

**ELDERLY AFRICAN CARIBBEAN
HEALTH INITIATIVE**



Report

1st March 1999 – 30th June 1999



West Bromwich African Caribbean
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African Caribbean Health Initiative Evaluation Report Findings 1.10.99

Back Ground History

In 1984 four African Caribbean organisations Tolunka, Association for Community Enhancement, Sandwell and District West Indian Community Association and Afro-Caribbean Cultural put together a joint application to address the needs of Afro Caribbean elderly and infirm people in and around Sandwell.

It had become noticeable that a large percentage of men and women who had emigrated from the West Indies to England in the 1940's, 1950's and 1960's had become elderly and retired people. Many of them had plans to return to their native land but unfortunately for most, those plans never materialized. For those who had severe financial difficulties even short holidays outside the West Midlands was impossible. There were many others who were sick and housebound, with no relatives to see to their welfare.

The problems of old age were at first slow to reveal in the British Afro Caribbean population, partly because the original migrants were very young and active and partly because the sheltered and extended systems of protection did not expose old people in families to many traumas and tensions. However, as the years have passed, links between Britain and the Caribbean have weakened and become more tenuous, as the new generations of British Black people are born and brought up in this country. We are now beginning to witness severe problems of old age faced by those early migrants in Britain, family structures have changed leaving relatively high proportions of pensioners living alone in the inner cities.

Afro Caribbean people experience severe difficulties in a number of areas, economic poverty was ripe as a consequence of low paid jobs in the lower end of the jobs market, this was compounded by years of long term unemployment. Housing was another problem, most Afro Caribbean people lived in rented local council accommodation that was run down inner city areas. Many of these areas were vulnerable to crime and overall household amenities were basic with poor facilities. Health was the third area of concern, loneliness and isolation were factors that contribute to the vulnerability, this made them susceptible to stress, mental health problems and infirmity.

A number of concerned people began to explore the possibility of an elderly day care group. These and other issues were highlighted to the statutory sector and in 1989 the four groups amalgamated to become the West Bromwich Resource Afro Caribbean Centre. Initially our centre only provided **Day care** and a **Social club** for people to socialise in the evening and at weekends, over the years several new projects have been developed. Our aim was to offer facilities to local African Caribbean people living in Sandwell, also expand and develop a whole range of community care provisions.

- **Caribbean Meals-On-Wheels**
- **Women Health Project**
- **Home Care**
- **Mental Health Project**
- **ACCESS Project**
- **Malcolm X Saturday School**
- **Steps To Work**
- **Youth Club**
- **Kick Boxing and Aerobics**

National Studies around Poor Health and Deprivation

Recent studies within the United Kingdom identifies the African Caribbean community are more prevalent to certain health conditions than other ethnic group.

Diabetes

Manaher/Keen study in 1995 found that Caribbean men and women have twice the rate of diabetes than the white indigenous population. *Marmot and Mc Keigue* found that diabetics who are non insulin dependant were *twice* as likely to suffer from coronary heart disease than insulin dependant diabetics.

Stroke

Professor Balargan 'Policy studies institute 1991 – 1995' acknowledged that i.e.

- Caribbean men are 110% more likely to suffer a stroke compared to the white indigenous population.
- Caribbean women are 76% more likely to suffer a stroke compared to the white indigenous population.

The risk factors associated with strokes are smoking, drinking, fat intake, obesity, high blood pressure and diabetes. Black and other minority ethnic groups were in heavy industry (foundries/factories) and chemical works, they occupied many unskilled positions. These jobs were also heavy duty labouring jobs, many now have severe health problems yet many health professionals state that there are very few African Caribbean people accessing their services.

Hypertension

Grells study in 1991 stated that hypertension was strongly associated with stroke, excessive alcohol consumption and stress, a lack of regular exercise is also associated with this disease. Death rates from Hypertension are *four times higher* than the national average in Caribbean men and *seven times higher* in Caribbean women. The effects of social stress including that induced by racism and the threat of violence has been highlighted as a significant additional risk factor African Caribbean people.

