# FaithAction
# Evaluation of the Creative English Cardiovascular Health Programme, Birmingham 2023-24

**Dr David Simmons**
Absolute Communication Ltd., April, 2024

# Table of Contents

# Abstract

**Introduction**
The purpose of this programme arose from a need within the local health authority to address the issue of cardiovascular (CVD) health. The aims of this evaluation are to provide an objective analysis of the effectiveness of Creative English as a third-party conduit through which the NHS can effectively communicate messages about cardiovascular health to vulnerable populations.

**Methodology**
The Creative English project was delivered by ten hubs in different locations around the city. Data were collected from the participants and hubs through participant information, before-and-after questionnaires, and individual case studies. This evaluation analyses both quantitative and qualitative data.

**Results**
Overall, the programme overdelivered on its targets by a considerable amount. The contracted targets were 450 learner completions. The final numbers were 586 completions. Basic and intermediate understanding of English went from 44% to 54% for basic, and 10% to 24% for intermediate.

Case Studies show that, by the end of the course, many of the participants can not only book appointments, they can describe their symptoms, appropriate the recommendations of the medical staff, and engage with a changed lifestyle in order to improve their cardiovascular health. Themes arising from the qualitative analysis include the popularity of the programme, increased confidence, challenges faced, improvements in understanding cardiovascular health, and up-skilling participants.

**Discussion**
From the quantitative and qualitative data above, it can be said with some confidence that communicating health messages through English language courses is very effective. A formal ESOL course can, over a course of many weeks, enable a participant to engage with the world around them, and look to the future with renewed confidence. But it may not address the issues specific to the individual's wellbeing, in this instance, their cardiovascular health. With the Creative English for Health programme, there is the flexibility to adapt the drama-based curriculum to address those needs.

**Limitations**
In spoken English, the "fairly confident" group increased their score, although there were a large proportion of learners who did not appear to complete this section (45%). Some of the data were duplicated, so that had to be addressed.

**Conclusion**
Recommendations include streamlining data collection, looking into the possibility of collecting longitudinal data, and ensuring that the needs of participants' extended families are also addressed.

The efficacy of Creative English as a health communication model is clear from this and other papers, and wherever possible, Creative English would make a significant addition to the toolkit of any health or local authority.

# 1. Introduction

## 1.1. The Health Context

The purpose of this Creative English for Health programme in Birmingham arose from a need within the local health authority to address the issue of cardiovascular (CVD) health. This project originated with Birmingham City Council following the successful implementation of the Creative English for Health programme in 2022-23 (as evaluated by Range & Gildea, 2023). The original programme focused on respiratory health. The literature around CVD health, with particular focus on Birmingham is covered in Section 1.3 below.

## What is Cardiovascular Disease?

According to the British Heart Foundation (2024), cardiovascular disease (CVD) "is an umbrella name for conditions that affect someone's heart or circulation. These include chronic heart conditions (e.g. congestive heart failure, heart attacks, arrhythmia, angina), high blood pressure (hypertension), stroke, and vascular dementia" (BHF website, 2024).

Cardiovascular health is put at risk by lifestyle factors, such as smoking, stress, obesity, alcohol misuse, high cholesterol, inactivity, diabetes mellitus (types 1 and 2), a family history of heart disease, ethnic background (see section 1.3), age, and gender.

## What is Creative English?

FaithAction describe Creative English as "an innovative programme developed in partnership with Queen Mary University of London. It uses a unique, drama-based method to teach English to those with few or no language skills" (FaithAction website, 2024). In its original format, the course deals with many issues which learners may encounter day-to-day. Since its inception, versions of Creative English have been adapted from the original programme to address specific issues within the community. In the case of Birmingham in 2022, those issues were around respiratory health (see Section 1.1).

This evaluation follows on from the first evaluation of Creative English for Health programme in Birmingham (Range & Gildea, 2023). There are Creative English health-focused projects running in Greater Manchester (concentrating on vaccinations) and in several locations, focused

on greater integration of former Hong Kong residents in respective British cities, such as London, and Leeds.

## 1.2. Literature Background

This section focuses on the Literature background to Creative English, and the current health situation with regard to cardiovascular health in Birmingham and among ethnic monitory populations.

## Creative English

One can identify the genesis of the Creative English idea in Anne Smith's 2013 thesis, which explores the use of drama to facilitate a sense of belonging among refugees and asylum seekers in East London (Smith, 2013). Hudkins's 2017 paper takes the idea of using drama to facilitate both identity as well as belonging within an ESOL context, arguing that the use of drama helps to promote identity exploration and in turn, "intercultural understanding" (p.2).

The idea of harnessing drama and the creative arts to deliver ESOL education is not new (Cox and Dix, 2012). The authors of that paper evaluate a similar drama-based ESOL programme, arguing that drama harnesses play, relaxation, movement, imagination, spontaneity, and emotion which in turn enables a greater openness to learn. The authors go on to argue that it in turn then encourages confidence building, which can positively affect cultural transitions and identity (p. 101).

Further research by academics such as McGovern (2020) illustrate similar theatre-based approaches to ESOL, arguing that such pedagogies increase students' confidence to reach beyond their usual life limitations (p. 30).

## Cardiovascular Health

When it comes to being able fully to engage with the circumstances surrounding their condition, there is a significant challenge for all patients who have cardiovascular (CVD) conditions. This is particularly acute when the patients have English as a second language. Health Literacy can be a hurdle for everyone, but is doubtless exacerbated when patients have to grasp the fundamentals not only of medical terminology, but also of the quirks and idiosyncrasies of English grammar.

Sykes et al (2017) reflect upon several typologies surrounding health literacy, stating that patients require advanced personal and social skills, advanced information and analytical skills, have health knowledge, understand the relationship between services and individuals and an ability to interact effectively, are able to make informed decisions, have personal empowerment and have a learned and movable state (p.12). These are just a few characteristics which cover the area of health literacy, and with CVD, one could argue that each one is critical. Neto et al (2019) describe this as "functional health literacy", whilst Fabric et al (2020) write about the concerning relationship between poor health literacy and the morbidity of chronic heart disease, which is something that Otto (2021) also underlines.

## A Focus on Birmingham

Within the population of Birmingham, there is a concerning prevalence of hypertension and CVD within the South Asian and Caribbean communities (Shantsila et al, 2018). Examples are heightened when Type 2 diabetes mellitus is added to the equation (Remsing et al, 2022). Basu et al (2021) look at the relationship between hypertension and susceptibility to death from Covid19 (Pareek et al, 2020), particularly with patients who have co-morbidities, something which is reinforced by Norris et al (2021), particularly when the co-morbidity happens to be diabetes. Many of the papers examine comparator data between South Asian, Caribbean and white communities, finding that certain communities have their own unique vulnerabilities (Almuhem et al, 2021, Patel et al, 2022).

Two of these papers focus directly on the population of Birmingham (Shantsila et al, Basu et al) with regard to the vulnerability of the local population to CVD, with particular reference in both cases to South Asian and Caribbean communities. In Birmingham, 26.6% of the population is of South Asian origin, with 9% black (African and Caribbean), which comprises a significant portion of the population.

