls in the fayre.

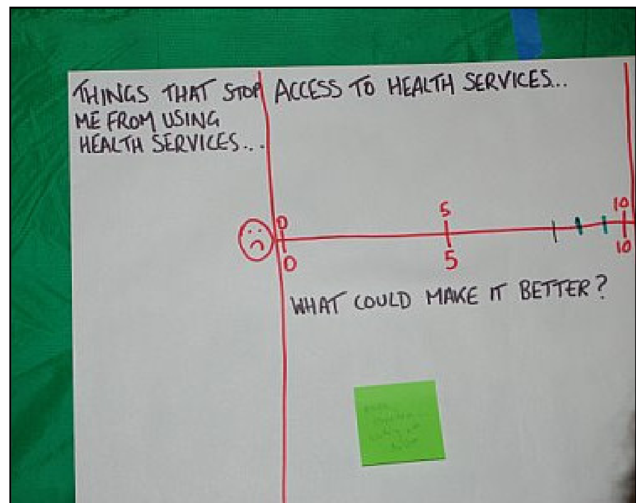
Talking with people about their experience of local services

The 4 visual methods used were

- an h-diagram
- an issue tree
- an agree/disagree table and
- a circle diagram

H-diagram

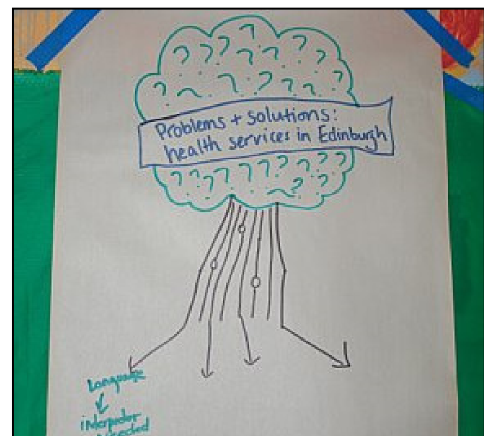
Participants were asked to rate their health on the scale on the cross of the H and answer the questions. Core group members worked with participants and helped to read and write answers and questions if necessary.



H-diagram

an issue tree

Participants were encouraged identify a problem with health services in the area. Each answer was met with WHY? Until the root of the problem was reached.



Issue tree

an agree/disagree table

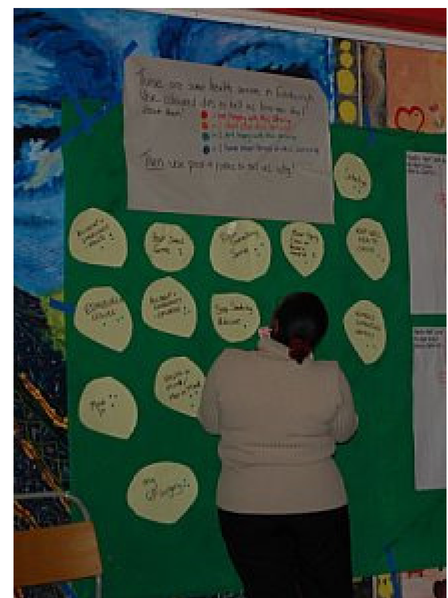
Many participants said they found it easy to participate in this exercise. Spaces were left in the table so participants could add their own issues.

Table

an adaptation of a circle diagram

The name of a health service was written on a circle of paper and participants were asked to tell us what they thought of the service by sticking a coloured dot on the circle. This exercise was very popular and easy for people to understand and use.

Red dot – bad experience of services
Green dot – good experience of service
Blue dot – don't know about the service
Yellow dot – have not used the service



Circle diagram

After the second event, the group felt it had not spoken to enough people so BME groups in the area were contacted and asked if any more of their members would like to take part in the research. We contacted 15 further agencies of which we were able to do some work with 6 groups. We were flexible with these groups, working with them when and where it was convenient for them. We used a combination of the methods above. With the language classes, the research was used as the topic of the lesson.

- English as a second language class for Eastern Europeans.
- English Language class held in Leith for group of learners from a wide range of ethnic backgrounds
- Chinese Women's physical exercise group.
- BCDP's men's group.
- 4 questionnaires were returned from members of the Redeemed Church who meet in the area

Reflection and cross-checking
The core group went on an 'away day' at which all the information from the two events, all the questionnaires and smaller workshops and research sessions were analysed. We sorted the data into themes and came to a series of recommendations from the issues and solutions that had been identified during the course of the research. At this event we also carried out a short evaluation of the work we had done so far. This is included in Appendix G.

Analysing data at the core group away day

A first draft of these recommendations and a summary of the data collected was assembled into a display that was presented at the third event. Core group members were available to explain the information and recommendations and encourage participants to add their comments, particularly if there were issues that were missing.

The comments were considered and incorporated, if appropriate, into the final recommendations and report. This was drafted by various members of the core group. It was then emailed around for comments and the final version agreed at a core group meeting in early 2009.