Health risks from Coronary Heart Disease

There is some evidence that the incidence of cancers in Black people may be rising however overall the levels of cancer are generally lower except for deaths from cervical cancer which are relatively high among Caribbean women and prostate cancer is higher in Caribbean men. *Sandwell Trends*

Life and Death in Sandwell 1989 states that a planned strategy of health care delivery needs to take into account by the precise identification of need and develop a response that considers ethnic and cultural diversity, health services are needed to cater for different languages and cultural needs.

Mental Health Needs African Caribbean's have **3 times higher** compulsory admission rates to psychiatric hospitals under the Mental Health Act 1983, and are more likely to receive physical treatments. *Diagnostic rates for schizophrenia are higher in African Caribbean people: Sandwell Trends*

Long term illness

African Caribbean people under 60 years of age have a higher rate of long term illness, than any other ethnic group. *Ref: Sandwell Trends*

Health Problems Attributed To Poor Housing

The African Caribbean community are more likely to be housed in run down council housing, Inadequate housing has severe impact on health. *Ashram Housing 1998 study for Sandwell Council and Technical Studies Department.*

- Damp housing is associated with respiratory disease, over crowding leads to infectious diseases, it also affects children's educational attainment.
- Inadequate heating leads to hypothermia. *Smith and Jackson 1988*

Sandwell's Response to Inequalities In Health

The Health Authority's main aim is to reduce inequalities In health

In 1997 Sandwell Health Authority stated that extra investment in the health should be made available to black and ethnic minority population...? Different races are susceptible to different health conditions, this situation can be amplified when the potential service user may be living in poverty, therefore a concentrated effort to access to healthcare services is needed. The prevalence of major diseases within the African Caribbean community significantly reduces their quality of life i.e. Stroke, Hypertension and Diabetes, in addition they are also more prevalent to Coronary Heart Disease than the white indigenous population.

By concentrating our resources we can maximise health gains for the population in Sandwell.

Black communities in Sandwell generally suffer higher levels of poverty, poor quality housing and overcrowding, this contributes to poor health.

Neil Lockwood: Chief Executive Sandwell Health Authority

Social Services

Social Services *community care plan* states that the African Caribbean population within Sandwell totals over 10,000 people, this equates to 3% of the population. Age indicators show that our elderly population is due to treble by the year 2006, Sandwell is now the 4th most deprived area outside London. African Caribbean people are over represented in heavy industry and poor housing based on recent deprivation studies they are more likely to suffer from health problems at an earlier age, than any other ethnic group. The number of referrals made to all council run services between 1997/1998 totals 20,385.00, the ethnic origin was only known in 70% of the cases, of these 88% were white and 12% from African Caribbean and Asian groups. 4,428.00 referrals were made to the Home loan service of these 87% of those referrals were from white groups (of the remaining 13% ethnic origin was not recorded). *Sandwell Trend 1997/1999*

Dave Martin: Director of Social Services

Sandwell Health NHS Trust Competence Document 1998

According to the above document providing effective healthcare in a multiracial society has failed to cater for the diverse health needs of black and minority groups. To enable this to happen, a framework for creating cultural competence needed to address i.e.

- **Diabetes, Stroke, Hypertension**
- **Cancer, Mental Health**
- **Sexual Health, Accidents prevention etc**

The above areas have been identified and the Trust say that appropriate resources will be allocated to prevent disease, reduce disability and improve the quality of life.

Areas of Competence

Stroke: Mortality from strokes amongst the African-Caribbean and women are 110% and 76% higher respectively. **Target:** The management/ethnic monitoring primary care team/develop well persons clinic, with an emphasis on hypertension and its management within the primary care service.

Diabetes: African-Caribbean people have **twice** the rate of diabetes compared to the white indigenous population. **Target:** Primary care teams, diabetic nurses and link workers to liaise with community projects. The Trust also intend to offer improved screening programmes, education/health promotion in written/audio form and facilitate support groups.

David Lingwood: Chief Executive Sandwell Healthcare NHS Trust

Why was a Health Initiative for African Caribbean Elders needed

The African Caribbean community on a Whole are at the higher end of all deprivation studies in Sandwell, this situation is compounded when supportive health and social care services are not being accessed from Sandwell Health Authority/NHS Trust and Social services. The links have been made between poor health, poor housing, poor diet, single parent families, low paid job, unemployment, drug related crimes and acts of disorder.