According to Birmingham and Solihull's Integrated Care System (ICS) website (2024):

- There are 38,360 people with coronary heart disease across Birmingham and Solihull (2.9% of the population);
- There are 20,100 people with diagnosed atrial fibrillation across Birmingham and Solihull (1.5% of the population);
- There are 20,339 people with a history of stroke or transient ischemic attack (TIA) across Birmingham and Solihull (1.5% of the population);

- 168,344 people with diagnosed hypertension across Birmingham and Solihull (12.9% of the population);
- 20,100 people are diagnosed atrial fibrillation across Birmingham and Solihull (1.5% of the population);
- 20,339 people have experienced a stroke or mini-stroke (1.5% of the population).

Total population of Birmingham and Solihull: 1,300,000 (2021 census).

It is clear that access to early cardiovascular support and prevention strategies can improve the chances of off-setting the risks of CVD, through better information, education, early detection, effective diagnosis and preventative treatment. The Creative English course focuses on healthy lifestyles (e.g. smoking, alcohol, obesity, exercise, diet, cholesterol) as well as the effective use of NHS services and pharmacies.

## 1.3. Aims of the Evaluation

The aims of this evaluation are to provide an objective analysis of the effectiveness of Creative English as a third-party conduit through which the NHS can effectively communicate messages about cardiovascular health to vulnerable populations in Birmingham.

## 1.4. Evaluation Methodology

### Quantitative Data

Quantitative data for this project have been collected by the FaithAction Creative English project team in East London, through spreadsheets and tracking systems, as well as pre and post participation forms, filled out by learners. These measures will be analysed in this evaluation through tables and charts (see Section 3).

### Qualitative Data

Qualitative data have been collected both by Creative English hub coordinators, via case studies and other data, and by the evaluator through post hoc semi-structured interviews, inviting selected hub volunteers to participate, along with the principle trainer and programme coordinator, in order to reflect on their experiences. The data from these interviews were then analysed thematically using Quirkos qualitative analysis software.

# 2. Programme Methodology

## 2.1. Project Delivery

The Creative English project was delivered by ten hubs in different locations around the city. The hubs delivered three types of contract, according to their capacity:

Fast Track x1 contract: this contract was for hubs which had already delivered Creative English, and were able to deliver the full contract (x1) straight away.

Fast Track x1.5 contract: this was for hubs (as above) which were primed and ready to deliver, and had capacity to over deliver the contract by another 50% (x1.5).

Wave 2.1 contract: this contract was for hubs which were just getting up and running with Creative English - a second wave of hubs delivering in the second half of the contract.

The programme was managed by Martin Smith on behalf of FaithAction.

## 2.2. The Hubs

The hubs in Birmingham were selected primarily for continuity purposes, since many of them had already delivered Creative English in the previous year (see Range and Gildea, 2023).

The delivery hubs were as follows:

| Hub Name | Hub Type | District |
|---|---|---|
| Bangladeshi Women's Employment Resource Centre | Fast-track. x1 contract | Hodge Hill |
| Diamond | Fast-track. x1 contract | Coventry |
| Highfield Hall | Fast-track. x1 contract | Hall Green |
| Oasis Hobmoor | Fast-track. x1 contract | Yardley |
| Springfield | Fast-track. x1.5 contract | Hall Green |
| St Margaret's Community Trust | Wave 2.x1 contract | Hodge Hill |
| Saathi House | Wave 2.x1 contract | Aston |
| Kowneyn Education and Cultural centre | Wave 2.x1 contract | Ladywood |
| St. Paul's CDT | Wave 2.x1 contract | Edgbaston |
| Birmingham Asian Resource | Wave 2.x1 contract | Perry Barr |

## 2.3. Session Delivery

There are eleven sessions within the Creative English cardiovascular health programme which was delivered in Birmingham. The aims of this specific programme were:

- To improve English language and communication skills around health, with a particular focus on the prevention of cardiovascular disease;
- To improve understanding and awareness of services to improve access to healthcare;
- To increase uptake and awareness of support in engaging with preventative action and services;
- To contribute to a reduction in the prevalence of cardiovascular disease and the reduction of emergency admissions for cardiovascular disease, especially for stroke and heart attack.

The sessions were developed and delivered as follows (see also Appendix: Scheme of Work):

1. How to Deal with an Emergency (e.g. heart attack)
2. Going to Hospital - Understanding more about Cardiovascular Health
3. Monitoring and Prevention - Free NHS Health Checks (complete with free NHS checks available in some sessions)
4. Diabetes and Going for a Blood Test
5. Prevention: Healthy Eating
6. Prevention: Physical Exercise
7. Monitoring and Prevention: Using the Pharmacy
8. Prevention: Alcohol and Drug Use
9. Prevention: Smoking
10. Addressing Barriers: Mental Health (and heart palpitations)
11. Weight Management

Although all sessions were focused on issues surrounding cardiovascular health, the programme retained its core aim, which is to teach English as an Additional Language, with a particular focus on dramatic role play.

Once volunteers were trained to deliver Creative English (although in many cases they had been trained in the previous project), the sessions were delivered by these volunteers, with quality control visits from the Creative English trainer and coordinator.

## 2.4. Participant Recruitment

In participant sampling terms, the sampling used was convenience - based on the accessibility of the hubs to the local population, particularly those who wished to learn English. Most of the learners in Creative English are early-stage English learners.

Participants were recruited for this programme within hubs in various ways. A common factor for five of the hubs is that they had already delivered Creative English in the previous year, when the focus was on respiratory health (Range & Gildea, 2023). For them, it was a simple case of switching to the newly developed cardiovascular health programme. For the hubs on the "Second Wave", there was an opportunity to reach participants new and old, to introduce them to the programme both as English course and as introduction to cardiovascular health. In her interview, the programme coordinator also outlined the way in which many communities are reached by this programme (see Section 3: Quotes from Interviews). She also said that recruitment could be a challenge to some hubs, but that all achieved their quota within the project timescales.

## 2.5. Data Collection

Data were collected from the participants and hubs in several ways:

- Participant information;
- Questionnaires administered for participants to complete, both before and after the programme (see also Appendix);
- Individual case studies collected and written up by hubs.

The questionnaires concerned applications of cardiovascular health issues, which were then collated into an online spreadsheet and updated regularly. A tracker spreadsheet was used to keep track of the outputs, outcomes and milestones reached by each individual hub, in addition to invoices received and monies distributed once certain outputs had been achieved per milestone. Data collection was one of the factors which the milestone was contingent upon, which ensured that hubs collected and distributed data in order to achieve their milestones, and thereby their fees.

## 2.6. Limitations

The data collection process was both good, yet potentially problematic. Good, in that it was centrally stored in an online spreadsheet which could be accessed from anywhere; problematic because the combination of emailed data and returned questionnaires raised the possibility of duplicate records, which appeared to be the case, since there seemed to be a lot more recorded completions with regard to the user records than there actually were.

A substantial part of the evaluation data analysis process was spent clearing out blank records in the spreadsheet, and eliminating duplicate, and in some cases, triplicate records. Occasionally the duplicate records had the same name but a different country of origin, but were otherwise identical. Where there were identical records with differing age ranges, they were given the benefit of the doubt. Occasionally the names were very similar, but spelt slightly differently; again, these were usually ignored. Where the name was identical, but the gender of the participant was different, again, these were ignored.

In addition, some of the hubs had missing name identifiers for the records. Whilst these are not an issue for the purposes of data analysis (as all data is anonymised for this paper) nevertheless it shows that the data collection was incomplete. The data inputter completed the records that they were given, so this would have been a shortcoming at the individual hubs.