Discussing the findings at the feedback event

What we found out

Who we spoke to?
A total of 83 individuals took part in our research. Some people attended more than one event or attended an event and completed a questionnaire. In total we had 131 opportunities to collect information from individuals. In addition 8 organisations returned questionnaires.

The vast majority of people who took part in this research lived in the Forth Neighbourhood. The gender of these participants was 52 females and 31 males. Age groups were: Under 18 (1), 18 to 25 (1), 26 to 35 (29), 36 to 45 (32), 46 to 55 (13) and 56 to 65 (7).

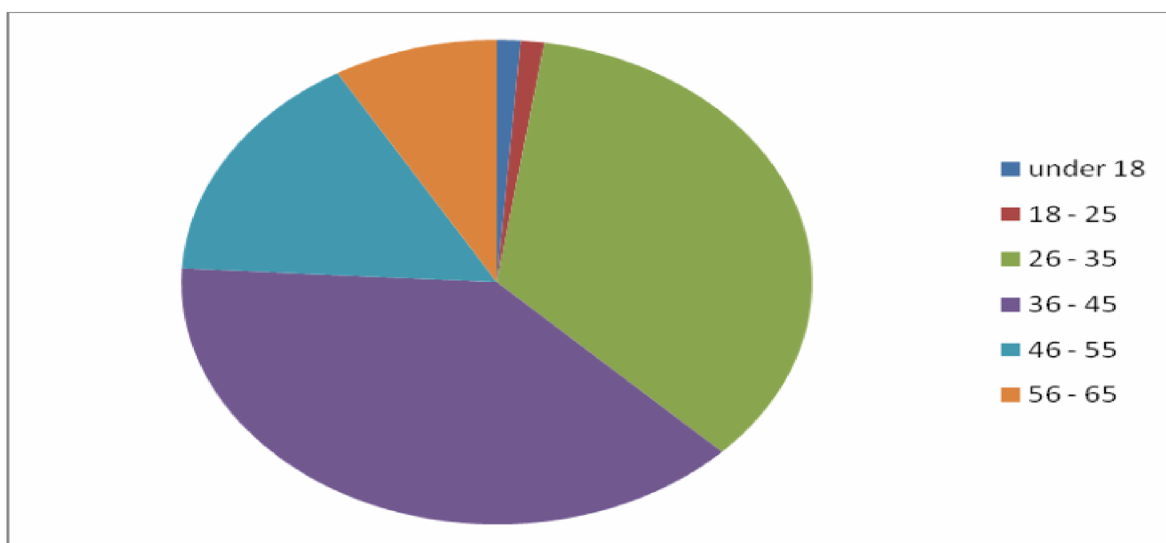


Figure 1: Age Group

Ethnic backgrounds were: 28 Africans, 19 Asian, 17 East Europeans, 8 Chinese, 7 Latin Americans and 4 from Arabic background.

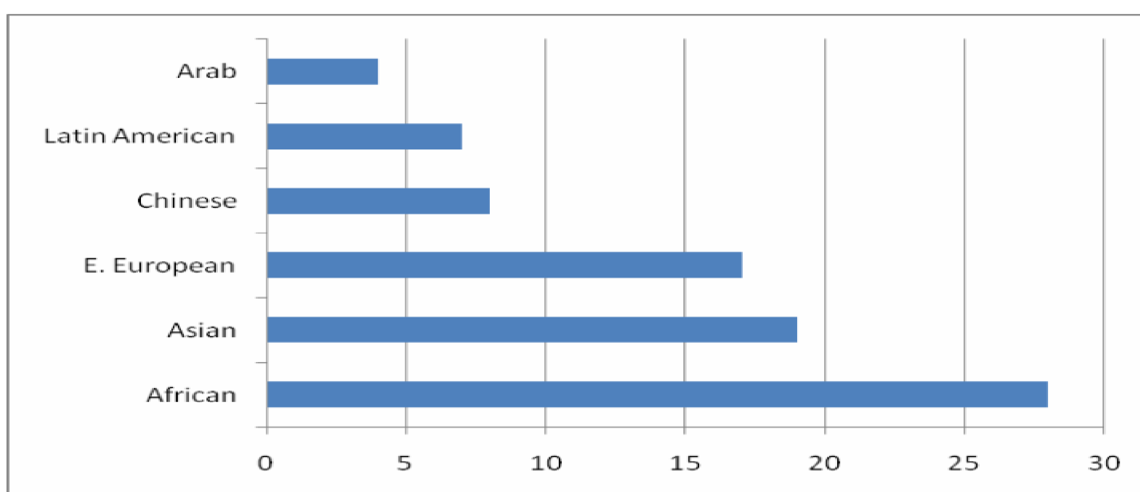


Figure 2: Ethnicity

What we found out
As stated earlier, our research was focused on two aspects of health namely, what prospective participants felt affected their health and their experience of health related services. This section highlights the main findings of the research.