Some work has taken place, new policies and documents have been developed i.e: Cultural Competence, C.R.E Standards. The statutory agencies continue to review Home Loans and Day care services, training around ethnic minorities and religion aims to make their staff more culturally aware. Hands on practical work was virtually non existent, the W.B.A.C.R.C had to play the leading role in redressing poor health with in its community.

PROFILE ON CURRENT SERVICE USERS

Membership:	60 + average
Average daily attendance:	25 daily
Average number of cooked meals (weekly including Meals-on-Wheels)	243 daily

The following statistics reflect the high level of infirmity and illness among the membership of our group.

- 60% members suffer from Diabetes in its various forms
- 57% of the members suffer from high blood pressure
- 20% of the members are housebound
- 40% of the membership need care and rely on visits from the W.B.A.C.R.C
- 80% of members suffer from Arthritis in its various forms
- 10% of members are receiving treatment for cancer related illnesses
- 50% of the members have difficulty in walking

Process used to develop initiative

In 1998 I had several meetings with Directors of primary care services and social care managers, a framework was developed to address the above issues. By using a whole systems approach all aspects that affect poor health needed be tackled, our aim was to improve awareness and access of supportive services with an emphasis on partnership work and good practise.

African Caribbean Elders Health Initiative Statistics
(shown as percentage)

Title	Hypothermia	C.A.B.	Rheumatology	District Nurses	Chiropody	Sandwell Advocacy	Social Services	Health Authority
				Services for Elders				LAY
Total surveyed	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Total suffered from	26.67%	N/A	80%	N/A	94.44%	N/A	82.35%	100%
Total did not suffer from	73.33%	N/A	20%	N/A	5.56%	N/A	17.65%	0%
Total aware of support services	6.67%	42.86%	12%	52.94%	66.67%	9.09%	41.18%	0%
Total not aware of support services	93.33%	57.14%	88%	47.06%	33.33%	90.91%	58.82%	100%
Know how to access services	13.33%	42.86%	8%	17.65%	33.33%	4.55%	5.88%	0%
Did not know how	86.67%	57.14%	92%	82.35%	66.67%	95.45%	94.12%	100%
Uses support service	N/A	7.14%	0%	35.29%	16.67%	4.55%	41.18%	0%
Does not use support service	100%	100%	100%	64.71%	83.33%	95.45%	58.82%	100%
Required referral	20%	7.14%	44%	5.88%	0%	36.36%	23.53%	61.90%
Did not require referral	80%	92.86%	56%	94.12%	100%	63.64%	76.47%	38.10%
Title	Oral Health	Sickle Cell	Occ Therapy	Special Housing	Health Visitors	McMillan Nurses	Diabetes	Stroke
					Home Safety			
Total surveyed	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Total suffered from	94.44%	9.52%	92.86%	44.44%	100%	17.39%	60.00%	87.50%
Total did not suffer from	5.56%	90.48%	7.14%	55.56%	0%	82.61%	40.74%	12.50%
Total aware of support services	44.44%	47.62%	35.71%	0%	0%	0%	48.15%	8.33%
Total not aware of support services	55.56%	52.38%	57.14%	100%	100%	100%	51.85%	91.67%
Know how to access services	0%	0%	14.29%	0%	0%	0%	0%	0%
Did not know how	100%	100%	85.71%	100%	100%	100%	100%	100%
Uses support service	0%	0%	7.14%	0%	0%	0%	59.26%	0%
Does not use support service	100%	100%	92.86%	100%	100%	100%	40.74%	100%
Required referral	38.89%	0%	21.43%	38.89%	41.67%	8.70%	18.52%	20.83%
Did not require referral	61.11%	100%	78.57%	61.11%	58.33%	91.30%	81.48%	79.17%