This does not detract from the fact that the targets were all exceeded. It would have been prohibitively time consuming to eliminate duplicates from the survey results, so they have been included as they were recorded, given that the percentages would not have been very different in the final analysis.

# 3. Results

## 3.1. Quantitative Data

The quantitative data in this project sets out to illustrate two key elements of the programme:

- How effectively have the health messages about cardiovascular health been communicated to the learners?
- Have the learners increased in their confidence around speaking and understanding the English language?

The survey scores collated by the team at the outset serve to answer the first question, the second question is answered by the confidence scores submitted by participants.

## Survey Scores

Overall, the programme has overdelivered on its original targets by a considerable amount. The overall contracted targets were learner engagements, and 450 learner completions. The final numbers were 586 completions.

The survey scores were compiled by FaithAction staff from the returned questionnaires, and aggregated onto an online spreadsheet (see Appendix for questionnaires). Given that the participants were learning English as well as coming to understand cardiovascular health and their relationship to the NHS, many of the questions were focused on increasing participant awareness, both of CV health and their relationship to the NHS and how it works.
The data were summarised onto a dashboard on the spreadsheet, which aggregated responses to the individual questions, both before and after the programme.

From the dashboard, we can see that there are some characteristics of this particular cohort: not many (only 2.6%) were smokers, therefore didn't need to use the "Quit with Bella" app, for example. Awareness was raised about the "stop smoking service", possibly useful for other family members, and there was a large increase in uptake for health checks, which is important.

The scores on weight management are especially significant, given that not only was awareness increased, but participation in exercise, apps and weight management services increased greatly (the exercise increase is reflected in the interview responses as well). There were similar scores

around alcohol, although given that the majority of the sample (92%) were Muslim, this was perhaps unsurprising.

The scores on blood pressure were also encouraging - by the end almost everyone knew how to interpret a blood pressure score, and 76.5% had received a health check as well.

The online spreadsheet dashboard follows.

| Birmingham Health Literacy Creative English | |
|---|---|
| **Completions Required** | **450** |
| **Total** | **541** |

| Health and CVD survey summaries | | |
|---|---|---|
| **Smoking** | | |
| **question** | **Before (no)** | **Afterwards (yes)** |
| 1.Are you a smoker | 3.1% | 2.9% |
| 2. Do you know about the Stop Smoking Service? | 20.5% | 68.9% |
| 3. Do you know about the "Quit with Bella" app | 2.0% | 85.5% |
| 4. Have you used the "Quit with Bella" app? | 1.2% | 0.0% |

| Health Checks | | |
|---|---|---|
| **Question** | **Before (no)** | **Afterwards (yes)** |
| 13. Are you aware of the Free NHS Health Checks? | 33% | 100% |
| 14. If you are aged between 40-74, have you been offered a free health check? | 25% | 70.7% |
| 15. If you are aged between 40-74, have you received a free health check? | 10% | 68.0% |

| Weight Management | | |
|---|---|---|
| **Question** | **Before** | **Afterwards** |
| 5. Are you aware of the Weight Management Services | 10% | 92.2% |
| 6 Have you asked to be seen by Weight Management Services? | 3% | 43.2% |
| 7. Do you know about the Weight Management App? | 3% | 97.5% |
| 8. Have you downloaded the WM App? | 1% | 57.6% |
| 11. Are you a member of "Be Active"? | 3% | 58.6% |
| 12. Do you do 150 mins of exercise per week? | 15% | 81.8% |

| Alcohol | | |
|---|---|---|
| **Question** | **Before (no)** | **Afterwards (yes)** |
| 16. Do you know the Govt's recommendation for units of alcohol per week? | 5% | 100% |
| 17. Do you drink less than 14 units per week (Men) or 12 units per week (Women) | 19% | 67.8% |
| 18. Have you heard of about “Change, Grow, Live” – drug and alcohol service? | 1% | 89.1% |

| Blood pressure | | |
|---|---|---|
| **Question** | **Before** | **Afterwards** |
| 19. Do you know what a healthy blood pressure reading is? | 19% | 98.0% |
| 20. Have you received a mini health check during this course, carried out by a professional? (a doctor or nurse) during the course | N/A | 80.5% |

# Further Analysis

For the data analysis, all user data was anonymised and set into a spreadsheet, where pivot tables were used to analyse relationships between data (e.g. hubs, participants and ethnicity). Many of the tables are included here, together with some of the charts which illustrate key factors in the data. The busiest hub was Springfield, with 88 participants (17%), with Oasis Hobmoor close behind at 15%.

**No. of Participants by Hub**

| Hub | Number | |
|---|---|---|
| BARC | 41 | 8% |
| BWERC | 18 | 3% |
| Diamond CIC | 66 | 12% |
| Highfield hall | 66 | 12% |
| Kowneyn | 25 | 5% |
| Oasis Hobmoor | 82 | 15% |
| Saathi House | 48 | 9% |
| Springfield | 88 | 17% |
| St Margaret's Trust | 52 | 10% |
| St Pauls Trust | 46 | 9% |
| | 1 | 0% |
| **Total** | **533** | |

***NOTE: The totals are different, depending on number of fields completed by participant.***

97% of all participants were female, 85% of whom were in the 25-64 age range. 92% of all participants were Muslim, 49% were Pakistani, 23% Bangladeshi.

**Number of Participants by Ethnicity**

| Ethnicity | Number | |
|---|---|---|
| African | 41 | 8% |
| Arab | 43 | 8% |
| Bangladeshi | 125 | 23% |
| Caribbean | 1 | 0% |
| Chinese | 1 | 0% |
| Indian | 25 | 5% |
| Other | 32 | 6% |
| Pakistani | 267 | 49% |
| White British | 1 | 0% |
| White European | 3 | 1% |
| (blank) | 4 | 1% |
| **Total** | **543** | |

**Number of Participants by Religion**

| Religion | Number | |
|---|---|---|
| Muslim | 502 | 92% |
| Sikh | 13 | 2% |
| Christian | 10 | 2% |
| No Religion | 8 | 1% |
| Hindu | 7 | 1% |
| Buddhist | 2 | 0% |
| (blank) | 1 | 0% |
| **Total** | **543** | |

**Participants by Age Group**

| Row Labels | Number | |
|---|---|---|
| 18-24 | 46 | 8% |
| 25-44 | 306 | 56% |
| 45-64 | 160 | 29% |
| 45-65 | 3 | 1% |
| 45-66 | 3 | 1% |
| 65+ | 20 | 4% |
| (blank) | 5 | 1% |
| **Total** | **543** | |

In terms of confidence with the English language, 4% attested an advanced grasp of English before the course, whereas only 2% reported an advanced grasp afterward. This is not unexpected: as people progress through a course, they frequently realise how much there is still to learn. Basic and intermediate understanding of English went from 44% to 54% for basic, and 10% to 24% for intermediate, indicating an overall increase in confidence in comprehending English in these middle values.

