ASH Scotland Tobacco and Inequalities Initiative: NHS Lothian: Minority Ethnic Health Inclusion Project/ Lothian Dental Public Health Case Study Report

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1. INTRODUCTION

1.1 The Tobacco and Inequalities Project

The ASH Scotland Tobacco and Inequalities (T&I) Project is a nationwide community development project which focuses on capacity building and sustainability, raising awareness of inequalities with regards to smoking and health and identifying and disseminating good practice. The projects funded by the T&I small grants fund are categorised into three priority groups: black and minority ethnic communities (BME), older adults and mental health.

The T&I Small Grants fund was evaluated by a team of researchers from the University of Glasgow. The research uses an approach known as theory-based evaluation, which involves developing a 'Theory of Change' (ToC) for individual projects, tracking their progress and the outcomes achieved (Judge and Bauld, 2001). In addition, 3 case study projects were selected as part of the research and evaluated in greater detail to offer an insight into how the small grants funding has been utilised at project level.

The report describes the projects developed by the Minority Ethnic Health Inclusion Project (MEHIP) and NHS Lothian Dental Public Health Programme, which received funding from Wave One and Wave Two of the T&I small grants fund targeting tobacco and minority ethnic communities. The report is divided into five main sections. Section one briefly summarises some of the evidence regarding smoking amongst BME groups and introduces the MEHIP and NHS Lothian Dental Public Health projects. Section two describes the methods used to gather data for the case study. Section three describes the outcomes of the programme whilst section four discusses the contextual factors that shaped those outcomes. Section five concludes the report.

1.2 BME Groups and Smoking

Smoking rates amongst different ethnic groups in the UK vary, with some groups reporting rates higher than the national average, and others where prevalence, particularly amongst women, is reported to be much lower. Data from the General Household Survey (2001-03) shows smoking rates of 23.2% for Asian men and 5.3% for Asian women, 26.5% for Black men and 13.9% for Black women, 32.4% and 30.8% for men and women respectively who define themselves as mixed race and 31.2% for men and 14.0% for people in other ethnic groups. This compares with 26.6% and 25.5% for men and women in the White group as recorded by the General Household Survey (Association of Public Health Observatories, 2005, p. 33). In the 1999 Health Survey for England specific questions on smoking in different ethnic groups were included and the survey found that 44% of Bangladeshi men self reported smoking compared with 27% of the general population, whilst Chinese men self-reported 17% (Bhopal *et al*, 2004, p1). More local surveys, such as the Newcastle health and lifestyle survey, have found similar rates of 14% amongst Indian men, 32% amongst Pakistani men and 57% amongst Bangladeshi men (Bhopal *et al*, 1999, p. 217). The prevalence rates for women in South Asian communities were much lower in the Newcastle survey, with 1% of Indian women, 5% of Pakistani women and 2% of Bangladeshi women (Bhopal *et al*, 1999, p. 217).

Very few published studies have examined smoking rates amongst ethnic minority groups in Scotland. However, recent qualitative research carried out amongst groups in Glasgow found that tobacco consumption was high amongst some communities, particularly amongst men, while smoking was regarded as largely unacceptable for women (Asghar, 2000). These attitudes may precipitate covert smoking practices, which would not necessarily be captured by surveys or health professionals and result in an under-reporting of smoking amongst some minority ethnic groups, particularly by women.

The research in Glasgow found that smokers from minority ethnic groups were more likely to attempt to give up unaided and to seek advice on quitting within their own social circles rather than through formal services. There was generally a low level of awareness regarding tobacco control agencies, pharmacological aids such as NRT and prevention materials, and little use of smoking cessation services (Asghar, 2000).

The Glasgow study also indicates that cigarette smoking is the predominant method of tobacco consumption amongst minority ethnic populations in the city (Asghar 2000). However, there are a number of smokeless tobacco products that are also used. Tobacco can be chewed on its own or in paan masala when it is mixed with betel nut, areca nut (sopari), slaked lime and other flavouring agents. Gutkha are commercially manufactured, flavoured and sweetened tobacco products containing betel leaf, catechu and saffron, with packaging often designed to appeal to younger groups. Zarda is a chewing tobacco mixed with various spices, colourings and perfumes. Other types of chewing tobacco include mishri and creamy snuff that are used as teeth cleaning powder (ASH Scotland, 2004; McNeill *et al*, 2006).

The smokeless tobacco products available in the UK contain varying levels of nicotine. For example, gutkha products with a Tulsi mix contain up to 8.2mg/g, Hakim Pury (a form of zarda) contains up to 42.7mg/g whilst A. Guarder Gill (a tooth cleaning powder) can contain 64mg/g (McNeill *et al*, 2006).

Smokeless tobacco products available in the UK are not subject to regulation and there are no current standards for the maximum levels of toxins or carcinogens within the products (McNeill et al, 2006). This means those groups that use these products may be at particularly high risk of associated health problems, including oral cancer.

1.3 MEHIP and NHS Lothian Dental Public Health

MEHIP was established in 1999 to provide links between BME communities in Edinburgh and local health services, as well as representing those communities' views through a process of ongoing consultation. Another key part of their remit is to advise health professionals on culturally sensitive service delivery.