African Caribbean Elders Health Initiative Statistics Continued

Title	Hypothermia	C.A.B.	Rheumatology	District Nurses	Chiropody	Sandwell Advocacy	Social Services	Health Authority LAY
Total surveyed	15%	14%	25%	17%	18%	22%	17%	21%
Total suffered from	4%	N/A	20%	N/A	17%	N/A	14%	21%
Total did not suffer from	11%	N/A	5%	N/A	1%	N/A	3%	0%
Total aware of support services	1%	6%	3%	9%	12%	2%	7%	0%
Total not aware of support services	14%	8%	22%	8%	6%	20%	10%	21%
Know how to access services	2%	6%	2%	3%	6%	1%	1%	0%
Did not know how	13%	8%	23%	14%	12%	21%	16%	21%
Uses support service	N/A	1%	0%	6%	3%	1%	7%	0%
Does not use support service	15%	14%	25%	11%	15%	21%	10%	21%
Required referral	3%	1%	11%	1%	0%	8%	4%	13%
Did not require referral	12%	14%	14%	16%	18%	14%	13%	8%
Title	Oral Health	Sickle Cell	Occ Therapy	Special Housing	Health Visitors Falls & Adaptations	McMillan Nurses	Diabetes	Stroke
Total surveyed	18%	21%	14%	18%	12%	23%	27%	24%
Total suffered from	17%	2%	13%	8%	12%	4%	16%	21%
Total did not suffer from	1%	19%	1%	10%	0%	19%	11%	3%
Total aware of support services	8%	10%	5%	0%	0%	0%	13%	2%
Total not aware of support services	10%	11%	8%	18%	12%	23%	14%	22%
Know how to access services	0%	0%	2%	0%	0%	0%	0%	0%
Did not know how	18%	21%	12%	18%	%	23%	27%	24%
Uses support service	0%	0%	1%	0%	0%	0%	16%	0%
Does not use support service	18%	21%	13%	18%	12%	23%	11%	24%
Required referral	7%	0%	3%	7%	5%	2%	5%	5%
Did not require referral	11%	21%	11%	11%	7%	21%	22%	19%

Over view on Health Improvement Session

- ❖ On the whole all sessions went well, as you can see from the statistics on the charts the majority of our service users were unaware of primary healthcare and social care services that are available in Sandwell.
- ❖ Individuals were unwilling to tell the primary care workers and practitioners what illnesses they had at times, concerns were viewed on how the information they gave would be used and who would have access to it in the future. **This fear was based on mistrust.**
- ❖ If people were referred for supportive services, they were unaware of appeal procedures if they do not meet Social Services or Sandwell Healthcare, NHS Trusts access criteria. Individual wanted an independent African Caribbean service that would advocate for them. Issues mainly focused on welfare benefits, housing problems and independent housing schemes with shared the facilities.
- ❖ Most were unaware that their General Practitioner s are the main purchaser of health preventative and rehabilitation services, instead of receiving medication in liquid or tablet form they were interested in exercise on prescription and other rehabilitation services.
- ❖ Existing services are not culturally sensitive, thus cultural needs are not met or respected. It was felt that the African Caribbean community were being excluded from preventative and support services, many of them had multiple disabilities that prevented them having any quality of life.
- ❖ Our service users wanted a whole systems approach to address their multiple care needs, they wanted to access oral health, chiropody, visual impairment, diabetes, stroke, hypertension and sickle cell and aids/adaptation services housed with in the W.B.A.C.R.C.
- ❖ Individuals felt lonely and isolated their was a need for befriending and short break services, African Caribbean elders are inappropriately placed with in mainly white residential and nursing homes which reinforces there isolation.

Over view Continued

- ❖ At the point of admission individuals wanted up to date information from the hospitals on support services that they or their relatives could access, they also thought it would be a good idea to have an advice line
- ❖ It was clear that the existing facilities at the W.B.A.C.R.C were not appropriate for some of the health screening sessions, some individual did consider utilising our existing transport to attend a clinic to access rehab services. In the long term it was felt that the W.B.A.C.R.C should become a Health Living Centre aligned to health prevention activities and rehabilitation programmes linked to leisure services.
- ❖ If support services were to be accessed out side the W.B.A.C.R.C, culturally appropriate transport would have to be provided. In the main most were not aware of Ring and Ride, Easy Rider, Hospital transport services, four people who utilised the services, only one person is currently using 1-3 services, there were a number of reasons for this i.e.
 - When they made the bookings the drivers came to early
 - The transport never turned up
 - Due to language barriers, Individuals felt isolated
 - Caucasians were unapproachable and sometimes verbally abusive, other passengers seemed to condone this behaviour.
- ❖ Special day surgeries specialising in health problems affecting the African Caribbean community was thought to be a good idea, this would cut down on external visits currently under taken by Physio-therapists, Chiropodists, District nurses. Monies would be saved by having individual place geographically in one place, by having a ***one stop shop for health promoting activities***. Additional benefits could be potential referrals to other support African Caribbean user and carer support groups.