**English Level Pre Course**

| Level | Number | |
|---|---|---|
| Advanced | 23 | 4% |
| Basic | 241 | 44% |
| Intermediate | 57 | 10% |
| Very Limited | 220 | 41% |
| (blank) | 2 | 0% |
| **Total** | **543** | |

**English Level Post Course**

| Level | Number | |
|---|---|---|
| Advanced | 13 | 2% |
| Basic | 295 | 54% |
| Intermediate | 133 | 24% |
| Very Limited | 28 | 5% |
| (blank) | 74 | 14% |
| **Total** | **543** | |

**Speaking Pre Course**

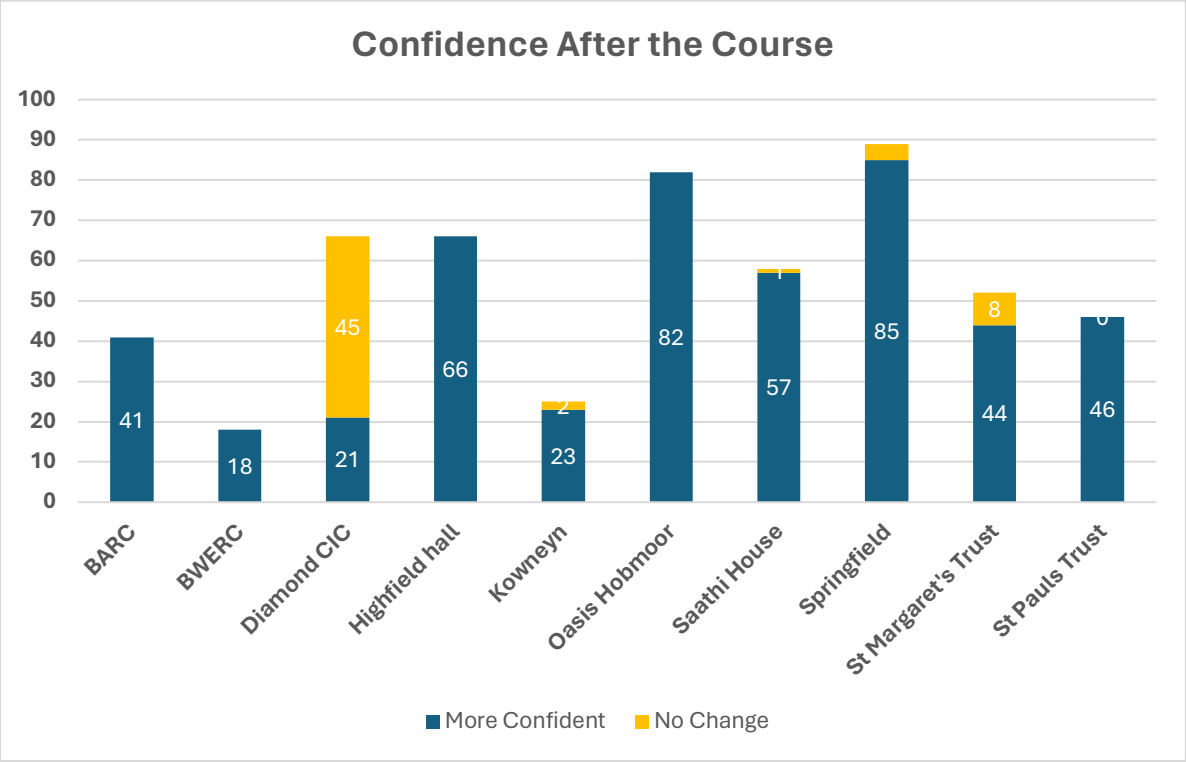
| Confidence | Number | |
|---|---|---|
| A bit confident | 110 | 20% |
| Fairly Confident | 38 | 7% |
| Not Confident | 185 | 34% |
| Not confident at all | 186 | 34% |
| Very confident | 21 | 4% |
| (blank) | 3 | 1% |
| **Total** | **543** | |

**Speaking Post Course**

| Confidence | Number | |
|---|---|---|
| A bit confident | 109 | 20% |
| Fairly Confident | 69 | 13% |
| Not Confident | 108 | 20% |
| Not confident at all | 9 | 2% |
| Very confident | 6 | 1% |
| (blank) | 242 | 45% |
| **Total** | **543** | |

Confidence in speaking stayed at 20% for “a bit confident”, whereas “not confident” dropped from 34% to 20% by the end of the course (a positive), and “not confident at all” also dropped significantly, another positive. Overall, 81% reported feeling more confident in speaking English by the end of the programme.

Broken down by hubs, these confidence results look like this:




In terms of confidence with English, there is an increase in basic and intermediate understanding (see section 3.1.2), and a drop in those who think they have “very limited” English. In spoken English, the “fairly confident” group increased their score, although there were a large proportion of learners who did not appear to complete this section (46%). Within the individual hubs, from the participants who did complete the survey, there was an increase in confidence in almost all, with the exception of Diamond CIC.

## 3.2. Qualitative Data

In terms of qualitative data, there were two main sources: hub managers and workers, and case studies from the participants themselves. Both are analysed here. Three interviews were held with hub members, and one with the trainer and coordinator of Creative English programme. The semi-structured interview questions are listed in the Appendix.

## Case Studies

I have selected 25 individual case studies, and analysed them for frequent themes and thoughts. Every case study presented here represents a growth in understanding; in most cases around the importance of engaging with health professionals, the importance of healthy diet, exercise, connection with others, having regular health checks, and managing family health.

Because so many participants are South Asian, they face similar challenges: the importance of maintaining healthy hearts whilst cooking traditional food, maintaining a (frequently extended) family home, managing the expectations of demanding family members (husbands who smoke, mothers in law with diabetes, children who want sweet things). Language is at the core of these challenges: firstly, how to engage with healthcare professionals in any meaningful way, and secondly how to understand what the medical staff are telling them. Concepts such as high blood pressure, diabetes, high cholesterol, arterial blockages, and even diet and exercise are frequently beyond them at the outset. By the end of the course, many of the participants can not only book appointments, they can describe their (or their family's) symptoms, appropriate the recommendations of the medics, and engage with a changed lifestyle in order to improve their cardiovascular health. In this section I have selected several quotes which open a window into the lives of these individuals.

## Cases

S was a Bengali lady who was challenged in her understanding of English, despite having lived in the UK for 12-13 years. She lived with hypertension, diabetes and high cholesterol. She would typically leave it to her husband to deal with the GP, now she has the confidence to approach medical staff herself. For R, the change was in managing her family's eating habits: switching to healthier fats and oils in order to reduce the risk of disease. This is a theme that is recurrent throughout many of the case studies.

K found the subject matter daunting, but during the course, was able to describe the risk factors, symptoms, and prevention of heart disease accurately. According to the hub leader, she also understood the importance of leading a healthy lifestyle such as maintaining a balanced diet, regular exercise, and avoiding smoking. In the case of S, her learning was significant because it enabled her to manage her husband's condition (he had recently suffered a heart attack). R decided she wanted to use her new-found understanding to pursue a course in dietetics. SA was challenged to manage her diabetes effectively during Ramadan, and how to read her blood pressure accurately. IB had been a victim of domestic violence, and was at risk of having a stroke at 70. Through the programme she made friends, started to exercise and go for walks and improved her English. She is now able to go to the GP surgery and manage appointments by herself.