MEHIP received Wave One funding from the ASH Scotland Tobacco and Inequalities initiative to develop a resource pack about paan use, employing a community development approach. The pack was intended to provide accurate information about the harmful effects of paan to users, as well as alerting relevant health professionals about paan use and its implications. A key outcome would be to inform the development of a culturally sensitive cessation service.

MEHIP received £7,500 from Wave One of the T&I Initiative and levered additional funds from existing projects to put towards the community outreach work, funding hours for sessional workers. At the outset of the Wave One project MEHIP was staffed by the Project Manager, five link workers and an administrator.

MEHIP were also involved in the development of the Wave Two project, which was led by NHS Lothian Dental Public Health Services.

The aim of the Wave Two project was to provide culturally sensitive information on alternative forms of tobacco consumption and oral cancer to both BME communities and health professionals, particularly dentists and community pharmacists. The intended outcomes of the Wave Two project were to produce a patient information leaflet on oral cancer and associated risk factors, translated into Urdu, Arabic, Bengali and Chinese. A training programme, building on the Wave One resource pack, would be designed and delivered to community pharmacists, dentists and GPs based in the Lothians. Lastly, the project sought to add to the existing evidence-base on tobacco consumption, oral cancer and BME communities through quantitative and qualitative research with both health practitioners and smokers within BME communities.

The Wave Two project received £14,420 from the T&I initiative. The project manager and a Consultant in Dental Public Health delivered the project, with support from the MEHIP Project Manager.

2. METHODS

The initial research for this case study involved the development of a ‘Theory of Change’ (ToC) framework for the MEHIP Wave One project. This was jointly developed by the researcher and MEHIP Project Manager, laying out the overall outcomes for the project and mapping the required activities throughout the course of the project. The initial ToC was developed in November 2005 and a follow-up ToC was then carried out in November 2006. This is contained in Appendix 1.

A similar process was carried out for the Wave Two project, with an initial ToC developed between the researcher and the Project manager and Consultant in Dental Public Health in July 2006 and follow-up interviews were carried out with both individuals in May 2007. The ToC for the Wave Two project can be found in Appendix 2.

The research design was pragmatic, with the methods used limited by both the small capacity and nature of the project. As such, formal, semi-structured interviews were carried out twice with the three project leads, with several incremental unstructured interviews carried out over the course of the projects.

In addition, for the Wave Two work, questionnaires were jointly developed between the researcher and the Project Manager and Consultant in Dental Public Health to assess the baseline knowledge of health professionals on oral cancer and the associated risk factors, and awareness of the variety of smokeless tobacco products used within BME communities. A second questionnaire was developed between the researcher and Project manager and Consultant to evaluate the effectiveness of the training programme delivered during the Wave Two project. The questionnaires were

both distributed on the day of the training programme on April 17 2007, with the baseline questionnaire distributed before the training began and the evaluation questionnaire completed at the end. The questionnaires can be found in Appendix 3.

The researcher attended the training day, observing the presentations and groups sessions, with limited participation. Documentary review of the material produced by the projects was also carried out.

3. THE PROJECT OUTCOMES

3.1 Wave One

The need for greater awareness of tobacco issues amongst BME communities in Edinburgh had been identified in user focus groups carried out at the Central Mosque by MEHIP in 2003. This was consistent with the research carried out by the Scottish Ethnic Minority Research Unit (SEMRU) for ASH Scotland, which underlined the need for culturally and linguistically appropriate resources. As a result, MEHIP invited local smoking cessation services to participate in two health promotions events scheduled around No Smoking Day in 2004. The events were part of a broader community development initiative, Seha wa Salama (Health and Wellbeing), which was delivered in partnership between MEHIP, the Edinburgh Central Mosque, South Central Edinburgh LHCC, Ageing Well and New Opportunities Fund (NOF) Cancer Awareness.

Questionnaires were distributed at the events which led to the delivery of a men's health support group in August 2004, prior to Ramadan. Information was disseminated in English, Arabic and Urdu, with details on accessing primary healthcare services in Edinburgh, the role of MEHIP and a leaflet on quitting smoking. In addition, MEHIP had worked with Nari Kallyan Shango (NKS)[1] to examine paan use amongst Bangladeshi women in Edinburgh, with the subsequent development of a six week support group and information leaflet translated into Bengali. MEHIP had also worked with North West Edinburgh LHCC, Men In Mind and Black Community Development Project to deliver outreach events with the Sudanese and Muslim communities in Greater Pilton during Ramadan 2004.

The work carried out by MEHIP identified a low uptake of mainstream smoking cessation services amongst BME communities in the area and a need to develop culturally and linguistically appropriate resources. MEHIP applied for £15,000 over two years from the T&I Project to take this work forward, receiving £7,500 from Wave One of funding. The project started in August 2005.