Recommendations

- ❖ What is required is *positive action*, through adequate representation partnerships can be developed to tackle *Social Exclusion*, health and social care issues have already been outlined in recent studies that have been commissioned by Health and Social Services.
- ❖ Health assessments outlined by Sandwell Health Authority should be carried out by Primary Care Groups with in their own locality, by using the *Health Improvement Programmes* services must be commissioned for community groups that are deemed to suffer from poor health and deprivation. By concentrating resources appropriate funding should be given to African Caribbean groups to manage and deliver supportive health/social care services Any work under taken must reflect national priorities and address patients/clients overall care needs. *African Caribbean voluntary sector groups need to be form part of the Joint investment structures.*
- ❖ Very few African Caribbean services are currently joint funding (Health/Trust, Social Services, Black Country Mental Health Trust), this limits the services that are offered and hinders their ability to expand. An audit of existing buildings owned by health/Social Services could identify facilitates that are not being used to their full potential, Caribbean community groups could take over the ownership and primary care and community link workers could then work in partnership and services provision would increase. *We need to identify the relationship between poor health, food and exercise so that new monies can be accessed through Health Action Zone, New Deal For Communities, S.R.B and Regeneration, this will widen our funding base and make us less reliant on one source of funding.*
- ❖ A mechanism for consultation on policy issues and resolutions needs to be developed, this will enable clear procedures for the effective operation of our services. African Caribbean people with key skills need to sit on the three main strategic groups in Sandwell i.e.

Sandwell Health Authorities Chief Executive Committee
Civic Partnership
Health Partnership Committee

The African Caribbean Voluntary sector and churches only have one person on the Health Partnership Committee, we have no representation on the other groups. This imbalance needs to be addressed.

Recommendations Continued

- ❖ From 1st April 99, General Practitioners in England became members of Primary Care Groups/Trusts 'PCG'. They will purchase care for the community living in their locality, eventually they will commission Hospital and Community Care Services. Chairs will be accountable to the HA Chief Executives committee for their finances and expenditure. *The Health Authority need to monitor how much money is spent on purchasing African Caribbean supportive services.*
- ❖ One of the main barriers in accessing services is due to language and reading difficulties, users wanted information in other formats i.e. audiotape, video, verbal communication, visual aids. *With in Health Action Zone, P.I.C.C.I fund project that deal with information, a working proposal in partnership with health, social services and other voluntary sector providers would enable us to access funds to address the above issues.*
- ❖ Any provisions for African Caribbean Elders need to be generic, gaps that have been identified need to be addressed. Health improvement plans are essential to redress poor health, the model used needs to be flexible to adapt to changes in need and their should be ample scope to review any new provision to ensure the service is responsive and appropriate.

ACHIS (African Caribbean Health Improvement Service) membership is made up of African Caribbean voluntary sector and church groups, their aim is to redress the imbalance in current service provision

Motto: Unity in Diversity

Closing Statement

This piece of work took two years to develop, the majority of the users involved in this initiative were very frail, 80% were either wheel chair bound or walked with zimmer frame/walking stick. With in their home they are very dependant on internal services provided by the W.B.A.C.R.C internal services, additional care support is given by family, friends and neighbours. A range of support services need to be provided outside the home that are culturally appropriate, the main focus should be on enhancing and improving the quality of life for all community groups.

Through this initiative, a working party group are meeting David Lingwood (Chief Executive: Sandwell Healthcare NHS Trust) and Pauline Werhun (Director of Nursing) on a regular basis, we are developing a framework which will redress poor access to health services provided by the Trust. Hopefully this research will form the basis of future partnership work with Sandwell Social Services, Sandwell Health Authority and other community groups.

The African Caribbean community have made a significant contribution to the redevelopment of Britains infrastructure, statutory agencies in Sandwell are working towards nationally guidelines and all community groups should be treated equally/fairly and have the same opportunities in accessing health and social care service

Statutory agencies in Sandwell need to: Say what you do, and do what you say.....!



