BHI Women's

Inspirational

Health Conference

OCTOBER 2012
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**BHI**

BHI is a Community Engagement Organisation in Leeds working within communities for equal access to Education, Health and Social Care provision.

Within the last three years, BHI has developed bespoke programmes to ensure that the profile of health and wellbeing issues that disproportionately affect minority communities in Leeds are being raised.

**National Perspective**

A gender equity approach, recognises the different challenges that women and men face in managing their health, including their different health requirements and the different barriers they face in accessing services.

In 2002, the World Health Organisation (WHO) released the Madrid Statement, saying:

"To achieve the highest standard of health, health policies have to recognize that women and men, owing to their biological differences and their gender roles, have different needs, obstacles and opportunities."

The underlying causes of gender inequality are related to social and economic structure, which is based on informal and formal norms, and practices. Consequently, the access of women particularly those belonging to certain sections of society remain largely marginalised, poor, disadvantaged and socially excluded.

Many migrant women also experience a double disadvantage due to lower levels of English proficiency than male migrants, which impacts on the ability to access health related knowledge, health services, and more broadly, education, employment and income. Additionally many may face particular health challenges and often have little or no family contact or support.

The adoption of western diets and lifestyles and changed environments can accelerate the development of diabetes and associated conditions in some groups. Particular cultural practices and beliefs can increase risk, for example, of breast cancer. Long-term misdiagnosis of lupus and hysterectomies due to fibroids complications do not give good opportunities.
EVENT AIM

The Conference focused on key health issues confronting women, including Lupus, Breast Cancer, Diabetes and Fibroids.

EVENT RATIONALE

- To link the voice of women from minority communities to the health care ‘system’. Influencing policy change and targeted inclusivity to ensure equality of service, from a grassroots perspective.
- To encourage women to make their health a priority; influence lifestyle choices and support behavioural changes. The day will bring together minority communities, health agencies, charity organisations, business and NHSs to stimulate women’s health.

To encourage and empower women to access health services by:

- Visiting a health care professional to receive regular check-ups and access screening programmes
- Improving physical activity
- Advising on healthier eating variants
- Increasing ‘mental health’ awareness.
- Avoid unhealthy behaviours such as smoking and large alcohol consumption
- Raise awareness of main health issues which disproportionately affect sections of the community

This conference was an open assembly to women who reside within the City of Leeds. Over 50 women delegates signed in on the day from diverse communities. BHI aimed for the women to have a greater understanding, and to be empowered around the signs and symptoms of each of the workshops and improve access to services and support agencies.
METHODOLOGY

1. Outreach

BHI Women’s Health and Wellbeing forum volunteers were mobilised to prepare the event giving out personal invitations to generate interest and increase participation.

The women that attended the event found out about it through the following methods of outreach:

- Advertisement through community radio stations
- Posters distributed within local businesses, dissemination within voluntary organisations
- Social media was utilised
- Announcements at BHI drop in and activities

2. Venue

A community venue was used as BHI’s working experience evidences that a venue in the community and an informal room layout is conducive to the target audience.

3. Transport

Provided to ensure those who wished to attend were included

4. Food

This is a major part of our process for ensuring attendance- as part of the engagement model. An assortment from a healthy Caribbean menu with fresh fruit was available. This proved to evidence of preparation and cooking of Caribbean food which supports the addressing of Obesity. The eating together provided opportunities for networking and visiting the various organisational/service stalls. These stall supported the emerging needs for the women who required information around additional health issues as reflected within the previous year’s conference.
BHI Women’s *Inspirational* Health Conference Programme

10.00 Registration / Refreshment

10.30 **Louise Walker** Activity Lifestyle Officer
Leeds City Council

10.40 **Heather Nelson:** *CEO BHI*

10.50 **Beverley De-Gale:** *OBE Co-founder of African Caribbean Leukaemia Trust (ACLT)*

11.10 **Rob Webster:** *Chief Executive of Leeds Community Healthcare NHS Trust*

11.30 **Dr Bertha Ochieng:** *Senior Lecturer Bradford University*

11.50 World Café Workshops
- Lupus
- Fibroids
- Diabetes
- Cancer/s

13.25 **Heather Nelson:** In conclusion

13.30 Lunch
Keynote Speakers

Beverley De-Gale OBE: Co-founder of African Caribbean Leukaemia Trust (ACLT)

As the conferences inspirational speaker Beverley De-Gale spoke on the low uptake of African, African Caribbean and Dual Heritage people registering on the list to support blood, marrow and organ donation. Beverly’s journey commenced with her son Daniel in 1996 when she learnt that he faced 1-250,000 of finding a bone marrow match as a member of the ethnic community. Subsequently ACLT was born.