The main aim of the Wave One project was the development of an awareness and cessation package using a community development approach. The initial ToC specified two long-term outcomes, which were to:

- improve understanding about the use of paan and smokeless tobacco in the South Asian communities and amongst health professionals in Edinburgh
- change attitudes towards the use of paan and smokeless tobacco in the South Asian communities in Edinburgh

1 Nari Kallyan Shango is the Edinburgh Health and Welfare group for South Asian Women

It was intended that a paan 'resource pack' would be developed containing information about paan use and harm and culturally and linguistically relevant smoking cessation. Simultaneously, the community development process was intended to feed back information about the motivating factors behind tobacco consumption within South Asian communities to health professionals in Edinburgh and the Lothians.

3.1.1 Outreach Work

It was intended that the project would draw on established links with local Arabic and Urdu communities and the Sudanese community in Greater Pilton, with outreach activities also targeted at other local BME communities within, for example, the Chinese, Turkish and Sikh population. In addition, four sessional workers would be recruited and trained to gather information and raise awareness of tobacco issues within the communities. The sessional workers would be supported by the five Seha wa Salama link workers based at MEHIP.

Following consultation with ASH Scotland it was felt that the initial scope of the project was too large for the resources available. Thus community work was channelled through the Polwarth and Central Mosques to access local Muslim communities. Four positions were advertised for sessional staff, male and female Urdu/Punjabi and Arabic workers, for 300 hours each. Funding for the sessional posts was not drawn from the ASH Scotland funds. Instead it was transferred from the Big Lottery funded Cancer Awareness Project as there were similarities between the objectives of the two projects.

Four people were identified and recruited for the sessional worker posts, however, the two female sessional workers withdrew before the work actually commenced. Thus, only the Urdu/Punjabi and refugee/Arabic workers, both male, started in January 2006. Both sessional workers received brief intervention smoking cessation training. The male Arabic sessional worker then left the post in June 2006. Consequently, of the four people originally recruited for the project recruited, only the Urdu/Punjabi sessional worker stayed in post over the course of the Wave One project.

The Wave One project was also significantly affected by staff turnover amongst the MEHIP link workers. The Indian/Pakistani link worker went on long-term absence in December 2005 and subsequently took a career break. In addition the Refugee/Arabic link worker went on short-term absence from work and left the post in June 2006.

Due to the reduced capacity of MEHIP, the Urdu/Punjabi sessional worker was supported directly by the Project manager rather than a link worker as intended. Furthermore, the absence of female sessional workers and link workers meant it was not possible to engage with women within the Muslim communities.

The Urdu/Punjabi and, before he left the post, the Arabic sessional workers carried out outreach work through the Polwarth and Central Mosques respectively, focussing principally on the impacts of the new legislation. Leaflets and posters were distributed in communities through information stalls at the mosques, local Urdu/Punjabi and Arabic community businesses and voluntary organisations.

The Urdu/Punjabi sessional worker carried out nine presentations after Friday prayers at Polwarth Mosque, three information/discussion sessions at Napier University, discussion sessions with Pakistani elders and further presentations at the Central Mosque, Shah Jamal Mosque, Bengali Mosque, Annandale Mosque, Telford College and Ghafoor Academy.

The Arabic sessional worker’s outreach work within Arabic communities included a 15 week information stall and sessions at Central Mosque, an information stall for Libyan Arabic school pupils, teachers and parents, and a presentation at Polwarth Mosque and Heriot Watt University Mosque. Information stalls were also placed in the Refugee Centre, the African Health Fair and the Ramadan Festival event in the Central Mosque.

MEHIP also carried out awareness raising events with the Sudanese community in partnership with the Black Community Development project.

Thus, whilst the progression towards changing attitudes of tobacco consumption was more limited than initially intended the project did carry out substantial awareness raising activities. It is important to note, however, that these activities were *not* supported by ASH Scotland funding but were instead made possible by using Big Lottery funds received by MEHIP to supplement the £7,500 received from ASH Scotland.

3.1.2 The Paan/Smokeless Tobacco Resource Pack

The Paan Resource Pack working group was established in August 2005, made up by representatives from North West Edinburgh and South Central Edinburgh LHCCs, and MEHIP staff. However, the community development projects that had been initially identified to join the steering group were unable to participate due to limited organisational capacity.

The working group specified that the resource pack would be developed in a written format and the scope was broadened beyond a focus on paan to include information on other forms of smokeless tobacco consumption in BME communities such as toombak, zarda, gutkha, shisha and nuswar.

Initial work on the resource pack progressed well. However, staffing and capacity problems also affected this work.

Three key members of the working group left NHS Lothian between August 2005 and June 2006. In addition, the literacy co-ordinator was unable to attend the majority of project meetings due to other work commitments. Thus, it proved impossible to complete the draft Paan/Smokeless Tobacco Resource Pack within the period of Wave One funding and the work was rolled forward into the Wave Two project with NHS Lothian Dental Public Health.

3.2 Wave Two

The Wave Two project was led by the project manager and consultant at NHS Lothian Dental Public Health, with input from the project manager at MEHIP. Links between MEHIP and NHS Lothian Dental Public Health had initially been formed

during the development of the Paan/Smokeless Tobacco Resource Pack. The idea for the project had been stimulated by NHS Lothian Dental Public Health's involvement in the Lothian Fast Track Mouth Cancer Project, which was aimed at encouraging dentists and community pharmacists to refer patients with symptoms of mouth cancer. The work on this project identified a need to translate information on mouth cancer into different languages.