M has learned how to quit smoking - and the importance of doing so - and N has learned for the first time that she has high blood pressure, and needs to manage it, with medical help. B had a mother-in-law who was diabetic, and therefore needed to understand how best to help her to live healthily. For S, the improvement was in her mental health, since her diabetes and compounded cardiovascular disease had caused her to become isolated and depressed. Part of the route through to better mental health was through the connection and fun participation of the course itself. R has Type 2 diabetes, and she made "drastic changes" to her diet and food preparation. As a result, she has been able to reduce her diabetic medication. Similarly, B made changes to her cooking practices, and changed the oils and methods she used to cook.

## Thematic Analysis

The interviews were with the project coordinator, and hub leaders, not with the participants themselves.

The data from these interviews were analysed by theme using Quirkos qualitative analysis software, and several key elements became evident:

- The popularity of the Creative English courses;
- The confidence built in participants;
- The Creative English Approach;
- Challenges faced by hubs;
- The importance of households;
- CVD Health and how it is affected;
- Up-skilling and empowering learners (and volunteers).

## The Popularity of Creative English

Creative English courses are immensely popular. This is partly due to the "fun" element, where participants are encouraged to play roles which enable them to act out scenarios which are relevant to the subject in hand, in this case, cardiovascular health. Laughter is a key part of this, which encourages learners to achieve a responsive state, which in turn aids learning. As the programme coordinator commented:

> *once your ... brains are on a certain wavelength, they will sync up with each other. And ... that's ... optimum for ... being in a relaxed ... flow state ...when you will be the most creative and will also be learning the most and absorbing the most. I think part of what Creative English does is it helps learners access that ... more relaxed flow state very, very quickly.*

***"What Creative English does is it helps learners access that ... relaxed flow state very, very quickly."***

Another hub leader noted:

*We have maybe 30 - 30 people in a room. So yeah, like our biggest meeting, one of our biggest meeting rooms, which is just full of people plus their children. It's all a bit mad!*

**"it's so popular that we don't always have the capacity to deliver as many as we do."**

The popularity of the programme in turn, caused another challenge, since it wasn't easy to accommodate everyone all the time:

*I suppose [the main challenge is] capacity, because it's so popular that we don't always have the capacity to deliver as many as we do. Because we try and cut the sessions to no more than 20 ladies, because we want them to get the full benefit from it. Yeah, it's definitely capacity.*

The popularity also grows through word of mouth, which creates more growth:

*what they don't necessarily realise when they come to the first session is that it's just going to hit so many other needs for them as well. But then that's what keeps them coming back. And they have so much fun ... And then they go to their neighbours, their friends, their family members ... and say, "Hey, do you know what I just started going to this brilliant English class? I think you'd really enjoy it as well. Why don't you come along too?" And then it tends to balloon and yeah, people hear on the grapevine about it.*

**"They have so much fun..."**

## Confidence

As learners begin to increase their confidence in performing in English in front of one another, so their confidence in using the English language grows. In the words of one hub leader:
*... obviously this is ... pre-entry ESOL level, so they didn't have much English. So coming and speaking in front of a group of people in English there. But you know, when you give them [an instruction] "okay, go out and get into four groups, and then ... discuss this", oh my God, you can't stop them.*

This then has an effect on their overall lives:
*And it really helped them to integrate into the community and into the society as well.*

In terms of building confidence, creating community connection, support and making friends, the coordinator puts it succinctly:
*It is all built around those two things, really, I suppose, with a very strong community base, like building connection, the supporting each other, making friends strand as well, running through it.*

***"It helped them to integrate into ... society as well"***

## The Creative English Approach

*"The new idea of using it to embed public health messages is just genius."*

The hub leaders were effusive not just in describing the Creative English approach, but also the way in which public health messages are able to be embedded into it:
*It's a lovely approach. And I think one of the things that's good is it means that they all interact with each other much more than they might in a traditional class. And there's been some friendships that have developed from that … and I think this … new idea of using it to embed public health messages is just genius.*

The strength of Creative English lies in its ability to work with people with little to no English, and give them the initial confidence to progress from their nascent state into one where they feel confident to progress to another level, both in terms of learning English, but also in terms of progressing in society as a whole (see section on "Up-skilling and Empowering").

One hub leader stated it in this way:
*… if we said, "do you want to come to a group learning about cardiovascular health?" I imagined very few people would come.*

The Creative English approach undermines the traditional expectation of learning - there are no desks, no pens, everything is circular and participative.

Another hub leader summarised it in this way:

> *Other English courses... feel like they are more academic. So you sit on the tables, and you know, you do your work and you go through the sheets and stuff. With Creative English, it was a very different way. It was more like drama style. It was creative, innovative, where we, for example, we had a suitcase of props and resources where we will dress - dress up as a pharmacist or a doctor and the ladies will pretend that they go into the pharmacy. And they [find out] how you actually converse with a pharmacist. How … you ask questions. How [would you] get on the bus? How would you ask for a ticket? How would you … go to the [hospital], it was more actually health-related.*

Within that framework comes another challenge, which learners have to overcome - the challenge of speaking out and performing in front of others. Yet when they do so, they are then far more confident to speak out in public settings, and thereafter approach medical staff with confidence.

## Challenges

Some challenges with Creative English are brought out by element of performance (see previous section). One hub leader described the process of drawing people out in this way:

> *we make them feel comfortable, we give them a bit of space … time to come out of their shell, and then after … three to four weeks … they really open up … and we can start from then.*

***"You don't hang onto them for very long…"***

Yet for many hub leaders, the challenge is in empowering the volunteers who run the programme on a daily basis, because once they have the confidence to deliver a programme like Creative English, they want to move on (see also the later section on Up-skilling and Empowering):

*my experience is that volunteers are generally either lacking in confidence, in which case, you might keep them for quite a long time. But then they wouldn't volunteer for a role like this. Or they have got confidence, in which case, they're using it as a stepping stone to get a job. Which is, which is fine and good. But it means you don't hang on to them for very long.*

For the programme coordinator, some of the issues were brought about by volunteers who had previously used traditional ESOL methods, reverting to those methods instead of using the Creative English approach (see also previous section).

***"With multi-generational households, the mothers-in-law almost have more influence than the mother..."***

## Households

One element which became clearer to those delivering this Creative English programme was the fact that all learners represent larger households; that the health messages (in this case cardiovascular health - see next section) are often disseminated beyond the learner to their extended family:

*Because with multi-generational households ... mothers-in-law ... almost have more influence than the mother themselves. So people like that actually within the room and, and changing their view on ... on practices might might be really powerful within the local community.*

This ties in with the next section, since the key health messages which are delivered through Creative English are not just for the participants themselves, but the participant, who in turn, becomes an advocate for healthier lifestyles. This is something to bear in mind in all future applications of Creative English.

## Cardiovascular Health

A major question therefore emerges: how effective is Creative English in delivering public health messages, in this case specifically around the issues of cardiovascular health? The hub leaders were quick to answer this question. One hub leader noticed that many participants had started going to the gym.
Other learners began to engage with the NHS online.