What sort of things affects your health and well being?
We started by asking participants what health and well being meant to them. Responses ranged from 'eating a healthy diet' to 'feeling accepted in the community'. Respondents also felt that living in a good home and having less pressure would greatly enhance their health.

'Health means being active, have a social life and not being isolated.'

In terms of what affects people's health, respondents felt that stress, lack of money, lack of physical activities, diet, housing, language barriers, cost of living and isolation were the main factors that affect their health and wellbeing.

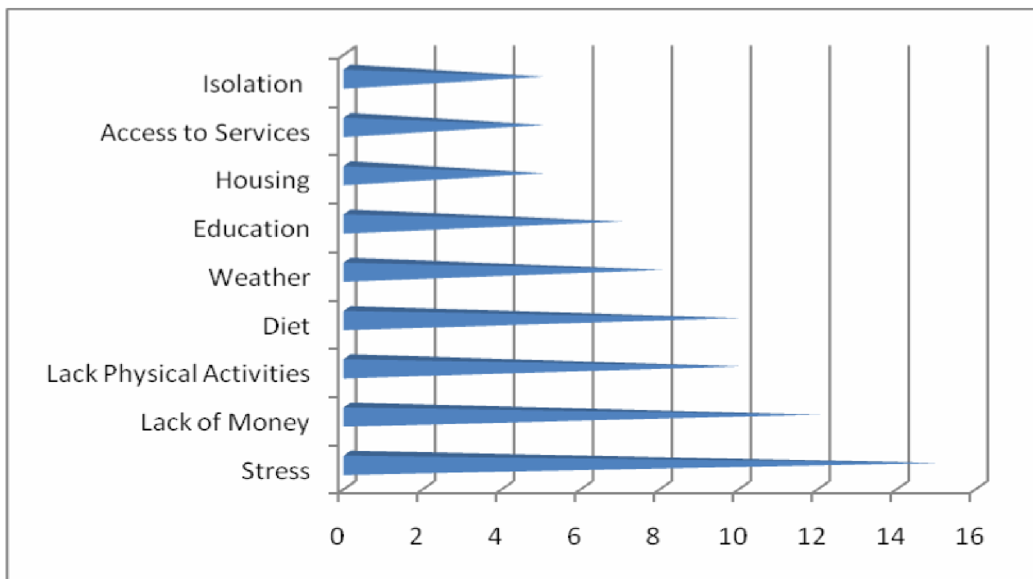


Figure 3: What affects your health?

Stress

*'Health is affected by **stress**, too much work, lack of proper communication'*

'Stress at work', 'Lack of job', 'Neighbours too noisy', 'Money'

'Waiting lists e.g. hospitals, schools, housing'

Causes of stress that respondents told us include lack of money, lack of employment and stress due to work. Some of the people we spoke to worked long hours and this was stressful for them. Many people said the weather affected their health, but it's difficult to see a solution to this issue!

The group of people carrying out this research, all with BME backgrounds, had some interesting discussions about immigration and how this causes us stress. Worrying about our own or family members' immigration status was particularly stressful. However, external events related to immigration i.e. the recent immigration raid in the area and the way immigration is portrayed in the Press also causes stress for us even if we are not directly involved.

Lack of physical activities

> *'When I can't afford to pay for the gym I am unhappy'*
>
> *'Lack of facilities - lack of green spaces and safe places for children to play'*
>
> *'Lack of women only/men only swimming sessions'*
>
> *'No space in football and baseball clubs for children – long waiting list'*

Many people said that physical activity was too expensive. The timings of activities were also difficult, particularly for those with children when childcare was not available. Children's activities were also often at awkward times of the day.

The lack of culturally appropriate single sex activities was also raised as an issue on several occasions. Where single sex activities were provided they were often at difficult times of the day, or arrangements did not fully meet people's requirements for modesty.

There was also a discussion about parents being reluctant to let their children play in local parks because of fears over safety. They felt threatened by other local people and their animals.

People said that there was a lack of exercise classes and other opportunities for physical activities. However, a lot of activities are offered locally, but many of the people we spoke to were not aware of them.

Diet

> *'Lack of fresh fruits and vegetables from countries of origin. When we get them they are too expensive, sometimes we have to travel for them'*
>
> *'Schools meals – halal options not available'*
>
> *'Healthy food is expensive'*
>
> *'Unbalanced diet. Not enough information about healthy diet'*

Many people said that their diet affected their health, but that there were barriers to getting a healthy diet. Some people needed more information or found healthy food expensive.

Many people said it was difficult to access the fruit and vegetables that they wanted to buy locally i.e. from their countries of origin, and the extra expense of travelling into the city centre was difficult.

A lot of people said it was difficult to get halal[5] foods. Their children were not being given halal food in schools (but given vegetarian options), it was not possible to buy halal meat locally and, generally, restaurants and fast food outlets did not serve halal foods.

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[5] Halal is an Arabic term designating any object or an action which is permissible to use or engage in, according to Islamic law and custom.