The initial Wave Two bid laid out several key outputs: a patient information leaflet on tobacco and mouth cancer translated into Chinese, Urdu, Arabic and Bengali, a training programme for community pharmacists, GPs and dentists and last, to contribute to the evidence base of smokeless tobacco consumption and oral cancer. The ToC, developed between the external evaluator and the NHS Lothian Dental Public Health Project Manager and Consultant, subsequently specified the long-term outcome for the intervention. This was to increase awareness of the ill-effects of tobacco consumption (including chewing) in relation to oral cancer amongst health professionals and minority ethnic groups in Lothian, and to contribute to research in this field.

3.2.1 The Patient Information Leaflet

The content for the leaflet was developed jointly between the Project Manager and Dental Consultant at NHS Lothian Dental Public Health and then sent to the Integrated Language Service (ILS) at Heriot Watt University for translation. However, the process of back translation into English was problematic at ILS and the Project Manager and Consultant thus opted to have the leaflet retranslated by Interpretation and Translation Service (ITS) in NHS Lothian, on the advice of the newly appointed NHS Lothian Equality and Diversity Performance Manager. The leaflet was translated into Chinese, Urdu, Arabic and Bengali as initially intended. The leaflets were then sent to a graphic designer in NHS Fife. The leaflet has subsequently been piloted with community groups through MEHIP and copies will be disseminated to community pharmacies throughout the Lothians.

3.2.2 The Pilot Training Programme

Both NHS Lothian Dental Public Health and MEHIP were involved at the outset of the development of the training programme. The training would be CPD accredited and aimed primarily at dentists and community pharmacists. MEHIP and NHS Lothian Dental Public Health carried out work on their specific parts of the training programme independently, with the former focussing on cultural smokeless tobacco products and the latter working on mouth cancer specifically and the public health aspects of tobacco consumption. A final draft of the pilot training programme was then produced using PowerPoint slides.

A questionnaire was developed between the project team at NHS Lothian Dental Public Health and the researcher from the external evaluation. This was aimed at first assessing the baseline level of knowledge of training participants regarding mouth cancer and alternative forms of smokeless tobacco consumption and second, evaluating the training provided. The questionnaire was thus split into two parts and would be distributed at the start and end of the training programme. The questionnaire produced can be found in Appendix 3.

The training programme was piloted at the Scottish Health Services Centre in Edinburgh in April 2007. The training was carried out in an evening session lasting one and a half hours.

The pilot training programme was delivered only to community pharmacists. The initial ToC had specified that the pilot training programme would be carried out in June 2007 but this date was brought forward to fit within the timeframe of the external evaluation.

Information on the pilot training programme was sent to all community pharmacists on the NHS Lothian mailing list at the end of March 2007 but the level of demand was less than expected. Only six people expressed interest in attending, with four people actually coming along on the day. However, the Project Manager reflected that that the main function of the event was to deliver the pilot rather than engaging a specific number of participants:

> *"At the pilot training session we didn't get many participants that came along but that was actually quite useful because we didn't have a big number we were able to ask… certainly I felt it was easier to have a chat about one or two things in slightly more detail".*

Participants were not remunerated for attending but they were allocated CPD points. The training covered tobacco related issues particularly smokeless tobacco, the different cultural smokeless tobacco products available and the risk factors and associated symptoms of oral cancer. The presentation was then followed by an open discussion between the project team and the participants.

At the start of the training the participants reported variable knowledge of mouth cancer, with two people stating their knowledge was quite poor, whilst the remaining two people rated their knowledge as satisfactory and good. A similar pattern was seen when participants stated their knowledge of the associated symptoms of mouth cancer, with two people stating their knowledge was quite poor and two satisfactory. All participants rated their knowledge of smokeless tobacco products as poor and only one person was aware of paan and nuswar.

The pilot training programme received positive evaluations. After the session, all the participants reported increased knowledge of mouth cancer and its associated symptoms as well as increased confidence in dealing with patients who exhibited symptoms. Useful aspects of the training were identified as: the links between mouth cancer and smoking and drinking; the risk factors of mouth cancer; and the coverage of chewing tobacco products. However, two of the four participants felt that the coverage of smokeless tobacco products was too detailed to remember.