ACLT works in partnership with:

- NHS influencing their blood donor awareness programme
- Training of nurses on ‘phlebotomy’ withdrawal of blood from darker skin

ACLT Programmes consists of:

- Registration on the ACLT donor list
- Awareness of the lack of donation/cause and effect
Rob Webster: Chief Executive Leeds Community Healthcare NHS Trust

Rob Webster became CEO of LCHNHS Trust in 2011. The need for communities, within the City of Leeds, to not only receive services from the Trust but to be able to be part of the Trust becoming a Foundation.

Rob emphasised the need for all the services delivered by LCHNHS Trust to be inclusive, provide equality of service and be fit for purpose as immediate goals on his arrival.

Partnership working has led to commissioning BHI to reach communities which may not have knowledge of Leeds Community Healthcare Trust and/or aware of the different NHS Services in Leeds e.g. Leeds Teaching Hospital Trust. The signing up of members drive by BHI evidenced how successful targeted work can be.
Dr Bertha Ochieng: Senior Lecturer School of Health Studies, University of Bradford

Dr Ochieng’s teaching and research activities largely cover the areas of public health - family, adolescent and children and in particular Health and Healthy Lifestyle and the experiences of the UK Black Families in accessing the Health and Social Care services.

Dr Ochieng focussed her presentation on Fibroids within women of African descent and the medical procedures in removing the whole uterus rather than presenting options to the patient. Dr Ochieng emphasis on being aware, conduct research and be informed to allow informed decision making on issues pertinent to yourselves (as women) was a welcome directive.

Presented information on:

- Fibroids statistics medical and surgical care
- A social injustice issue
  
  Treatments and challenges

Each presentation was 20 minutes in delivery and a further 10 minutes for questions and discussions from the delegates.
BHI’s ‘World Café’ - Sharing of Knowledge

Breast Cancer Macmillan Cancer Support

Diabetes UK
The conference was structured to incorporate the world café sharing of knowledge with the following professionals representing these organisations / health issues. A specialist and a BHI Health Ambassador who had that particular health experience were present on each discussion, sharing factual information and personal experience.

The delegates were encouraged to visit each designated table for 20 minutes to receive and share information as well as ask questions. The information shared included:

- Cultural myth busting
- Raising awareness of sign and symptoms
- Encouraging early presentation
- Awareness of treatment options
BHI Debators – Teenage Health and Wellbeing

October is designated Black History Month.

BHI Teenage Health and Wellbeing project decided they wanted to explore the need for such a month. Leeds Community Healthcare NHS Trust sponsored the Debators who took this question ‘Is Black History Still Relevant in 21st Century’ on tour around selected secondary schools in the City of Leeds.

The Debators performed a ‘synopsis’ during the conference much to the delegates’ delight. The thought provoking topic motivated the discussion to continue long after the showcase.

The young women making their presentation.

‘BHI Debaters’ with sponsors Rob Webster CEO and Richard Warlock Equality and Diversity Manager LCHNHS Trust.
LUPUS

London Lupus Centre of Research Dept: ‘Some of the most intensive research has looked into the suggestion that lupus is a viral disease. Clinically, there are many “flu-like” features, and a number of observations suggest that a virus may be the cause. One virus, which has often come under suspicion (but not proven), is the ‘E-B’ virus of glandular fever. Some years ago, considerable interest was aroused by the finding of a viral "C-type" particle in biopsy tissue from patients with lupus. To date, this is the nearest direct evidence for a viral cause for SLE.’

Both men and women suffer from lupus, however more than 90% of people who suffer with lupus are women between the ages of 15 and 45. Women of African, African Caribbean and Asian descent are at greater risk of getting lupus than white women of the same age. The cause of systemic lupus erythematosus (SLE or lupus) is unknown. Finding the cause is the object of major research efforts.