Education/employment

'Difficult to find employment because employers expect perfect English'

'Little support to find work'

'Not being able to return to work due to lack of adequate childcare'

Many participants felt that it was difficult to find work for a wide range of reasons. Language was often mentioned, and it was felt that employers often expected perfect English even for work that did not require it.

Barriers to employment identified by this research study include training, language, prejudice and childcare. Participants felt that employers were not aware of equalities laws or were not implementing them. People wanted support to gain employment – this included language classes at the appropriate level and better and more affordable child care.

Barriers to training and education for work were also raised often. The difficulties in getting qualifications from other countries recognised by employers were also raised.

Language and culture

*'Health is affected by blood pressure, **language barrier which stop solving problem**.'*

*'When I am concerned about my health I go to my GP, **my husband translates for me'***

*'Many people speak different languages. **Interaction is difficult**. I'm scared to go out. Even among different BME community is a problem'*

*'BME related **information** should be more widely available'*

Many people brought up how language was a barrier to them taking part in normal interaction with their colleagues, neighbours and health professionals. This caused difficulties solving problems that they had. It also increased their sense of isolation.

The research study showed that there were key issues about the provision of English language classes, translation and interpreting services. Some respondents commented on people's reactions to people who have limited English or strong accents (see also social isolation).

Social isolation/racism

*'Health is affected by **being left out'***

*'My health is affected when **I cannot share things with friends**, when I am not happy and I am not feeling very well'*

‘There is no local mosque. A lot of socialising goes on in the mosque. ***We don’t have the opportunity to socialise that way****, it affects the whole family.’*

‘For every migrant like me the worst scenario is social isolation which hinders everything. Once you overcome this, here the path to progress. But today still I ask myself, have I got rid of this problem fully…’ Core Group member.

Many people told us that they found it difficult to socialise. Language was often a barrier even for those with good English; it was felt that accents or taking a little more time to say something made communication less likely. Other issues were the lack of social opportunities for people from BME backgrounds. The lack of a Mosque in the area was highlighted on several occasions. Many members of the local BME community felt that ‘being left out’ was a key issue for them.

Access to health services

‘When I am concerned about my health I turn to Family in Poland, check it out on the internet, I look at the pharmacy, some medicines, I bring lots of medicines from Poland, I go to the specialists in Poland.’

‘Every visit is a different doctor. They always prescribe paracetamol (for everything) or penicillin.’

‘Lack of Polish translators, not much help – when I went there with a sore tooth instead of treating it – it was pulled out’

‘GP not patient enough to listen to us’

‘Long appointment time’

‘Hard to register e.g. with dentist - they say full’

‘Lack of information about services’

We asked participants about access to NHS and other health related services. The responses were mixed, and there was a marked difference in how the Polish population responded. Their satisfaction with NHS health services was much lower. A number of Polish people told us they go to Poland when they have health concerns.

Other ethnic groups were, in general, more satisfied with NHS health services. There were, however, difficulties getting interpreters, and at least one person we spoke to got a family member to translate. There were some serious concerns that GPs did not have enough time to listen to their patients. People with English as a second language could need longer to describe their symptoms. This led to a lack of trust in NHS services.

More generally many were unhappy about the amount of time they needed to wait to see their GP; about the distances they needed to travel and about the lack of dental services. People were unlikely to have heard about community led services. Some respondents mentioned ‘Not being taken seriously by medical professions’ and lack of ‘trust’ in NHS. Other people felt that lack of female doctors was an issue for them.

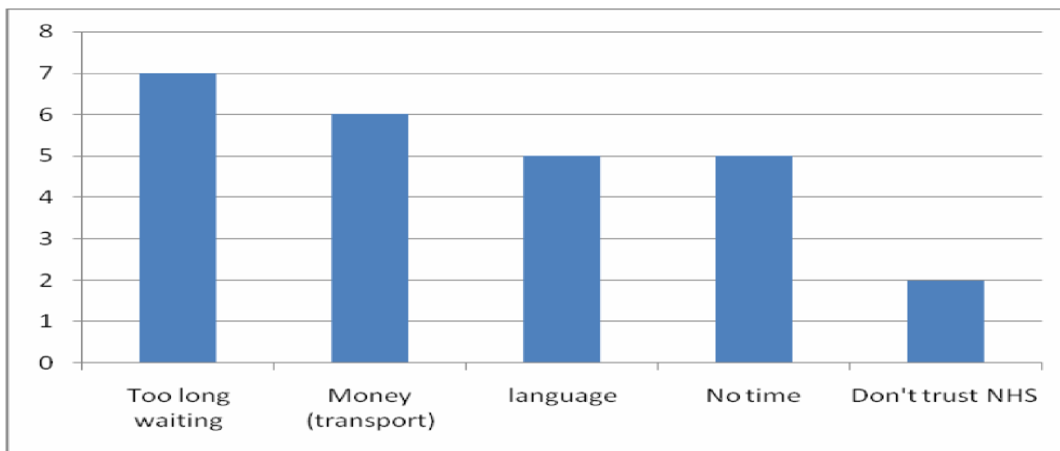


Figure 4: Barriers to accessing health services

What health services do local BME people use?

