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## **Evaluation of Pacesetters Wave 1 Local Change Ideas**

### **NHS Sheffield Ethnicity Project**

### **Working with South Asian Taxi Drivers to prevent CHD Champions for Achieving Better Health in Sheffield (CABS)**

Evaluation Report prepared by  
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**NHS Sheffield Ethnicity Project**  
**Working with South Asian taxi drivers to prevent CHD**  
**Champions for Achieving Better Health in Sheffield (CABS)**

## **1. Context and Background**

This project grew out of a desire on the part of NHS Sheffield to act on some alarming statistics relating to health inequalities for BME groups, namely:

- that South Asian men are 50% more likely to die prematurely of coronary heart disease (CHD) than the general population;
- The prevalence of stroke is 70% higher in South Asian men than the average;
- The risk of Type 2 diabetes in South Asians is up to 6 times higher than in the white population.

Furthermore, the introduction of the Gender Equality Duty provided an additional rationale for focussing specifically on the inequalities faced by men in accessing healthcare – a group often ignored in community-based health initiatives.

In line with the Pacesetter's philosophy of trialling small, targeted interventions to tackle health inequalities – the Pacesetters Lead for NHS Sheffield (formerly Sheffield PCT), Permjeet Dhoot, came up with the idea of working with a group of taxi drivers to address the issue. The vast majority of taxi drivers in the City are from a South Asian background and the sedentary nature of their work, coupled with late night shifts, poor eating habits and high levels of smoking, makes them a particularly high risk group. Furthermore, their visible and influential position, both within their families and wider communities, as well as their daily interaction with members of the public, means that they could play a potentially powerful role in passing on health messages.

## **2. Inputs and Activities**

Initial community engagement for the project took the form of a half-day consultation meeting attended by a number of drivers identified and invited through existing contacts. This meeting, which took place at the Pakistan Muslim Centre in November 2008, provided an opportunity for Permjeet to share and discuss her idea for the project as well as presenting to drivers evidence of the elevated risk of CHD for the South Asian community. It was agreed at this meeting that a 2-day training course on CHD would be offered to a core group of taxi drivers who would then become 'champions' for the project. Reflecting on the meeting, Permjeet says:

*"In response to this meeting many of the elements of the original thinking I had done came from the drivers themselves. I very much played a back seat role, offering guidance and ideas and helping to shape some of their thinking."*

One of the requests made by drivers at this meeting was that the PCT provide an opportunity for drivers to be screened for CHD and diabetes; this screening component consequently became the second strand of the project.

A key aim of the meeting was to convey to the drivers the concept of 'health champions' and discuss with them the feasibility of taking on the role.

*"One of the things I said to the drivers was that this is about leadership. It's about me showing my leadership in saying that something needs to be done. However, my leadership is limited and is only effective within the PCT; it's not going to be effective or powerful enough to take the community with me. It certainly hasn't worked in the past when people have done that. It needs to come from within the community and that's where the whole concept of community champions came from. The people there took on that leadership role because they're very well known within their communities, they already have leadership skills in place and fully understood where I was coming from."*<sup>1</sup>

Drivers were asked to 'spread the word' about the training to friends and colleagues that they felt possessed the requisite skills and qualities to perform the role of 'health champion' for the project.

Following the meeting, Permjeet was able to secure the involvement of Dr Mahendra Patel of Bradford University and the South Asian Health Foundation to deliver the course, supported by a number of other staff from the PCT. A CHD specialist nurse from the PCT was also invited to attend for quality assurance purposes and, potentially, to facilitate the delivery 'in house' of similar training in the future. From the start, Permjeet felt it crucial to secure and sustain the engagement of the clinical team from the PCT's 'Long-term Conditions Group'. She describes them as "*fantastically supportive*" of the project.