Working Committee (1st Left) Deska Howe, Janet Mendez (2nd Left), Mavis Henry (center) Richard Montague (2nd Right), Venda Daley (2nd Right)

Working Committee

Deska Howe (Left) – W.B.A.C.R.C, Chair

Janet Mendez (2nd Left) – Health Visitor, Sandwell Healthcare NHS Trust

Mavis Henry (Center) – W.B.A.C.R.C

Richard Montague (2nd Right)– Health Visitor, Sandwell Healthcare NHS Trust

Venda Daley (Right) – W.B.A.C.R.C

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Pauline Werhun: Director of Nursing, Sandwell Healthcare NHS Trust
Antony Sumara: Director of Primary Care, Sandwell Healthcare NHS Trust
Kate Massey: Primary Care Development Manager, Sandwell Healthcare NHS Trust
Erika Ottley: Stroke Co-ordinator, Sandwell Healthcare NHS Trust
Kath Lewis: Senior Occupational Therapist, Black Country Mental Health NHS Trust
Catrina Wright: Adult Commissioning Team Manager
Pauline Miller: Sandwell Advocacy
Raj Patel: Sandwell Health Authority
Tony Spencer – W.B.A.C.R.C

Special Thanks

Primary Care workers from Sandwell Health Authority, NHS Trust and Black Country Mental Health Trust.
Sandwell Social Services.
Voluntary Sector Service Providers.
Volunteers @ W.B.A.C.R.C.

Report By: Deska Howe – Health Initiative Co ordinator

Appendices

MARCHMonday 1st March 99

Name of Worker	Richard Montague: Health Visitors
Events	Talk on Hypothermia
	Show a Video
	General Discussion
O.H.P.	Hand out Leaflets
TV and Video	

Monday 8th March 99

Name of Worker	Hardeep Minas: Smethwick Citizens Advice Bureau
Events	CAB Services
	Welfare Rights
	Immigration
O.H.P.	Solicitors Services
TV and Video	Hand Out Information of CAB Services

Wednesday 17th March 99

Name of Worker	Erika Gould: Rheumatology
Events	Talk on Arthritis
	Brittle Joints/Bones
	Aids and Adaptations
O.H.P.	Hand out Leaflets
TV and Video	

Monday 22nd March 1999

Name of Worker	
Events	Agewell Conference
	No Health Session

March (continued)Monday 29th March 1999

Name of Worker	Wendy Bodenham: District Nurse
Events	Talk on District Nurse Service
	Elderly People living at Home
	Hand Out Leaflets
O.H.P.	
TV and Video	

APRILMonday 5th April 99

Name of Worker	
Events	
	Easter Break
	(No Health Session)

Monday 12th April 99

Name of Worker	Adam Ruddock: Senior Chiropodist Sandwell Healthcare NHS Trust
Events	Foot Health Promotion; Diabetics/Stroke/Coronary Heart Disease Patients
	Examine Users Feet and give guidance
	Hand Out Information
O.H.P.	
TV and Video	

Wednesday 14th April 99

Name of Worker	Pauline Miller: Sandwell Advocacy
Event	History of Sandwell Advocacy
	What is Advocacy
	How to Access Service

Monday 19th April 99

Name of Worker	Hepsie Hibbert: Social Services N.E. Adults Commissioning Team
Events	Social Services Social Care Services
	Access Criteria
	Appeals Procedure
O.H.P.	

APRIL (continued)Wednesday 21st April 99

Name of Worker	Marcia Ross/Farzana Mahmood: Sandwell Health Authority (Look After Yourself)
Events	Blood Pressure
	Physical Activity
	Pulse Check
	Stress & Relaxation Exercises
	Health Discussion/Hand Out Leaflets

Monday 26th April 1999

Name of Worker	Glynis Medhi: Health Visitors
Events	Dietary Requirements within the elderly population
	Show a Video
	General Discussion
O.H.P.	Hand Out Leaflets
TV and Video	

MAYMonday 3rd May 99

Name of Worker	
Events	
	May Day Closure
	(No Health Session)