3.2.3 The Research Component

The Wave Two project was originally intended to contain a research component that would examine knowledge and attitudes regarding oral cancer, smokeless tobacco consumption and related health issues amongst minority ethnic communities and health professionals in the Lothians. The research was intended to utilise quantitative and qualitative methods, with a baseline survey carried out with a representative sample of health professionals and community workers prior to the training programme. The survey would then be repeated after the pilot training programme

had been piloted to assess the impact of the intervention. The qualitative part of the research would consist of semi-structured interviews with both health professionals and tobacco users within BME communities, which would explore further the health and cultural issues of chewing tobacco. Interviewees involved with the project reported that the short timescale for preparing the initial bid precluded an exhaustive literature search to ascertain whether there was existing research on BME communities and the consumption of smokeless tobacco;

> *"We did put the bid in very quickly – there was a very short timescale with the bid, you know… We did it very quickly, and on this first thought, qualitative research seemed a good idea to back up any quantitative work we did".*

Due to the limited capacity of the project it was decided not to proceed with the qualitative research. Furthermore, shortly after the commencement of the project, the project team discovered that relevant research incorporating smokeless tobacco issues and BME communities had recently been carried out by staff at the University of Edinburgh. Thus, carrying out the qualitative component of the project would have been somewhat redundant;

> *"*[The researcher at the University of Edinburgh had] *…actually done some work looking at smoking and covered smokeless tobacco. It was really in discussion with* [the researcher]*, to be honest she'd kind of shot our fox, she'd done some of the work already, we could probably have expanded on it but also from the discussions with her… just the problems and the level of organisation needed to do good qualitative research with hard-to-reach groups here in the population, we realised we had been, you know, fantastically optimistic about how easy it was going to be".*

Overall, therefore, the research component of the Wave Two project was significantly reduced. No qualitative work was conducted and the quantitative element was limited to a before and after questionnaire with four pharmacists who attended a pilot training session. The qualitative research laid out in the original bid was, in retrospect, overambitious given the limited time and budget available to the Wave Two project.

3.2.4 The DVD

Significant elements of both the Wave One and Wave Two work did not proceed as planned and therefore MEHIP and NHS Lothian discussed with ASH Scotland how best to use their remaining funding. It was decided that there was merit in developing a DVD covering mouth cancer, chewing tobacco and related health issues aimed at both health professionals and smokeless tobacco users. As with the leaflet, the DVD would be multilingual and translated into six languages. The DVD would be funded with underspend from the Wave One project and the Wave Two funding earmarked for research. ASH Scotland agreed to the request and work on the DVD began in February 2007. Waterborne Productions were approached to produce the DVD, as they had worked previously with MEHIP. The development of the DVD has been informed both by work carried out on the Wave One paan resource pack and the pilot training programme. The development of the DVD was seen as a natural evolution of the project:

> *"…we used the money to produce a DVD, and… it was almost like trying to kill two birds with one stone – it covers what we would like to do, but also, it helps to assess what the Wave One is doing as well and we can have our resources, you know, it covers a lot of topics. It'll hopefully be available to a lot of people".*

The dissemination strategy for the DVD had yet to be finalised at the time of writing. The project team have had preliminary discussions with ASH Scotland about an official launch and MEHIP has begun planning how to pilot the DVD with BME groups.

3.3 Future Plans

MEHIP continues to carry out work on tobacco and health with BME communities in the Lothians. NHS Lothian Dental Public Health planned to roll out the training programme to a wider group of health professionals with at least one training session in late 2007. This would be aimed at dentists, GPs and health visitors as well as community pharmacists.

The leaflets will be disseminated to all community pharmacists in Lothian through the NHS Lothian mailing list. The DVD was scheduled to be completed at the end of August 2007 and a dissemination strategy and launch date will be discussed with ASH Scotland.

4. DISCUSSION

MEHIP initially applied for £15,000 for two years funding from the T&I initiative and received a relatively modest sum - £7,500 - for one year. Instead of breaking the initial two-year proposal into two main stages, the project was simply downsized, with outreach work focussing on fewer minority ethnic communities. Consequently, the original application for funding was significantly different than the initial ToC.

Given the time-consuming nature of community development projects, the compression of the original Wave One timetable was perhaps a bit ambitious. It was also perhaps naïve to assume that skilled sessional workers with fluency in the key languages would be readily available. However, the upheaval caused by staff moving on could not have been anticipated. The Wave One project was therefore affected significantly by capacity issues and this was felt most heavily in the development of the paan resource pack which was first put back into the Wave Two project period and then changed shape as it became part of the content for a DVD. Thus, the objectives set out in the initial ToC were not met and the main output of the intervention was neither delivered on time nor in the intended format.

The Wave Two project also changed direction, with the discontinuation of the research element of the intervention and the subsequent development of the DVD. These changes were both practical and logical given the long-term outcome specified in the Wave Two ToC, *"to increase awareness of the ill-effects of tobacco consumption in relation to oral cancer amongst health professionals and minority ethnic groups in Lothian"*. The actual impact of the DVD in raising awareness will

obviously be dependent on the dissemination strategy put into place. However, the latter part of the intended long-term outcome, *"… and to contribute to research in this field"* has not been directly addressed.

The Wave Two project suffered delays in the production and dissemination of the information leaflet due to difficulties experienced during the translation process.

In contrast, the training programme was delivered earlier than originally intended, in April rather than June 2007, to fit in with the timescale of the external evaluation. This compression of the period covering design, promotion and delivery may have affected the number of participants, which were lower than anticipated. The project team reflected that the pilot could have been promoted more effectively, with a greater lead-in time. It should be noted, however, that the low number of participants was secondary to actually producing the material and piloting the training programme.