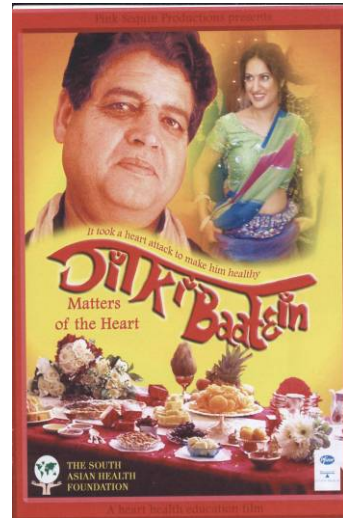
The 2-day training course took place in February 2009 and, despite severe snowstorms, was attended by 15 drivers. The course covered the following topics:

#### **Coronary Heart Disease Training for Asian Taxi Drivers**

- What is Coronary Heart Disease (CHD)?
- The link between CHD and BME groups.
- Risk factors for Cardio-vascular disease (CVD).
- Medications for the prevention/treatment of CHD.
- Calculating cholesterol, diabetes, blood pressure, BMI, hip/waist ratio
- The importance of physical activity
- Eating for a healthy heart
- Smoking cessation
- Introduction to basic life support
- Advocacy and being a Health Champion

<sup>1</sup> Interview with Permjeet Dhoot, 9<sup>th</sup> September 2009

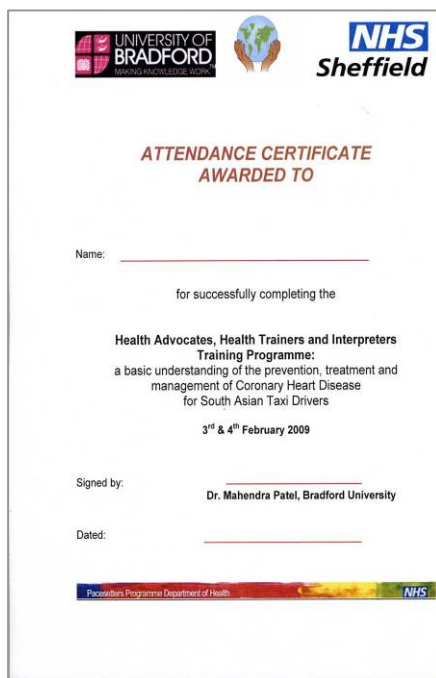
Included in the training was a screening of 'Dil Ki Baatein' (Matters of the Heart'), a DVD produced by the South Asian Health Foundation which aims to promote awareness of the risks and prevention of CHD amongst Asian communities through a Bollywood-style film. All the drivers were given copies of the DVD to take away and show to others.



The training was very well-received and levels of participation and enthusiasm were high throughout. Furthermore, a simple knowledge test administered at the beginning and end of the course demonstrated a “significant shift in knowledge amongst all drivers”<sup>2</sup> as a result of the training, with the average score rising from 15, to 23 out of 25. Several of the drivers described the course as an ‘eye-opener’ and particularly appreciated the very visual way in which information was presented. The impact was immediate:

*“The men had already made changes after one day, in terms of health choices, for example, changing to semi-skimmed milk, joining the gym, talking to their partners and children. I think, from what they were saying, the stark statistics shared with them were so graphic that it reminded them of so many people they know who had died much earlier than they should have – colleagues, friends and relatives.”<sup>3</sup>*