In another instance, the hub leader expressed how the training encouraged effective participation with health authorities, in order to decrease the burden on them:
*... we covered diabetes, we covered exercise, we covered mental health, we covered going to hospital appointments. And ... giving people awareness there. How to use 111 more, instead of ... calling emergency numbers. Because what we're doing [normally], is we're burdening NHS with calling 999 when ... there is no need. So ... when to call 999 and when not to call, and how you can just get help from your pharmacist or from 111 services. So basically to lessen the burden on the NHS.*

***"basically to lessen the burden on the NHS..."***

**“we learned loads…”**

The lessons covered naming body parts, but also internal organs:

*we taught them the body parts … when they go to doctors, or pharmacists so they can actually converse and the name of the body parts: “Oh, my leg’s hurting? Oh, my arm's hurting”, you know, like that. And … we learned about how our heart functions and the internal organs … we learned loads.*

As well as learning practical engagement with health services however, in one hub there was a particular focus on hypertension, which resulted in several immediate lifestyle changes:

*we had some really serious case studies … where people ended up … going to the doctor and getting diagnosed with certain issues that … they probably would have ignored. So … a lot of high blood pressure … until they knew the … symptoms of it and they were … coming in and speaking to the tutor to say, “I have this” and … “I’m a bit concerned”, and the tutor's … going through stuff with them. One [lady] called the doctor and [another] was rushed straight away, because she had extremely high blood pressure. And another lady was put on tablets.*

**“we need a game to show how the heart works.”**

The coordinator explained how the course was structured in order to deliver these vital health messages:

*Where my skills come into play is how to make that messaging digestible … in a way that is accessible to learners, in a way that they're going to understand, that's going to be relevant for them and that they're going to feel like makes a difference to them. So I'll go, “okay, well, if they need to know how the heart works in order to see how it's relevant to physical exercise on a cardiovascular programme, then we need a game … that shows how the heart works.” (See also Appendix - Scheme of Work).*

For the coordinator, the importance of communicating health messages (both cardiovascular and respiratory, from the previous project) work most effectively over a long period of time. She would like to see longer-term projects which address many key health issues:

*… something I find when I'm in conversations with the hubs, or when I'm visiting and chatting with learners and chatting with volunteers, is they're going, "we think this is great. Now we want sessions on the menopause. We want sessions on respiratory stuff", and I'm like, "great. We were doing that last year, but we're funded to do this [CV health] this year. So I'm really sorry, we have to carry on doing this." So to see it as part of a wider … kind of five-year plan … would be brilliant.*

## Up-Skilling and Empowering

One outcome which regularly features in the feedback from the interviews is the potential life trajectory of learners and volunteers following a Creative English course. As one hub leader put it:

> *So our main aims are to, you know, up-skill and empower as many ladies as possible, making them kind of self-sufficient in their own lives and being able to do more stuff for themselves rather than depending on family members, you know, to book that appointment or take them somewhere and, you know, explain stuff to them. So it's really helping our goals for the ladies to be self-sufficient, really.*

***"it's helping our goals for the ladies to be self-sufficient"***

*“it’s that much easier to envisage yourself doing it in real life.”*

The coordinator expressed it in this way, that once a learner acted out a scenario:

*... it's that much easier then to envisage yourself doing it in in real life. And that's where they go out. They do the thing, they come back, and they say, “I did the thing, and I never thought I could do the thing.”*

This of course, applies to booking appointments, registering with a GP, asking for a health review, joining a gym, or applying for a job. This means that along with a community spirit and confidence, significant learning takes place:

*... and it really helped them to integrate into the community and into the society as well. And ... when you have ... 30 people ... in a classroom, other topics come up ... they learned about other services, how to go about ... getting those services. So it's really opened up their eyes, and ... the social aspect of it, where they met lots of different people from lots of different backgrounds, how they came, what difficulties they faced. So, you know, it exposes you to a lot of knowledge, and information.*

This may mean that the volunteers move on to other career prospects (see also Challenges), but that the learners themselves progress:

*And how it's really helped the ladies is that, obviously, they got more confidence now, and a couple of them actually have gone and got a job as a carer, because they had some experience in caring and now that they've come out of their shell, it's boosted their confidence, so. They started working in a care sector. So yeah, win-win for everybody, really.*

*“it’s win-win for everybody”*

One hub leader closed her interview by placing the Creative English course within the full context of a learner's life and potential career trajectory:

> *So they start on Creative English. And when they build the confidence, which they always do in Creative English, then we move them on to the ESOL, because then they're more comfortable then with speaking and writing in front of the ESOL. And then we move on to the reading and writing, and from the reading and writing, they go on to employability skills. So they've got a whole, kind of, programme that they go through now. Some ladies leave and get the confidence to actually go to College, which is even better. But for some of the ladies who like it here as their faith base. That's what we do for them. So in the future, we're just hoping to keep building on that.*

***"they start on Creative English ... move to ESOL, then reading and writing, then employability."***

# 4. Discussion

From the quantitative and qualitative data above, it can be said with some confidence that communicating health messages through English language courses is very effective. With Creative English, the drama element also enables the participants to gain significant amounts of confidence in order to address challenges in the health sphere. Engaging with the NHS can be overwhelming for those of us who are confident with English; how much more so must it be for those who have limited English, and in some cases, limited understanding about how the NHS operates (one case study outlined a woman who did not go to the GP because she thought it would cost too much, for example).

For many of the participants, there was a hidden factor: the extended family, and some of the cases illustrated the importance of the participant carrying the message back to their loved ones: in one case, where a husband had suffered a heart attack, or a case where a husband was exposing his family to passive smoke, and another case where a mother-in-law was struggling to live with diabetes. For each participant, there is the added challenge of helping to manage a household of mixed abilities when it comes to engaging effectively in the sphere of healthcare.

The literature indicate the importance of engaging with a cohort who are predominantly South Asian, given the added pressures and risks of poor cardiovascular health with this demographic (see section 1.3.2). A formal ESOL course can, over a course of many weeks, enable a participant to engage with the world around them, and look to the future with renewed confidence. But it may not address the issues specific to the individual's wellbeing, whether it be from the viewpoint of their mental health, their family's health, or in this instance, their cardiovascular health. With the Creative English programme, there is the flexibility to adapt the curriculum to address those needs.

# 5. Recommendations

The potential for Creative English to become a core method of delivering critical health messages to previously “hard-to-reach” populations is immense. Past CE courses include Respiratory Health (Birmingham) and the importance of vaccinations (Manchester). Future courses could include overall family health (including how to communicate health messages to your extended family), mental wellbeing, women’s health, the importance of exercise, how to navigate the NHS.

Local health authorities and councils should therefore consider Creative English for Health as a positive measure for engaging these populations in communicating vital health messages, as well as engaging with a proven method for creating local community cohesion.

Data collection has been a challenge for this programme. It would be good for FaithAction to review their data collection processes so that duplication and data inconsistency issues are eliminated. The tracker spreadsheets and other online systems are excellent, it’s just the data collection process that should be reviewed.

Longitudinal data would be useful to collect somehow. It would be good to determine whether the same participants are maintaining their confidence and approach to interacting with the NHS and maintaining their CV health one year on, or 3 years on.

This in turn reflects on the participants’ extended families. It would be interesting to see how the participants’ wellbeing and confidence was reflected within their extended families. For example, whether the mother-in-law with diabetes, or the smoking husband change their diet or behaviour in any way as a result of their relative’s participation.

# 6. Conclusion

Public health messages are at a premium in the UK at the present time.

For example, it is clear from current data that there is a potential crisis with measles in major UK cities such as Greater London, Birmingham and Greater Manchester (all past and potential future locations for Creative English). The need for adoption of the MMR vaccine has therefore never been more urgent (BBC, 2024), where a significant upsurge in measles cases has been reported in the UK cities. These vaccinations must continue to be a key NHS priority for 2024-25. The Creative English for Health project in Greater Manchester (2023-24) dealt specifically with the issue of vaccine take-up.