We asked participants what health and health related services they use in Edinburgh. We gave an example of 15 different organisations and asked participants to use colour dots to indicate whether they knew of the services and if they used the service, were they happy/unhappy with the service.

We found out that many local services and project were not accessed by BME people as they did not know about these services. The vast majority of BME people who participated in the research were not aware of services such as Women Supporting Women, Stop Smoking, Saheliya, Prop Stress Centre, Pilton Counselling and the Move It Project.

What health services think about the barriers?

The organisations which completed our questionnaires (include NEDAC, Stepping Stones, Headspace, the Haven, Circle Scotland, NHS Lothian: Keep Well, NHS, Barri Grubb, Move It Project and Waverley Care) believed that Language, childcare, translation/interpretation, cultural differences (e.g. women attending mixed groups), lack of knowledge of the system and lack of referrals from other agencies were among the main barriers that stop BME people from using their services.

In addition to the above, availability and access to information on what services available, stress, isolation, racism, poverty and poor housing were identified as major issues.

> *'Lack of information about appropriate services and how to access them delivered in ways that can be understood and make sense e.g. leaflets are not always the best method. Experiences of stigma and discrimination - contributing to lack of trust and confidence in using services and a belief that confidentiality will not be respected'.*

Some organisations told us that BME community members lack confidence to access mainstream activities. Cultural differences have meant that some BME members have not felt able to attend activities.

> *'From past experience, BME members do not commonly access activities on the open programme.'*

Some of the organisations who took part in the research were not aware of BME concerns as they were not engaged enough with them:

‘Due to minimum contact with BME individuals I would be reluctant to attempt to say what the main issues may be’.

Conclusions and recommendations

Stress
Stress is caused by a wide range of issues and many of these, particularly that relating to lack of work and money, will be covered by our other recommendations.

A specific cause of stress that we discussed on several occasions was that of immigration status.

We recommend

- Investigate strategies to increase local access to mental health services, stress relief and alternative therapies for the BME community in the area

- A local campaign for clearer, quicker and more humane immigration procedure to remove uncertainties surrounding immigration.

Physical activities
People we spoke wanted to do physical activity but found it difficult. Some of these barriers could be overcome with low cost changes to services. Many of these recommendations would make physical activity more accessible for the wider community also. We would like to see work being carried forward in collaboration with the wider community when appropriate.

We recommend

- Work with providers of facilities to overcome barriers; specifically
    - Reduce cost of physical activities
    - Increase opportunities for culturally appropriate single sex physical activity sessions at convenient times
    - More child friendly times for physical activity sessions
    - Increased childcare for those taking part in physical activities
    - Increased promotion of opportunities for physical activities to the BME community

Diet
Many people said their diet affected their health and wanted to eat more healthily. Again, barriers could be overcome with low-cost changes to services.

We recommend

- Work with local retailers to increase the availability of fruit and vegetables and other healthy foods from countries of origin

- Work with local retailers to increase the availability of halal meat

- Work with schools to ensure the provision of halal meal options in schools

- More information about healthy diets to the BME community

Education and employment
People in our research want to work but were frustrated by the difficulties for them in finding work. Being in employment would help reduce or relieve stress caused by unemployment and bring the benefit of people's skills, experience and abilities to the economy.

We recommend

- Support to find work (at all levels) and to remove barriers to work (e.g. prejudice, language etc.)
- More accessible and affordable childcare for those in work
- Training for work
- Easier and cheaper process to recognise qualifications from other countries
- Promotion of equalities laws to employers
- More support to encourage people from BME backgrounds to start businesses

Language and culture
Being able to communicate effectively is crucial for cultural integration. Support for those who do have difficulties with the English language will support good communication and have positive dividends to the economy and social relations within the community as a whole.

There is an understanding that 'cultural issues' can cause barriers between individuals in a community, as well as for those who want to access services. Better awareness and understanding of cultural issues would result in services that are better able to provide for those with a different cultural approach to health and better relationships within the community,

We recommend

- Better provision of interpretation and translation services by statutory and voluntary sector
- More, better and more affordable English as a Second Language (ESL) classes at a range of levels
- Raise awareness and understanding of 'cultural issues' that are barriers to people accessing services and forming good relationships in the community.

Housing
This issue was not widely discussed, but was raised as a concern.

We recommend

- Campaign for the Council to provide housing that is fit for people to live in healthily
- Further research into issues of overcrowding

Access to health services
Many barriers to accessing facilities and services were raised during the research. Many have previously been raised with services providers and/or are subject to equalities policies. They will be taken forward within the action plan.

We recommend

- Work with wider community to address problems with services that are common for all i.e. cost of physical activities, convenience of times for physical activities and lack of childcare, waiting times particularly for appointments with GPs, provision of dental services etc.

