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In Practice

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In Practice

Providing access to health services and education is a challenge in ethnic minority communities. A scheme in Lancashire is currently addressing this issue



South Asians originating from India, Pakistan and Bangladesh comprise around 4% of the UK population and are more at risk from diseases such as diabetes, renal disease, cardiovascular disease and stroke from a young age. Compared to the general population South Asians access health services less frequently. Furthermore the control of chronic conditions like diabetes, hypertension and hyperlipidaemia poses a big challenge.

Lancashire Gujarat Health Users Forum (LGHUF), based at Preston, was established in October 2001 with the aim of increasing awareness of the range of Health Care Services available and to encourage its optimal use in the South Asian Community. A high proportion (15.5%) of the population of Preston is from ethnic minority groups and the largest minority group is that of Asian or Asian British ethnicity.

Since 2002 LGHUF has organised a yearly Health Mela in Preston's Gujarat Hindu community centre, which is free to the general public. It is the first event of its kind in the UK that is organised by the local South Asian community and acts as a unique partnership between the general public and health related organisations.

The main role of the Health Mela is to provide a 'Health Check Up'. This

comprises of measuring height, weight, blood pressure, capillary glucose and cholesterol and taking a brief medical and lifestyle history. Framingham risk score is used to derive the 10-year cardiovascular risk and the Leicester risk score to predict the risk of developing diabetes. The information is used to give an idea

of the likely risk of diabetes and cardiovascular disease in numerical terms.

The Health Mela empowers people to look after their health in their own non-threatening environment. Whatever their problem, people have the chance to ask questions about their health and are counselled about lifestyle modification to help make improvements. For people who have a BMI greater than 25, a detailed dietary and exercise history is taken and they are counselled regarding changes to their diet and exercise habit. Similarly smokers are advised of the long-term effects of smoking and are encouraged to make a self-referral to the local 'Stop Smoking' service. Adhering to treatment is also strongly emphasized if individuals have pre-existing chronic conditions like diabetes, hypertension, ischemic heart disease etc. To ensure the counselling is most effective, advice is only given about one important lifestyle change during each session. This direct access to health advice is an important factor in the success of the scheme.

The scheme has helped lead to early diagnosis and helped people to access further medical attention. In 2010 alone one new case of diabetes was diagnosed along with 16 cases of impaired glucose tolerance and six new cases of hyperlipidaemia with cholesterol >7mmol/L.

If individuals are referred to their GPs they are reassured at that time that there is no immediate danger and the treatment of these silent conditions will improve their health in the long run.

The concept of the Health Mela was envisaged as a model which could bring the community and various health services together so that people could be informed about the prevention of disease and the services available to them. The model has received warm acknowledgement from the medical students and trainee doctors carrying out the scheme, who have found the experience develops their community awareness, communication skills and clinical expertise.

The Health Mela is conveniently located and easily accessible. People are able to go for a Check Up at the weekend and the fact that it is held at a community centre provides a friendly environment. Involvement at this event suggests that South Asians are thinking about their health but may have a problem accessing usual health services. There was a nearly 50% increase in the number of visitors who registered at the gate to attend the Health Mela, from 599 in 2004 to 942 in 2009. The majority of these were from a South Asian background. The health check up is still growing in popularity, especially amongst those younger than 50 years old.

The success of this model is demonstrated by ever increasing attendance as well as the satisfaction shown by the healthcare providers. The event demonstrates a way to provide health care and guidance to a group of people that are typically hard to reach. Through providing a welcoming and easily accessible environment hard to reach groups are able to receive the correct medical attention which could have long term benefits to their health. This model has been replicated in other places across the county including Bolton and Chorley and will be piloted in London in 2011.

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