Factors that may contribute to the cause of lupus include viruses, environmental chemicals and the person's genetic makeup.

Female hormones are believed to play a role in the development of lupus because women are affected more commonly than men. This is especially true of women during their reproductive years, a time when hormone levels are highest.

The observation that lupus may affect more than one member of the same family has raised the possibility that the tendency to develop lupus may be inherited. Having such a tendency, however, does not predict that a relative will develop lupus. Approximately 10 % of lupus patients have a close relative with lupus.

Common Signs and Symptoms

- Joint pain and stiffness with or without swelling
- Muscle aches, pains, or weakness
- Fever with no known cause
- Feeling very tired
- Butterfly-shaped rash across the nose and cheeks
- Unusual weight loss or weight gain / hair loss
- Anaemia / Purple or pale fingers or toes from cold or stress
- Trouble thinking, memory problems, confusion
- Kidney problems with no known cause
- Sun or light sensitivity
Lupus Round Table Evaluation and Feedback

We asked participants how confident they felt on a scale of 1-5 regarding their knowledge on the subject of lupus. The results below highlight confidence levels pre and post the session with C1 rated as the lowest confidence level.

Our post results show that 89% of participants stated they felt highly confident in their knowledge of lupus, an increase of 22% compared with pre confidence levels.
DIABETES

Earlier this year the National Diabetes Audit found almost 450,000 children and younger adults (aged up to 54) with diabetes have high-risk blood sugar levels that could lead to severe complications.

The audit is managed by the NHS Information Centre and commissioned by the Healthcare Quality Improvement Partnership (HQIP).

Audit lead clinician Dr Bob Young, consultant diabetologist and clinical lead for the National Diabetes Information Service, said:

"For the first time we have a reliable measure of the huge impact of diabetes on early death. Doctors, Nurses and the NHS working in partnership with people who have diabetes should be able to improve these grim statistics."

Barbara Young, Chief Executive of Diabetes UK, said: "These figures are incredibly alarming as there is no reason why people with diabetes cannot live long and healthy lives if they receive the right care and support to help them manage their condition”.

"Self-management is very important, but it is also vital that people with diabetes receive the care they need to help them manage their condition in the first place”.

"We know that half of people with Type 2 and more than two thirds of people with Type 1 diabetes are not receiving the care they need to stay healthy, so it is imperative we take action now to stop even more lives being needlessly cut short."

Some 290,000 people in the UK have Type 1 diabetes and another 2.6 million are diagnosed with Type 2.

Common Signs and symptoms

- Increased thirst
- Increased urination especially at night
- Extreme tiredness
- Genital itching or regular episodes of thrush
- Blurred vision
Diabetes Round Table Evaluation and Feedback

We asked participants how confident they felt on a scale of 1-5 regarding their knowledge on the subject of diabetes. The results below highlight confidence levels pre and post the session with C1 rated as the lowest confidence level.

**C1 not confident  C2 slightly confident  C3 fairly confident  C4 confident  C5 very confident**

Our post results show that 80% of participants stated they felt highly confident in their knowledge of diabetes, an increase of 35% compared with pre confidence levels due to attending BHI’s Women’s Inspirational Conference.
FIBROIDS

Research has not proven why fibroids are more common within women of African heritage, but there are some speculations

- African, African Caribbean women are two to three times more likely to get fibroids than Caucasian women.
- Fibroids also seem to occur at a younger age, grow more quickly, and are more likely to cause symptoms.
- Women with a family history of fibroids are twice more likely to develop fibroids than women with no family history.
- This leads to higher rates of surgery for African, African Caribbeans, both myomectomy and hysterectomy.

Signs and symptoms

- Haemorrhage heavy or painful periods
- Abdominal discomfort or bloating
- Painful defecation, back ache
- Urinary frequency or retention
- Pain during intercourse
- When small may be entirely asymptomatic

Some studies suggest that black women who are obese and who have high blood pressure are more likely to have fibroids. Additional surveys show that black women consume fewer servings of dairy products than white women consume and have lower intake of calcium, magnesium and phosphorus this disparity is attributed to growth of fibroids.
Fibroids Round Table evaluation and feedback

We asked participants how confident they felt on a scale of 1-5 regarding their knowledge on the subject of fibroids. The results below highlight confidence levels pre and post the session with C1 rated as the lowest confidence level.