- Promote low-cost changes to existing services that would allow people from BME backgrounds to participate e.g. single sex physical activities, provision of halal food, availability of appointments of female GPs etc.

Social isolation and racism
Our research revealed that small incidents, for example, not being understood because of an accent or difficulties with English, can have a profound affect on people's ability to mix with and be accepted by the wider community. When these incidents are repeated over a period of time they can result in BME families becoming socially isolated.

While this kind of incident may not in itself be considered racist, people talked about feeling left out, having no friends locally or being scared to go out. All these things together, over a period of time, compounded by overheard racist comments or articles in the Press can make them feel like discrimination or racism.

We recommend

- Provision of social opportunities – for particular BME groups, between BME groups and between BME and wider community

- A wide and open campaign against racism and discrimination that would help people feel more welcome and accepted.

- More and better provision of information about services and social opportunities that are targeted at BME communities

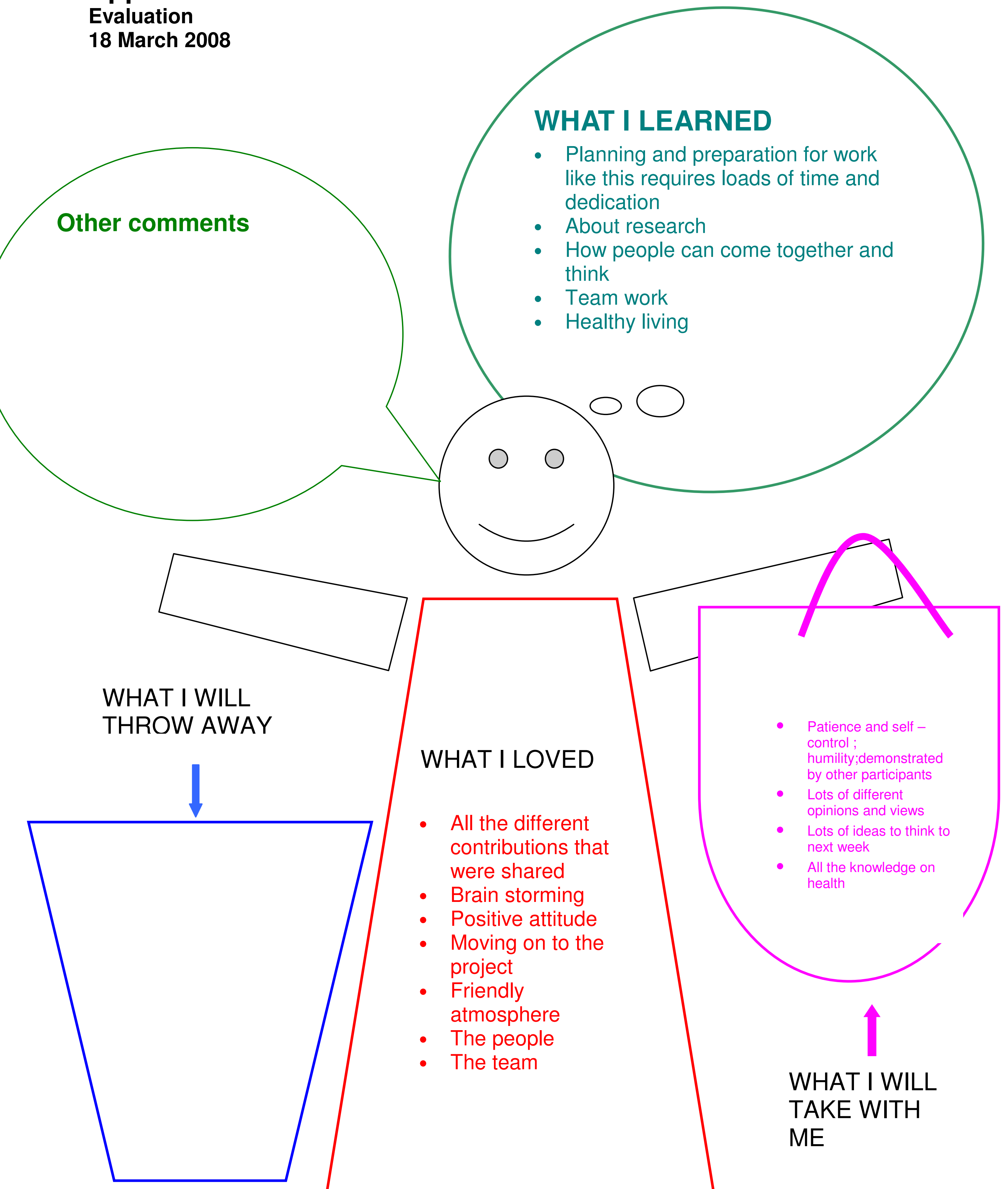
What happens next?
The group is keen to share this research with others who may be able to take action on the recommendations. Do contact us if you would like further information or if you or your agency could work with us on taking forward the recommendations following from this research.