It is impossible to generalise the findings of the questionnaire due to the small sample size but all the attendees reviewed the training positively. The project team also reflected favourably on the pilot training programme as a learning experience and NHS Lothian Dental Public Health intend to roll out subsequent events to include dentists, GPs and health visitors. The project team has taken on board comments from the pilot evaluation. For example, less time will be devoted to the description of different smokeless tobacco products.

Fitting work on the project in with the main responsibilities of the project team's day-to-day activities was sometimes problematic. Thus, whilst the Wave Two project did not suffer from staff turnover, there were capacity related issues. This, however, is an issue not uncommon to small grants funded projects.

The partnership between MEHIP and NHS Lothian Dental Public Health was viewed as generally having worked well, although the former's involvement was constrained by capacity issues. MEHIP's role in the Wave Two project was beneficial in the development of the leaflet, training programme and DVD, providing information on the use of smokeless tobacco products amongst specific BME communities. The project team also noted that the project had benefited from the advice and support of ASH Scotland, who were consistently supportive of the work, even after the projects had changed direction.

5. CONCLUSIONS

The work undertaken by MEHIP and NHS Lothian Dental Public Health provides an example of a small grants project that experienced a number of difficulties and did not achieve all of its original objectives. However, useful work was undertaken. This included awareness raising activities about the harm of oral tobacco use amongst some of Edinburgh's BME communities, the development of leaflet about the links between tobacco use and oral cancer, development and delivery of training to health professionals (initially pharmacists, with wider training planned for the future) and the production of a DVD about smokeless tobacco and health. The leaflet, training and DVD are outputs which can be used by BME communities and health professionals and will contribute to efforts to reduce tobacco-related harm in Lothian in the future.

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Appendix 1: Wave One Theory of Change

Long-term Outcome 1: Improve understanding about the use of paan and smokeless tobacco in the South Asian communities amongst health professionals in Edinburgh

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
£7,500 from ASH Scotland (provided for one year from July 2005) Support from ASH Scotland staff Smita Grant, MEHIP team leader (project management) Jennifer Potter, SCLHCC smoking cessation coordinator, project coordination Admin support from MEHIP Project working group (minimal input to date) Some input from other voluntary workers (representing black community development project, Men in Mind, local mosque for instance)	Brief review of existing research evidence on smokeless tobacco Bring together project working group Needs assessment amongst South Asian community in Edinburgh Development of paan resource pack to inform professionals and communities about the risks associated with smokeless tobacco use Liaison with a range of local health professionals regarding the content of the pack Piloting the pack Awareness raising meetings/discussions with South Asian community	Literature review completed Yes Project working group initially formed Yes Questionnaire for needs assessment designed Yes Contents for resource pack agreed (Feb 2006) This is still ongoing, but has been agreed in draft. Staffing issues have affected the level of work committed to the resource pack. The remaining staff are more focussed on outreach work. Format (possibly including DVD) for pack agreed (Feb 2006) It was decided to produce a resource pack in written format. Whoever, the idea for a DVD has been discussed again more recently. If this does happen	Project working group reformed (July 06) Yes First draft of pack completed (May 06) No, the staff member leading this left in July 2006. This was compounded by further staff losses, which have negatively impacted upon the capacity of MEHIP. Local workers begin delivering information to Asian community about dangers of smokeless tobacco Yes, there has been a significant level of outreach work. Needs-assessment questionnaire distributed No, the focus of the project changed and more emphasis was placed on one-off events. Ongoing awareness raising amongst local professionals and communities in conjunction with events such as No	Draft resource pack piloted No, this was initially re-targeted for November 2006 and has since been put back to next year. Given the staffing issues affecting MEHIP it is unlikely this will be piloted before February 2007. An extra day a week has been freed up for Smita to work on the project so it will progress, albeit more slowly than had been intended. Final Resource pack fully developed No. Local health professionals have improved awareness of what paan is and how its use can be prevented Yes, paan consumption was included in the local tobacco strategy which was finished in April 2006. Process of pack development helps to make local professionals more aware of

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		then it is likely to be combined with the Wave Two project, with costs incurred in that budget. Process of engagement of local health professionals commenced (Nov 2005) Links with the NHS Lothian smoking cessation service have been developed and also with dental services. This latter connection provided the impetus for the successful Wave Two bid. Literacy coordinator engaged to consider pack contents As noted, work on the resource pack has been limited and consequently the literacy co-ordinator has not been utilised.	Smoking Day. Yes, the outreach workers have successfully engaged with members of the selected minority ethnic communities. In particular, the impacts of the new legislation and the ill-effects of smoking have been focused on.	needs of Asian community for cessation support This is the essential basis of Wave Two. MEHIP contributes to development of Lothian Tobacco Strategy Yes.