Infant health continues to be a concern in certain populations, as does cardiovascular and respiratory health. All of these messages have been embedded into different versions of the Creative English programme to great effect. The effectiveness of communicating such messages through Creative English is clear; further such health messages can feed into previously hard-to-reach populations through the engagement of faith groups in the expansive FaithAction network and the use of Creative English for Health as an effective communication tool.

Data also illustrates that Creative English (whether explicitly for health or not) is a good stepping stone for people wanting to learn English in its most applicable and colloquial sense. The pathways to further ESOL, qualifications and entries into the job market should also be a consideration for any local authority wishing to improve the economic well-being of their people.

Overall, the efficacy of Creative English as a health communication model is clear from this and other papers, and wherever possible, Creative English for Health would make a significant addition to the toolkit of any health or local authority.

# Appendix One – References


Almulhem et al. (2021) Cardio-metabolic outcomes in South Asians compared to White Europeans in the United Kingdom: a matched controlled population-based cohort study. BMC Cardiovascular Disorder. 21:320 https://doi.org/10.1186/s12872-021-02133-z

Basu A, Agwu JC, Barlow N, et al. Hypertension is the major predictor of poor outcomes among inpatients with COVID-19 infection in the UK: a retrospective cohort study. BMJ Open 2021;11:e047561. doi:10.1136/ bmjopen-2020-047561

BBC, Gawne E., Smyth, M. Greater Manchester GP's plea to parents over measles vaccine uptake. 15 February, 2024. https://www.bbc.co.uk/news/uk-england-manchester-68309526

Chehuen Neto, José Antonio, et al. "Functional Health Literacy in chronic cardiovascular patients." Ciencia & saude coletiva 24 (2019): 1121-1132.

Cocks, Eleanor, and Theah Dix. "Creative ESOL: the power of participatory arts in language acquisition." For migrants and refugees (2012): 95.

Fabbri, M., Murad, M. H., Wennberg, A. M., Turcano, P., Erwin, P. J., Alahdab, F. & Roger, V. L. (2020). Health literacy and outcomes among patients with heart failure: a systematic review and meta-analysis. Heart Failure, 8(6), 451-460.

Hudkins, Grace. "The Mirror Up to Nature: Identity Exploration through Drama for English Language Learners." Diss, University of San Francisco. (2017).

McGovern, Kathleen R. Drama-Based Pedagogies in Language Education: Foucauldian Insights on Resistance, Power, and Identities. Diss. University of Georgia, 2020.

Norris T, Razieh C, Zaccardi F, et al. Impact of cardiometabolic multimorbidity and ethnicity on cardiovascular / renal complications in patients with COVID-19. Heart 2022;108:1200–1208.

Otto, Catherine M. "Heartbeat: health literacy for improving cardiac outcomes." BMJ (2021): 1603-1604. doi:10.1136/heartjnl-2021-320311

Pareek, Manish, et al. "Ethnicity and COVID-19: an urgent public health research priority." The Lancet 395.10234 (2020): 1421-1422.

Patel et al. Ethnic differences between South Asians and White Caucasians in cardiovascular disease-related mortality in developed countries: a systematic literature review. Systematic Reviews (2022) 11:207 https://doi.org/10.1186/s13643-022-02079-z

Range D., Gildea, F. Evaluation of the Creative English for Health Birmingham Programme 2022-2023: Final Report. Birmingham City Council, July 2023.

Remsing S.C. et al, 2022. Ethnicity and prognosis following a cardiovascular event in people with and without type 2 diabetes: Observational analysis in over 5 million subjects in England. Diabetes Research and Clinical Practice, 189 (2022) 109967.

Shantsila, Alena, Shantsila, Eduard, Gill Paramjit, and Lip Gregory, Predictors of diastolic dysfunction in ethnic groups: Observations from the Hypertensive Cohort of The Ethnic-

Echocardiographic Heart of England Screening Study (E-ECHOES). Hum Hypertens. 2018 July ; 32(7): 477–486. doi:10.1038/s41371-018-0064-z.

Smith, Anne. The possibilities and limitations of using drama to facilitate a sense of belonging for adult refugees, asylum seekers and migrants in East London. Diss. Queen Mary University of London, 2013.

Sykes, Susie, Jane Wills, and Keith Popple. "The role of community development in building critical health literacy." Community Development Journal 53.4 (2018): 751-767.

# Appendix Two – Creative English Scheme of Work

| No. | Session objectives | Core Activities | Core Health content |
|---|---|---|---|
| 1. | **Heart Attack / Dealing with an Emergency**<br>• To introduce the course, including the programme characters in the storyline, theme of health education and language relating to health<br>• To build vocabulary around parts of the body, symptoms and making a phone call to the emergency services<br>• To introduce the focus on cardio-vascular health and recognise symptoms of a heart attack<br>• To have fun and build confidence in interacting with one another in the sessions | 12. Complete pre-course survey (if not completed prior to the first session)<br>13. Balloon game to relax people and get them to start to meet one another<br>14. Games and exercises to introduce key basic vocab around parts of the body, symptoms and pain, including symptoms of heart attack<br>15. Exercise to introduce the family of characters<br>16. Exercise on talking to 999<br>17. Storyline Peter has a heart attack when shopping and is taken to hospital by ambulance<br>18. Exercise on how to recognise and describe an emergency, or when to call 111 | • Understanding what a heart attack is<br>• Symptoms of a heart attack – how to recognise when to call 999 rather than 111<br>• Language and confidence in speaking English on an emergency call and using the number appropriately |
| 2. | **Going to Hospital and Understanding more about cardiovascular health**<br>• To practise vocabulary related to being in hospital and visiting someone who is in hospital<br>• To understand how you might interact with a consultant – when and how they might see you, what they may say | • Doctor says<br>• Healthy Heart: True or false?<br>• Cholesterol game (with paper tubes)<br>• Understanding visiting times<br>• Storyline – grumpy Peter in hospital not making best use of time with consultant<br>• What might Peter be told/ask? Conversations with a consultant: treatments/lifestyle factors understanding and practising the conversations | Atrial Fibrillation:<br>▪ Irregular pulse<br>▪ Can cause palpitations but often there are no symptoms<br>▪ Increases with age<br>▪ Many people don't know they have it<br>▪ 5 x increased risk of stroke<br>▪ Get your pulse checked! |