Wednesday 5th May 99

Name of Worker	Julie Smith/Claire Peart: Oral Sandwell Health Nurses Sandwell Healthcare NHS Trust
Events	Mobile Dental Checks
	General Talk
	Visual Aids
O.H.P.	Hand Out Leaflets
TV and Video	

Monday 10th May 99

Name of Worker	Geraldine Hunter: OSCAR Sandwell (Talk) 11.30 a.m. – 12.15 p.m.
Events	Glenda Augustine: Sandwell Healthcare NHS Trust 2.00 p.m. – 3.00 p.m.
	Talk on Sickle Cell
	Screening
O.H.P.	
TV and Video	

Wednesday 12th May 99

Name of Worker	Kath Lewis, Janet Spear, Sarah Pearce: Head O.T. Edward Street Hospital
Events	Explanation about Occupational Therapy Service
	Coping with change in our every day lives
	Dealing with loss/physical well being/Mental Health Problems
	Relaxation Exercises
O.H.P.	Hand out Leaflets

May (Continued)Monday 17th May 99

Name of Worker	Sue Johnson/Carol Guests/Jackie Shaw: Smethwick Council's Special Needs Unit
Events	Warden Services
	Community Alarms
	Special Needs Unit
O.H.P.	Hand Out Leaflets/Booklets
TV and Video	

Monday 24th May 1999

Name of Worker	Marcia Ross/Farzana Mahmood: Sandwell Health Authority (Look After Yourself)
Events	Blood Pressure
	Physical Activity
	Pulse Check
	Stress & Relaxation Exercises
	Health Discussion/Hand Out Leaflets

Monday 31st May 1999

Name of Worker	Alison Hooper: Health Visitor
Events	Talk on Incontinence/Constipation
	Show Different types of pads
	Catheter
O.H.P.	Hand Out Leaflets
TV and Video	

JUNEMonday 7th June 99

Name of Worker	Janet Mendez: Health Visitors
Events	Home Safety
	Talk on Falls and Show a Video
	Talk on Osteoporosis
O.H.P.	Hand out Leaflets
TV and Video	

Wednesday 9th June 99

Name of Worker	Chris Banton: McMillan Nurse
Events	General Discussion
	Service Users with Terminal Illnesses
	Leaflet on Service
O.H.P.	
TV and Video	

Wednesday 16th June 99

Name of Worker	Noreen Barker/Barbara Gene: Head Diabetic Nurse
Events	Presentation on Diabetes
	Treating Condition: Medication etc.
	Checks on Eyes and Feet etc
O.H.P.	Hand out Leaflets
TV and Video	

Monday 21st June 1999

Name of Worker	Marcia Ross/Farzana Mahmood: Sandwell Health Authority (Look After Yourself)
Events	Blood Pressure
	Physical Activity
	Pulse Check
O.H.P.	Stress & Relaxation Exercises
TV and Video	Health Discussion/Hand Out Leaflets

June (Continued)Wednesday 23rd June 1999

Name of Worker	Erika Ottley: Stroke Co-ordinator Sandwell Healthcare NHS Trust
Events	Margaret Broom: Stroke Association
	Talk on Stroke
	Causes and Prevention
O.H.P.	Hand Out Leaflets
TV and Video	

Monday 28th June 1999

Name of Worker	Susan Smith: Health Visitors Sandwell Healthcare NHS Trust
Events	Role of Health Visitors with the Elderly Population
	General Discussion
	Hand Out Leaflets
O.H.P.	
TV and Video	

African Caribbean Health Initiative***Questionnaire***

- | | Yes | No | Do Not
Know |
|--|--------------------------|--------------------------|--------------------------|
| 1. Do you suffer from _____? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you aware of _____ support services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you know how to access _____ services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you currently use the above support service? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you require referral to the above service? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

African Caribbean Health Initiative

Date: _____ / _____ / _____

Health Initiative Session _____

Name: _____

General Health Check

It is advised that you seek advice from your G.P. in regards to:

- Stroke
- High Blood Pressure
- Diabetes
- Other _____

The aim of this initiative is to address the low take up of service by the African Caribbean Community. With this in view, we are working in partnership with Black Country Mental Health Trust, Sandwell Healthcare NHS Trust, Sandwell Health Authority, Sandwell Social Services and other Voluntary Sector Service Providers.

Signed: _____ Print: _____

Health Session Worker