Long-term Outcome 2: Change attitudes towards the use of paan and smokeless tobacco in the South Asian communities in Edinburgh

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
£7,500 from ASH Scotland (provided for one year from July 2005) Support from ASH Scotland staff Smita Grant, MEHIP team leader (project management) Jennifer Potter, SCLHCC smoking cessation coordinator, project coordination Admin support from MEHIP Project working group (minimal input to date) Some input from other voluntary workers (representing black community development project, Men in Mind, local mosque for instance)	Brief review of existing research evidence on smokeless tobacco Bring together project working group Needs assessment amongst South Asian community in Edinburgh Development of paan resource pack to inform professionals and communities about the risks associated with smokeless tobacco use Liaison with a range of local health professionals regarding the content of the pack Piloting the pack Awareness-raising meetings/discussions with South Asian community	Literature review completed Yes. Project working group formed Yes. Questionnaire for needs assessment designed Yes. Contents for resource pack agreed (Feb 2006) This is still ongoing, but has been agreed in draft. Staffing issues have affected the level of work committed to the resource pack. The remaining staff are more focussed on outreach work Format (possibly including DVD) for pack agreed (Feb 2006) It was decided to produce a resource pack in written format. Whoever, the idea for a DVD has been discussed again more recently. If this does happen then it is likely to be combined with the Wave Two project, with costs incurred in that budget.	Project working group reformed (July 06) First draft of pack completed (May 06) No, the staff member leading this left in July 2006. This was compounded by further staff losses, which have negatively impacted upon the capacity of MEHIP. Local workers begin delivering information to Asian community about dangers of smokeless tobacco Yes, there has been a significant level of outreach work. Needs-assessment questionnaire distributed No, the focus of the project changed and more emphasis was placed on one-off events.	Draft resource pack piloted No, this was initially re-targeted for November 2006 and has since been put back to next year. Given the staffing issues affecting MEHIP t is unlikely this will be piloted before February 2007. An extra day a week has been freed up for Smita to work on the project so it will progress, albeit more slowly than had been intended. Final Resource pack fully developed No. Pack disseminated and widely available at local community events/venues No.

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		Process of engagement of local health professionals commenced (Nov 2005) Links with the NHS Lothian smoking cessation service have been developed and also with dental services. This latter connection provided the impetus for the successful Wave Two bid. Literacy coordinator engaged to consider pack contents As noted, work on the resource pack has been limited and consequently the literacy co-ordinator has not been utilised.	Ongoing awareness-raising amongst local professionals and communities in conjunction with events such as No Smoking Day. Yes, the outreach workers have successfully engaged with members of the selected minority ethnic communities. In particular, the impacts of the new legislation and the ill-effects of smoking have been focused on.	Pack helps to generate demand for smoking cessation support amongst relevant sections of South Asian community No. Process of pack development helps to make local professionals more receptive to the needs of Asian community for cessation support Partly, the outreach work has collated information on the various alternative modes of tobacco consumption, which has been fed back to health professionals, mostly as part of the Wave Two project. However, the pack itself needs to be finished. Needs assessment completed and used to inform future work This has not been completed.

Appendix 2: Wave Two Theory of Change

Long-term Outcomes: To increase awareness of the ill-effects of tobacco consumption (including chewing) in relation to oral cancer amongst health professionals and minority ethnic groups in Lothian, and contribute to research in this field

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate Outcomes
ASH Scotland Funding: £14,420 Translator Transcription External analysis of qualitative data Admin support Bilingual interviewers Public health support	Design and produce leaflet on the risks factors of tobacco consumption and oral cancer Translate leaflet into four languages and disseminate	Final draft of leaflet ready for translation into four languages (Aug 06)	Leaflet piloted with chewing tobacco users in each of the four language groups, and amended accordingly, prior to printing (Dec 06)	Leaflet translated into 4 languages and disseminated to community pharmacists, dentists and GPS (Nov 06 to end of project)
	Design survey Carry out pilot survey Carry out baseline and follow up survey	Baseline survey and interview schedules designed (Aug 06)	Baseline survey to measure knowledge and attitudes regarding mouth cancer and chewing tobacco distributed to GPs, dentists, community pharmacists (Dec/Jan 0/76)	
	Submit protocol to Ethics Research Committee	Ethical approval attained for research (Aug/Sep 06)		
	Carry out qualitative interviews Identify translator	Tobacco users in community identified for interviews (Aug 06)	Qualitative interviews with health professionals and tobacco users carried out (Dec 06/Jan 07) Focus Group with community members (Jan/Feb 07)	

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate Outcomes
			===================== Training pack contents drafted (Feb 07)) Training programme finished in draft form (Feb 07)	=================== Training programme delivered to GPs, dentists and community pharmacists on oral cancer and chewing tobacco, and either rolled out or mainstreamed (June 07) Training pack, including PowerPoint presentation and specialist cessation programme designed, based on research findings (June 07)
			===================== Take baseline level of tobacco usage amongst identified tobacco users & make referrals to smoking cessation service where appropriate (Nov/Dec 06)	======================= Check cotinine levels of identified tobacco users to assess impact of tobacco chewing (Apr/May 07)
			===================== Draft Report of research findings from survey & interviews (Jan/Feb 07) Interim report for ASH Scotland (Jan/Feb 07)	===================== Final report of research findings (June 07) ASH Final Report (June 07) Paper, based on research, submitted to peer-assessed journal (June/July 07)
	===================== Secure ongoing funding	===================== Networked with relevant organisations to identify possible funding streams for follow-up research (Aug 06)	===================== Identified possible funding streams for follow-up research (Jan/Feb 07)	===================== Funding for follow-up research secured (June 07)

Appendix 3: Pilot Training Programme Questionnaire

Mouth Cancer and Smokeless Tobacco Training Session

Pre-event Questionnaire

As part of the evaluation for the above session we would like to ask you a few questions to gain an understanding of your current awareness of these issues. We will treat any information you provide confidentially.