PCHP and BCDP are already committed to taking forward the work detailed below.

Work	Who	When
Distribute and promote recommendations from this work	PCHP BCDP	Early 09
Seek support and resources to take forward recommendations	PCHP BCDP	ongoing
Seek to have recommendations in report accepted by the Forth Neighbourhood Partnership	PCHP BCDP	Early 09
Active involvement in the BME sub-group of Forth Neighbourhood Partnership's Health and Social Care Group	PCHP BCDP	ongoing
Incorporate recommendations into work plans	PCHP	Early 09
Take forward particular issues identified in this report with short term working groups, as existing resource allow	PCHP	Starting April 09
Continue to seek resources for and develop a health information service	PCHP	Ongoing
Develop strategies to support the BME community access a healthy diet, including provision of fruit and vegetables from countries of origin and halal food	PCHP	Ongoing
Incorporate recommendations into work plans	BCDP	
Take recommendations to the BME forum being established and encourage forum to accept recommendations	BCDP	
Continue to provide social activities and seek resources to increase provision	BCDP	
Work with Edinburgh Leisure and others to overcome barriers for BME people to take part in physical activities	BCDP	

Appendix A

Evaluation
18 March 2008



Appendix B

Talking About Our Health Questionnaire – 14th June 2008

Please take a few minutes to fill in this questionnaire about your health. We will collect them in the first session. Thank you for taking part in this research.

1. **Are you (please tick)**

☐ *Male* ☐ *Female*

☐ *under 18* ☐ *18-25* ☐ *26-35* ☐ *36-45* ☐ *46-55* ☐ *56-65* ☐ *66-75* ☐ *over 75*

2. **What is your ethnic group? (please tick)**

White	Mixed heritage	Asian, Asian Scottish or Asian British	Black, Black Scottish or Black British	Other ethnic background
☐- Scottish	☐ - any mixed background	☐ - Indian	☐ - Caribbean	☐ - any other background
☐- other British		☐- Pakistani	☐ - African	
☐ - Irish		☐ - Bangladeshi	☐ - any other Black background	
☐ - East European		☐ - Chinese		
☐ - any other White background		☐ - any other Asian background		

3. **What does health and well-being mean to you?**

4. **What sort of things affect your health and well-being?**

5. **If you are concerned about your health, who do you turn to?**

Appendix C

Health Fayre Questionnaire

Please take a few minutes to fill in this questionnaire, and place it in one of the collection boxes available around the room, or at the exit.

6. Are you (please tick)

☐ *Male* ☐ *Female*

☐ *under 18* ☐ *18-25* ☐ *26-35* ☐ *36-45* ☐ *46-55* ☐ *56-65* ☐ *66-75* ☐ *over 75*

7. What is your ethnic group?

White	Mixed heritage	Asian, Asian Scottish or Asian British	Black, Black Scottish or Black British	Other ethnic background
☐- Scottish	☐ - any mixed background	☐ - Indian	☐ - Caribbean	☐ - any other background
☐- other British		☐- Pakistani	☐ - African	
☐ - Irish		☐ - Bangladeshi	☐ - any other Black background	
☐ East European		☐ - Chinese		
☐ - any other White background		☐ - any other Asian background		

8. Are you registered with the following services?

	GP	**Dentist**
Yes	☐	☐
No	☐	☐
Don't know	☐	☐

9. How often do you visit the following services?

	GP	**Dentist**	**Accident & Emergency**
More than once a month	☐	☐	☐
Once a month	☐	☐	☐
Every 2-3 months	☐	☐	☐
Every six months	☐	☐	☐
Less often	☐	☐	☐
Never	☐	☐	☐

10. How satisfied are you with the following services?

	GP	**Dentist**	**Accident & Emergency**	
Happy	☐	☐	☐	☺
Ok	☐	☐	☐	😐
Unhappy	☐	☐	☐	☹
Not Applicable	☐	☐	☐	Not applicable

Please tell us why you feel this way.

6. Do you use any other/complementary health service? (e.g. homeopath, healer, Chinese medicine, counselling)

☐ Yes, often
☐ Yes, sometimes
☐ Once or twice
☐ Never

If yes, please tell us about this.

Appendix D

Talking about our health: Survey of health organisations

1. Name of organisation (optional):

   ____

2. Health-related services offered:

   ____

   ____

3. In your organisation's experience, what are the main issues affecting the health of members of the BME community in north Edinburgh?

4. Approximately 10% of the population of north Edinburgh is from ethnic minority groups. How would you say this compares with your service users? Please tick one option.

   We have a smaller % of service users from the ethnic minority community ☐
   We have a similar % of service users from the ethnic minority community ☐
   We have a larger % of service users from the ethnic minority community ☐

Don't know ☐

5. Is your organisation aware of any barriers to members of the BME community accessing your services?

6. Has your organisation taken any steps to encourage members of the BME community to use your services? Please tell us about these.