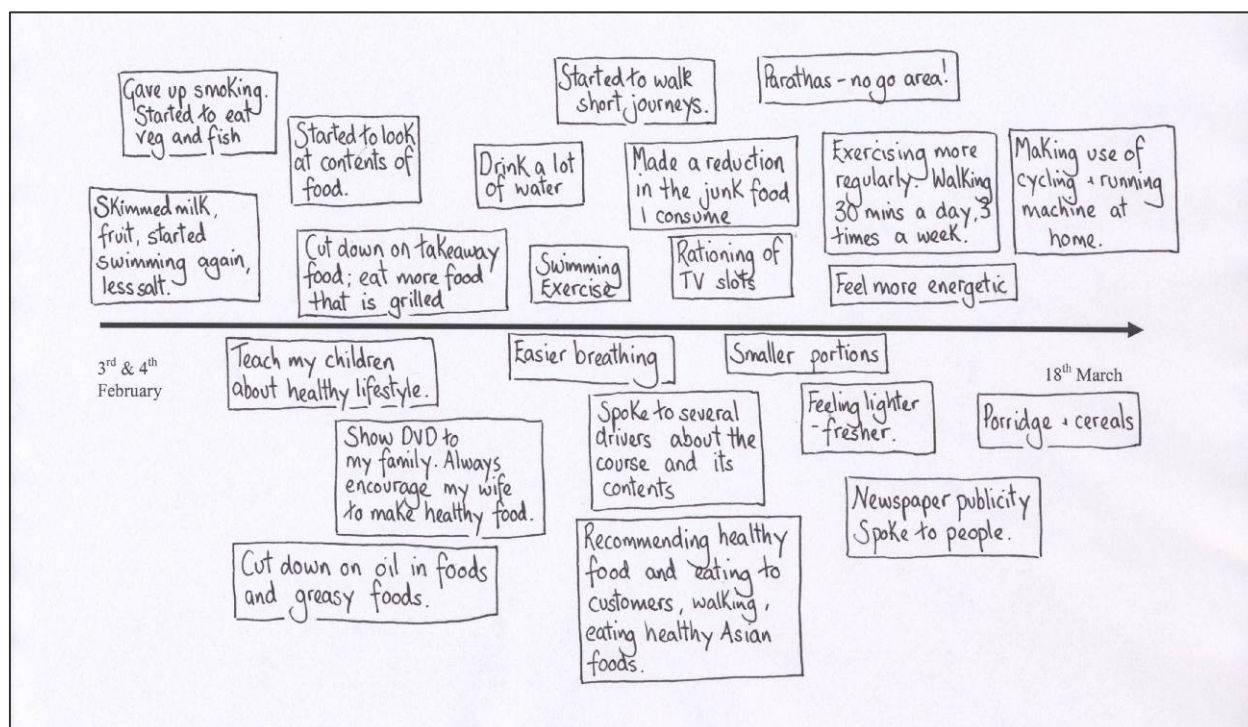
At the end of the training the 15 drivers received an attendance certificate. All drivers had been paid a fee of £100 a day to cover lost earnings, on the understanding that they would work with the PCT to take the project forward.



<sup>2</sup> From a phone interview with Dr Mahendra Patel, 6<sup>th</sup> October 2009

<sup>3</sup> Excerpt from Interim Project Report , March 2009

Six weeks later, the drivers came together again to reflect on and share what they had done since the initial training. It was evident from this meeting that levels of enthusiasm were still very high and that the impact of the training was being felt in all the drivers' families – and beyond. At this meeting the drivers worked in groups – pooling the key changes they had made on a timeline covering the first six weeks. One of these is reproduced below:



As a result of the positive publicity the project received in the local media, the PCT was approached by the new Sheffield City GP Health Centre offering to provide cardiovascular screening for the drivers. This would avoid the need for the PCT to work individually with GP practices and pharmacists across the city and mean that screening for all the drivers could be handled in one central location on a 'screen and treat' principle. All Health Care Professionals involved in the screening, follow up and treatment would follow a management protocol. Permjeet entered negotiations with the Sheffield City GP Health Centre, navigating a number of potential 'political' complexities surrounding the PCT's relationship with this new NHS provider and the private company, 'One Medicare', who had secured the contract to run it. Once fears around possible conflicts of interest had been allayed, an agreement was reached with the Sheffield City GP Health Centre and AstraZeneca Clinical Services<sup>4</sup> to screen and treat this taxi driver group, initially via a 2 day pilot.

Meetings were then held with the Sheffield Taxi Trade Association to publicise the screening to drivers. The 15 'champions' were also involved in leafletting other drivers and the screening opportunity was advertised through local

<sup>4</sup> Nurses were provided through AshfieldIn2Focus, sponsored as a service to medicine by AstraZeneca UK Ltd.