C1 not confident  C2 slightly confident  C3 fairly confident  C4 confident  C5 very confident

Our post results show that 90% of participants stated they felt highly confident in their knowledge of fibroids, an increase of 24% compared with pre confidence levels.
BREAST CANCER

Breast cancer is the most common cancer in women in England. In 2010, 41,259 new cases were diagnosed, an increase of 1.8 per cent (731 cases) compared to 2009. There were 126 new cases per 100,000 women in 2010, compared with 125 new cases per 100,000 women in 2009. These incidence rates have increased by 90 per cent between 1971 and 2010.

Just over 9,700 women died from breast cancer in England in 2011, a rate of 24 deaths per 100,000 women. These mortality rates fell by 37 per cent between 1971 and 2011. Breast cancer is the second most common cause of cancer death in women, after lung cancer.

Earlier detection and improved treatment for breast cancer mean that survival estimates have risen steadily. Survival from breast cancer is higher than that for the other major cancers in women - cervical, colorectal, ovarian, and lung (Office for National Statistics, 2011).

A large proportion of breast cancer cases in developed countries are related to reproductive and hormonal factors, obesity, alcohol and physical activity (Cancer Research UK, 2012). It is estimated that about 27 per cent of cases of female breast cancer in the UK are linked to largely modifiable lifestyle and environmental factors (Parkin, Boyd and Walker, 2011).

Common Signs and symptoms

- A lump or area of thickened tissue in either breast
- a change in the size or shape of one or both breasts
- discharge from either of your nipples (which may be streaked with blood)
- a lump or swelling in either of your armpits
- dimpling on the skin of your breasts
- a rash on or around your nipple
- a change in the appearance of your nipple, such as becoming sunken (inverted) into your breast
- pain in either of your breasts or armpits not related to your period
Cancer Round Table Evaluation and feedback

We asked participants how confident they felt on a scale of 1-5 regarding their knowledge on the subject of cancer. The results below highlight confidence levels pre and post the session with C1 rated as the lowest confidence level.

C1 not confident  C2 slightly confident  C3 fairly confident  C4 confident  C5 very confident

Our post results show that 100% of participants stated they felt highly confident in their knowledge of cancer, an increase of 33% compared with pre confidence levels.
EMERGING NEEDS

- Need for clear, objective, full and prompt information in both verbal and written form at every stage of review and consultation

- Need relevant information relating to individual cases about the disease, diagnostic procedures, treatment options and effectiveness are currently given

- Bite sized digestible information as the is given in large quantities at initial consultation

- Current information about sources of social and practical help, such as local support groups and disability and benefits helplines, both verbally and in written form needs to be made available

- Information not provided in appropriate languages / formats for patients from minority groups.

- No reference points available from patient records currently that include a checklist to show what information has been provided

- Referral pathway for social prescribing needs to be easily accessible by patients
**Needs-based Recommendations**

- Cultural competency training of health care practitioners to develop an awareness and recognition of the ways in which the sociocultural backgrounds of the patient and provider influence the patient’s health.

- Patients should be offered clear, objective, full and relevant information in both verbal and written form at every stage of review and consultation in appropriate languages.

- Each patient should receive information relevant to his/her individual case about the disease, diagnostic procedures, treatment options and effectiveness.

- Information be given to patients using the bite size methodology and should delivered in such a manner that meets their learning preferences.

- Information about sources of social and practical help, such as local support groups and disability and benefits helplines, both verbally and in written form should be embedded in the referral pathway / support packages.

- Information should be provided in appropriate languages and formats for patients from minority groups.

- Patient records should include a checklist to show what information has been provided and monitored for access at the varying stages as required.

- Social prescribing should be offered utilising the voluntary sector’s expertise into individual health and wellbeing support embedding into the referral pathway.

- Monitoring of patients records measuring access to specialised support services and social prescription access referrals.
REFERENCE

Boston University School of Medicine
Cancer Research UK (2012)
Diabetes and Stroke Association (March 2008)
London Lupus Centre of Research (2010)
National Institute of Clinical Excellence (NICE)
The Ottawa Charter for Health Promotion
UK Office for National Statistics (2011)