7. What help would you like to make your services more accessible to the BME community?

8. Any other comments?

Please return to Anita Aggarwal, PCHP, 73 Boswall Parkway, Edinburgh EH5 2PW by 18 August. **Thank you!**

Appendix E

Talking About Our Health Questionnaire – 24th October 2008

Please take a few minutes to fill in this questionnaire about your health and return to the Black Community Development Project in the attached envelope. **Thank you for taking part in this research.**

1. **Are you (please tick)**

☐ *Male* ☐ *Female*

☐ *Under 18* ☐ *18-25* ☐ *26-35* ☐ *36-45* ☐ *46-55* ☐ *56-65* ☐ *66-75* ☐ *over 75*

2. **What is your ethnic group? (please tick)**

White	Mixed heritage	Asian, Asian Scottish or Asian British	Black, Black Scottish or Black British	Other ethnic background
☐- Scottish	☐ - any mixed background	☐ - Indian	☐ - Caribbean	☐ - any other background
☐- other British		☐- Pakistani	☐ - African	
☐ - Irish		☐ - Bangladeshi	☐ - any other Black background	
☐ - East European		☐ - Chinese		
☐ - any other White background		☐ - any other Asian background		

3. **What sorts of things affect your health and well-being? (please tick)**

☐	Physical activities	☐	Lack of money
☐	Stress	☐	Diet
☐	Social isolation	☐	Education/Skills/Jobs
☐	Housing	☐	Weather/environment
☐	Access to health services		
☐	Other, please specify		

4. **What health services do you use? (please tick)**

☐	General Practitioner (GP)	☐	Dentist
☐	Accident and Emergency (A&E)	☐	Minor Injury Clinic
☐	Saheliya	☐	Pilton Counselling Service
☐	Prop Stress Centre	☐	Edinburgh Leisure
☐	Move it Project	☐	Men in Mind
☐	Keep Well	☐	Stop Smoking Advisors
☐	Barry Grubb	☐	Women Supporting Women
☐	Other, please specify		

5. **What prevents you from using health services? (please tick)**

☐	Appointment takes too long	☐	Money
☐	Services too far away	☐	Language
☐	Too busy working	☐	don't trust NHS
☐	Doctor not helpful		
☐	Other, please specify		

6. **Any other comments?**

Appendix F

Event 1 facilitator notes

Time	What	Who	Resources
10.30	**Arrival**, registrations, tea/coffee/fruit juice Give out questionnaires at registration	Everyone – need to allocate tasks	Registration forms. Questionnaires Refreshments
10.45	**Welcome**/thanks/ who are we	CG	Big voice
10.50	**Introduction** – what are we trying to do, social model of health, what will happen today	CG/Anita	Big voice
11.00 11.15 11.25 11.45 11.55	**Small group discussions**. **What affects our health?** Welcome, introductions, basic ground rules Task1 – everyone, on their own, write down things that they think affect their health (one per postit) Task2 – everyone puts their postits a big flip chart sheet – invite people to tell more about what they have written to clarify what postits mean. Task3 - Ask them to group postits. Discuss issues so everyone is sure that the categories are correct Task4 – Explain what will happen over lunch and voting. Hand out 5 sticky dots to each person.	CG	Postits Pens Marker pens Flip chart Sticky dots
12.00	Break for **lunch** Core group get together with the flip charts from each table. Combine all the issues on each flip chart and stick on sticky wall under headings. Heading have space for people to stick their dots in.	CG	Flip charts A4 paper to write headings on. Sticky wall.
12.45	End of lunch – short instructions on **how to vote** and what will happen next. Everyone votes	CG/ Anita	
1.00	Announce top **5 priority issues**. Ask people to pick an issue and go to that table.	CG	
1.15 1.20 1.30 1.40 1.50 2.20 2.25	**Issue groups** Task1 – give people a chance to read all the postits Task2 – start sorting into different problems Task3 – put problems into action planning sheet Task4 – find solutions for all problems and if there are obvious answers for the other columns fill these in too Task5 – if you have time fill in some of the gaps Task 6 – decide what to feed back	CG	Action planning sheets Marker pens
2.30	Each group **feeds back**		
2.45	Thanks and close	CG	

Appendix G

Short evaluation of the work the group has done

Most surprising thing

- Least – BME people to not ultiise the services/the study research
- Best – a few things came up
- That people go to Poland to see their Doctor
- Don't know yet – waiting for results

Thing I would change

- Time to participate more
- I would have like to be able to attend the two events
- More people at events
- Maybe day of meeting
- Get more people to come to events
- Look for ways to reach people
- More leadership for core group members e.g. chairing meetings, identifying issues etc.

Best thing about this project

- We could elicit BME community problems. They enjoyed, the families, especially the women enjoyed
- Meeting new people (making friends)
- Meeting everyone in the group
- Volunteers
- Meet new people to work with, good experience
- Core group, team spirit, commitment
- Learning about different organisations
- Meeting people from the community
- Discussing our different ideas

For more information about this work contact

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