Asian radio stations. Drivers recall rumours circulating at the time that those found to have high blood pressure would 'lose their badge' – but they, and Permjeet, who made several visits to taxi ranks around the City to talk to drivers and hand out information, succeeded in countering the rumours.

On the 8<sup>th</sup> and 9<sup>th</sup> of June 2009, 80 taxi drivers attended the Sheffield City GP Health Centre for cardiovascular screening. As part of the health checks their height, weight, Body Mass Index, blood pressure, blood glucose, cholesterol, liver and kidney functions were all tested by the AstraZeneca Clinical Services Team following the pre- agreed protocol. The taxi drivers were all provided with dietary and lifestyle advice and how changes could consequently improve their health. Outcomes from the screening day are summarised below:

### **Outcomes from GP Screening Day**

#### **CVD Risk Thresholds**

From initial clinics, patients were identified using the CVD Risk Calculator, on analysis of this CVD risk, patients presented in the following bands:

One patient did not have CVD risk performed as he was a diagnosed diabetic. He was therefore automatically assessed as higher risk, and results given for him to be reviewed by his own GP.

CVD RISK 0-10%  
Total of 34 patients

CVD RISK 10-20%  
Total of 26 patients

CVD RISK 20-30%  
Total of 10 patients

CVD RISK 30-40%  
Total of 3 patients

CVD RISK 40-50%  
Total of 5 patients

CVD RISK 50+%  
Total of 2 patients

20 patients were assessed at elevated risk and therefore needing further follow-up

1:4 patients were found to have a BMI greater than 30. The threshold will be lowered to 27.5 for the next screening dates.

1:4 patients on the screening day were smokers and smoking cessation advice was given to them.

A follow up clinic was held on the 20<sup>th</sup> June by AstraZeneca Clinical Service Nurses – 30 appointments were made with 20 taxi drivers attending. Those taxi drivers who were assessed to be requiring further intervention were

offered the opportunity to see the GPs in the Sheffield City GP Health Centre or choose to see their own family doctor.

The screening sessions were very much appreciated by drivers who, despite some worries about their results, were keen to attend and extremely pleased with the service they received. 50 patient satisfaction questionnaires were completed by the taxi drivers, regarding the screening days with the AstraZeneca nurses. All were satisfied with the service, and 43 of these were highly satisfied with the service.

In July 2009, a second 2-day training event was delivered with a further cohort of 17 drivers – recruited to the project largely through the engagement work of the first group of ‘champions’. Again, feedback from the drivers was very positive and at a reflection meeting a few weeks later they too were reporting significant lifestyle changes in response to what they had learned.

A second round of screening for drivers is scheduled for November 2009. Following the outcomes from the pilot and working in conjunction with Permjeet and Sarah Pollard, the Public Health Lead Development Nurse, further improvements have been made to the collation of outcomes and data in line with NICE Guidance.

### **3. Outputs**

The project to date has delivered a number of important outputs:

- 33 South Asian taxi drivers have been trained as ‘health champions’ and are undertaking informal health promotion activity in their communities.
- 80 taxi drivers have attended health screening at the Sheffield City GP Health Centre and have been screened by the AstraZeneca Clinical Services Team with individualised lifestyle advice given.
- A successful and productive project partnership has been formed between:
  - NHS Sheffield
  - Taxi drivers as Health Champions
  - The Sheffield Taxi Trade Association
  - Bradford University/ The South Asian Health Foundation
  - The Sheffield City GP Health Centre
  - One Medicare
  - AstraZeneca
- The project has received positive publicity in the local media thereby further raising awareness of CHD risks for the South Asian community.

#### 4. Outcomes

One of the most important outcomes of the project has been the impact on the lives of the drivers who participated, and the informal work they are doing with others in the South Asian community to promote awareness and action around CHD. The following profiles capture some of this impact for four of the drivers involved in the first round of training.