Knowledge of mouth cancer

1. How would you rate your knowledge of the risk factors for mouth cancer?

Please tick one box

Poor	Quite Poor	Okay	Good	Very Good

2. How would you rate your knowledge of the symptoms of mouth cancer?

Please tick one box

Poor	Quite Poor	Okay	Good	Very Good

3. Have you dealt with any patients presenting with symptoms of mouth cancer during the last year?

Please tick one box

Yes	
No	
Don’t know	

If you answered yes, please go to question 4. If you answered no, please go to question 6

4. What were their presenting symptoms?

Please tick which boxes apply

Pain	☐
Bleeding	☐
Ulcer	☐
Red or white patch	☐
Lump or swelling	☐
Other (please specify)	☐ ....

5. What advice did you give?

____
____
____
____
____

6. How confident do you feel giving advice to patients regarding mouth cancer?

Please tick one box

Confident	☐
Not very Confident	☐
Not sure	☐

7. Where do you refer patients with symptoms of mouth cancer?

Please tick which boxes apply

Dentist	☐
GPs	☐
Hospital	☐
Dental Hospital	☐
Other (please specify)	☐ ....

Knowledge of chewing tobacco/smokeless tobacco products

8. Which of the following products are you aware of?

Please tick the ones you are aware of

Chewing or smokeless tobacco	☐
Paan	☐
Gutkha	☐
Snus	☐
Zarda	☐
Khaini	☐
Nuswar	☐
Chocolate tobacco	☐
Challia	☐
Shisha	☐
Toombak	☐

9. Which groups in the community do you think are more likely to chew/use smokeless tobacco products?

Please tick which boxes you think apply

Mixed race	☐
Asian, Asian Scottish or Asian British	☐
Black, Black Scottish or Black British	☐
Other ethnic background	☐

10. Which groups in the community do you think are most at risk of mouth cancer?

Please tick which boxes you think apply

Mixed race	☐
Asian, Asian Scottish or Asian British	☐
Black, Black Scottish or Black British	☐
Other ethnic background	☐

11. Are you aware which gender and age groups are most at risk of mouth cancer?

Please tick which boxes you think apply

Male		**Female**	
0 – 20 years old		0 – 20 years old	
21 – 40 years old		21 – 40 years old	
41 - 50 years old		41 - 50 years old	
51 – 60 years old		51 – 60 years old	
61 years old and over		61 years old and over	

Confidence to work with patients who chew/use smokeless tobacco products

12. Have you dealt with any patients who use chewing tobacco such as paan during the last year?

Please tick one box

Yes	
No	
Don't know	

13. If you answered yes to question 9, what advice did you give?

____
____
____
____

14. How confident do you feel giving advice to patients who use chewing tobacco such as paan?

Please tick one box

Confident	
Not very Confident	
Not sure	

15. How would your rate your knowledge of chewing tobacco products?

Please tick one box

Poor	Quite Poor	Okay	Good	Very Good

Training needs

16. Have you previously received any smoking cessation training?

Please tick one box

Yes ☐
No ☐
Don't know ☐

17. Have you previously received any training on chewing/smokeless tobacco products?

Please tick one box

Yes ☐
No ☐
Don't know ☐

18. Have you previously received any training on mouth cancer?

Please tick one box

Yes ☐
No ☐
Don't know ☐

19. If you answered yes to questions 16, 17 and/or 18 what form did that training take?

____
____
____
____
____

20. If you answered yes to questions 16, 17 and/or 18 where did you receive this training?

____
____
____
____
____

Post Training Event Evaluation

21. Has the training session improved your knowledge of the risk factors for mouth cancer?

    Please tick one box

    Yes ☐
    No ☐
    Don't know ☐

22. Has the training improved your knowledge of the symptoms of mouth cancer?

    Please tick one box

    Yes ☐
    No ☐
    Don't know ☐

23. Has the training improved your knowledge of the alternative forms of smokeless tobacco consumption?

    Please tick one box

    Yes ☐
    No ☐
    Don't know ☐

24. Has the training improved your confidence in dealing with patients who display symptoms of mouth cancer?

    Please tick one box

    Yes ☐
    No ☐
    Don't know ☐

25. Has the training improved your confidence in giving advice to patients who use chewing tobacco such as paan?

    Please tick one box

    Yes ☐
    No ☐
    Don't know ☐

26. What aspects of the training session did you find particularly useful?

____
____
____
____
____

27. What aspects of the training session were not useful?

____
____
____
____
____

28. What topics would you like further information or training on?

____
____
____
____
____

29. If you would like further training or information what would be your preferred method?

You can tick more than one box if you prefer

DVD	☐
Website	☐
Interactive training session	☐
Resource pack	☐
Other – if so specify	☐

Thank you very much for taking the time to fill in this questionnaire