##### **Tahir Ali**

Tahir is a 42 year old father of four. He has been a taxi driver for 13 years and took the decision when he married and had a family to stop working night shifts. He now tries to limit his work to a nine-to-five day. Although he has always been somewhat health conscious, the demands of work and family limited what he was able to do.



*"I wasn't exercising enough and slowly, slowly the weight just creeps on and before you know it, you've put on a couple of stone without realising it."*

When he attended the first meeting Tahir was unaware of the particularly high incidence of heart disease amongst the South Asian community. He describes the statistics as 'frightening' and reflects also on his personal motivation for participating in the project: *"Twenty years ago my father had a heart attack and he must have been about my age at the time."*

Since the course, Tahir has made 'lots of little changes' to promote healthier choices for himself and his family. He cooks a wide range of different dishes for his family and he and his wife are using more olive oil and grilling food rather than frying it. He has also become much more interested in ensuring his kids eat healthily and has started to limit their intake of high fat and sugary snacks/cereals and talks to them about the importance of diet and exercise. His wife now walks the children to school and Tahir has joined a gym which he goes to four times a week.

Tahir attended the screening sessions in June and was delighted to be able to have the range of tests. *"I wanted to find out – to have it there in black and white."*

In addition to having an impact in his own home, Tahir has become a keen advocate for the project and its message amongst friends, neighbours and fellow taxi drivers. One of the colleagues he spoke to has dropped from 20 to 14 stone with Tahir's advice and encouragement. *"Every time I see him he says 'That's the man I thank every day for changing my life.'"*

Of the project and his role as a 'champion' he says: *"I feel passionate. I want to share that knowledge."*

##### **Mohamed Imtiaz**

Mohamed is 47 years old and has been a taxi driver for 22 years. He has 5 children, aged between 25 and 9 years old.

A typical working day for Mohamed begins at 1 or 2 p.m. when he wakes up and has 'breakfast'. He usually begins work at around 3.30p.m. and finishes at 1 or 2 in the morning – often later at weekends. Before becoming a 'health champion' for the project, his shift often involved late night takeaways and he took very little exercise.



He first heard about the project through a friend's cousin who works at the PCT and went

along to the initial meeting to find out more. He was shocked by what he heard: *"It was an eye-opener and it did worry me"*. Since the training course, Mohamed has made a number of changes to his diet and lifestyle including setting up an informal badminton group with 12 other taxi drivers. He now plays 2 to 3 times a week, has lost weight and feels healthier.

Although it has been more difficult to change the habits of his family, Mohamed's wife now uses less oil, salt and sugar in her cooking and Mohamed is keen to spread the word to other friends, family members and fellow taxi drivers: *"People do listen and people do try to change"*.

In the future, Mohamed would very much like to see a venue open at night in Sheffield, where taxi drivers could exercise. Describing the impact of the project he says: *"I try to live by what I found out....I won't go back to my old lifestyle."*

### **Mohamed Yaqoob**

Mohamed Yaqoob is 44 years old and has been a taxi driver for 25 years. He has four children aged between 23 and 12, all of whom live at home.



Like many of the other drivers Mohamed struggled to fit healthy eating and exercise into his shift pattern. However, since his involvement in the project he has cut down on fatty foods, started eating much more fruit and, when he's not working, tries to walk rather than take the car.

Mohamed was also very glad to have the chance to attend the screening sessions: *"I intend to look after my health"*.

Some time ago, Mohamed used to organise a night-time football game for taxi drivers in the car park of a DIY store. The game would start after midnight and attracted 25-30 drivers, killing time until the nightclubs closed. If a different venue could be found, he'd like to set this up again, giving drivers an opportunity to exercise during the quiet time on their shifts.

As well as encouraging his family to live more healthily, Mohamed often chats to other drivers at taxi ranks about what he has learned.

### **Shaheed Nazir**

Shaheed is a 48 year old father of three. He has been driving for 25 years and tries to fit his work around his family, working both in the morning and again in the evening.



Shaheed was extremely impressed with the training course, describing it as *"well organised and practical"*. In addition to the valuable information on healthy eating and lifestyle, he very much welcomed the inputs on basic life support which he felt were particularly useful for taxi drivers.

Since the course Shaheed has made lots of changes to his lifestyle, cutting out late-night meals and increasing his intake of fruit and vegetables: *"You can only be a champion or an advocate if you can demonstrate it yourself"*. In addition, he has made an effort to share his learning with others and has organised viewings of the 'Healthy Heart' DVD he was given on the course for friends and family at the local church hall.

Shaheed is a strong supporter of the idea of using taxi drivers as health champions within their communities:

*"Who better to run with the project than those who are close to it? You lay the foundations – but we've got the confidence and the contacts. We know these people. They trust us."*

There is a definite feeling amongst the drivers that this is ‘their project’ and a sense of pride at having being involved with it. The recently launched logo for the project, developed in consultation with the drivers, cements the sense of project identity still further.



A further outcome of the project is an increased awareness of, and interest in health promotion on the part of the Sheffield Taxi Trade Association which is now developing initiatives of its own to increase physical activity amongst its members. As well as organising a sponsored walk event in aid of the Sheffield Children’s Hospital, it is hoping to establish a walking group and is applying to NHS Sheffield for project funding. This continuing dialogue between NHS Sheffield and the Sheffield Taxi Trade Association is seen by Permjeet as *“instrumental in driving the work forward.”*

## 5. Key Learning

Reflecting on the story of the CABS project, a number of key factors emerge as having been critical to its success.

The first of these is the **quality of engagement** and the **sense of ownership** this generated amongst the taxi drivers involved. The seed of an idea was taken to the initial meeting; the project was developed as a result of the discussion that took place with the drivers. The idea for screening sessions came from the drivers and was then acted on by the Trust. This willingness to offer ‘something in return’, despite the potential challenge of making it happen, helped to build a relationship of mutual respect and trust between NHS Sheffield and the champions.

A second factor was **the decision to pay the drivers** a fee of £100 a day for their attendance at the training. This not only helped to compensate for lost earnings, but demonstrated NHS Sheffield’s recognition of the drivers’ role and commitment to the project. These first two factors in turn contributed to the **enthusiasm and interest of drivers** in taking this work forwards –several are positively evangelical about the project!

A further key ingredient in the success of the project has **been the ability of the Project Lead to interface and influence both at a community level and across the hierarchy of the organisation.** This role has required resilience, tenacity and commitment, but being able to act as a bridge between NHS Sheffield, the community and the other key stakeholders in this project has been fundamental to the project's achievements.

Related to this is the way in which the project, from the outset, was **positioned within the mainstream** and had 'corporate buy-in' from NHS Sheffield. Although the project was largely driven by the Pacesetter's Lead whose brief included tackling health inequalities for BME groups, from an organisational point of view it was firmly located within NHS Sheffield's 'Long-term Conditions Group', ensuring clinical engagement and, it is hoped, the sustainability of the work.

## **6. Next Steps**

A number of additional inputs are planned as part of the project, as well as one or two 'spin-offs' from the work.

- The second round of dedicated screening sessions for taxi drivers is scheduled to take place at the Sheffield City GP Health Centre in November 2009, supported by AstraZeneca Clinical Services, with onward referral to smoking cessation/exercise/weight management as required.
- NHS Sheffield hopes to provide ongoing support to the 'health champions', including provision of some 'top-up' training sessions on particular topics e.g. smoking cessation.
- Sheffield City GP Health Centre is planning to run outreach screening sessions in the community. Although these will be organised along geographical lines, there may be scope within this to focus on specific occupational groups.
- NHS Sheffield is funding a part-time post for a BME Health Trainer, to be based at the GP Health Centre. The postholder will be able to continue working with the health champions, and the wider taxi driver community, offering signposting and advice.
- The learning from the project is now being used to inform the rollout in Sheffield of the National Vascular Check Programme.

Report prepared by:  
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