| | | | |
|---|---|---|---|
| | following a heart attack and how to express questions you may have<br>• To understand what cholesterol is and how it impacts the heart<br>• To understand what atrial fibrillation is and its impact on the risk of stroke<br>• To begin to consider heart-healthy choices and their benefits | • Brief exploration of lifestyle choices – how can heart attacks be prevented<br>• Atrial fibrillation exercise<br>• Taking your own pulse<br>• What is a stroke? Identifying atrial fibrillation reduces risk of stroke. Understand<br>• Storyline: What happens when patient is discharged.<br>• Optional: FAST, slow, surprise energiser game | Cholesterol:<br>▪ Fatty substance in the blood<br>▪ Checked by a blood test *This is in a later storyline*<br>▪ High levels increase the risk of heart attacks and strokes<br>▪ Diet and lifestyle changes (below) can reduce levels *(Introduced but will be developed in future sessions)*<br>▪ Smoking and cholesterol<br>▪ Lipid lowering therapy (Statins) |
| 3. | **Monitoring and Prevention: Free NHS Health Checks**<br>• To understand the value and purpose of an NHS Health Check<br>• To understand what happens when you go for an NHS Health Check and to increase confidence in answering questions you may be asked in English<br>• To understand that some markers of cardiovascular disease have no symptoms and that they can often be managed through lifestyle measures<br>• To understand what blood pressure is and how it affects the body<br>• To understand what a healthy blood pressure reading is for your age in English | • Pass the Pulse – blood pressure game<br>• Explain healthy blood pressure score<br>• Storyline: Maud has symptoms of diabetes and is avoiding her health check.<br>• Persuading Maud ex – addressing own concerns about having one in the process<br>• Practise conversation to make appointment<br>• Going for a health check practising answering and asking questions<br>• Storyline: sally has no issues identified by check (i.e. it's not daunting because it's not inevitable they will find a problem) while Maud has suspected diabetes and high blood pressure<br>• Discuss strategies to help reduce blood pressure<br>• Identify local places that run health check and share experiences | • Blood pressure – what is it and what does it tell us? What is a healthy score for blood pressure for age/gender?<br>• What is in an NHS Health Check?<br>• Health checks: eligibility, offered and received |

| | | | |
|---|---|---|---|
| | | **Note: We hope to be able to have NHS Health Checks run in sessions, or in the venues we are working in to improve access for people.** | |
| 4. | **Diabetes and Going for a Blood Test**<br>• To understand the link between increased risk of heart disease and diabetes<br>• To build confidence in describing symptoms, asking questions and talking to doctors and other health professionals in English.<br>• To understand more about what happens when we go for a blood test, and the vocabulary used.<br>• To increase awareness of ways to manage or avoid Type-2 diabetes<br>• To provide an opportunity for those who are not registered with a GP to understand how to do this | ▪ Registering with a GP (if you have people for whom this is relevant)<br>▪ Receptionist Says<br>▪ Optional Heads, Shoulder Knees and Toes<br>▪ Draw a child with symptoms<br>▪ Practise talking about symptoms to a doctor<br>▪ Blood test word and phrase game<br>▪ Use child drawings in story with Maud going for blood test<br>▪ Storyline: Maud gets diagnosis of diabetes<br>▪ Pairs role play getting results of blood test<br>▪ Talk about simple changes to encourage a healthier lifestyle (food and exercise)<br>▪ Blood cell and sugar Tag (Game)<br>▪ Healthy Food Relay<br>▪ Talk about people you know with diabetes | ▪ Blood test results (following NHS Health Check) – identifying chances of getting heart disease, stroke, kidney disease and diabetes<br>▪ Impact of sugar intake and increased risk of heart attack for people with diabetes<br>• Behaviour change – steps to take (e.g., get off one bus stop earlier, take stairs and not escalators) Starting with what's easy to do! |
| 5. | **Prevention: Healthy Eating - The Eatwell Guide and putting it into practice**<br>• To explore nutrition and what is included in a balanced diet<br>• To increase awareness of how food choices can impact heart health, blood pressure, and risk of conditions such as heart disease and stroke | • Play 'Say it 3 times' on theme of food<br>• Team 'Nutrients Race' game<br>• Activity on identifying red/amber/green traffic light marking on food packaging<br>• Storyline: Maud and Peter need to change their lifestyles but don't want to<br>• Paper plate activity on Eatwell thirds.<br>• Small groups create meals based on Eatwell principles<br>• Role play outcome of story with Maud cooking healthy meals | • Foods that promote good HDL: LDL cholesterol (foods to take in, versus foods to avoid)<br>• Learning what you are consuming: Eatwell Guide and food labelling<br>• Tips for those with cultural diets that place them at higher risk: British Nutrition (Heart disease and stroke - British Nutrition Foundation). |

| | | | |
|---|---|---|---|
| | • To understand the difference between LDL and HDL cholesterol and which foods contain which type<br>• To understand the Eatwell Guide and how it can support healthy meal planning<br>• To encourage application of the principles to meals that are cultural relevant to the group (This will happen through improvisation in storyline and pair and group exercises and discussion)<br>• To encourage behavioural change by making it feel achievable and encouraging peer support | • Sorting exercise LDL and HDL cholesterol, and how to reduce cholesterol<br>• Building a heart-healthy shopping list<br>• Optional: encouraging of sharing healthy recipes in class WhatsApp group | • eat-better_020819.pdf (bhf.org.uk) British Heart Foundation 'Eat Better to reduce your risk of heart and circulatory disease'.<br>• helping-to-protect-yourself-from-heart-disease-and-stroke.pdf (nutrition.org.uk) British Nutrition Foundation Summary table looking at the link between diet and heart disease risk. |
| 6. | **Prevention - Physical exercise**<br>• To explore activities on offer at local leisure centres and build confidence to access them<br>• To understand the impact of physical activity on the body, particularly the relationship between exercise and cardiovascular health (improved cholesterol levels, reduced blood pressure, reduced risk of heart attack/stroke etc)<br>• Introduce the 'Be Active' membership<br>• To address possible cultural barriers related to some forms of exercise | • Word and action movement game<br>• True or false on exercise<br>• How exercise benefits the body exercise<br>• Guidelines and recommendations on exercise<br>• Different types of physical exercise sorting exercise<br>• Storyline: Peter using the Leisure Centre<br>• How to register for *Be Active* membership<br>• Practise registration conversation in pairs<br>• Understand process to book online<br>• Overcoming cultural barriers: appropriate swim wear etc<br>• Say it 3 times listening game<br>• Leisure centre options in your area | • CMO guidelines for physical activity<br>• Be Active member<br>• Impact of physical activity on cardiovascular disease (e.g., increase heart volume, improved levels of HDL (good) cholesterol/ improve HDL:LDL cholesterol ratio, reduce blood pressure, reduced risk of heart attack/stroke)<br>• Impact on being sedentary for people's heart<br>• Behavioural change – over coming barriers |

| | | | |
|---|---|---|---|
| | | • Optional – legs tied together perseverance game | |
| 7. | **Monitoring and prevention: Using the Pharmacy**<br>• To understand the role of the pharmacy and the range of services that may be available there, including advice on stopping smoking or losing weight<br>• To develop confidence in talking to pharmacists<br>• To recap why blood pressure checks are important<br>• To increase confidence and understanding of the process of having your blood pressure checked and awareness that this service may be available via your pharmacist | ▪ Pharmacist Says Game<br>▪ Guess mimed symptom game<br>▪ Match word and picture symptom cards. Which can be treated by pharmacist<br>▪ Discuss range of services and support offered by pharmacists and practical benefits of accessing appropriate help there<br>▪ Groups review images of common medications and consider what is available over-counter v prescription<br>▪ Consider English for asking and answering question in the pharmacy related to collecting a prescription and asking for advice about a relevant condition<br>▪ Role play talking to the pharmacist<br>▪ Group game: Pharmacist or doctor? Where do I go?<br>▪ Storyline: Samantha goes to pharmacist to have blood pressure checked<br>■ Info on blood pressure and blood pressure resource sheet | Recap on blood pressure, consolidate and develop understanding:<br>▪ Usually has no symptoms<br>▪ Good BP control is very important to protect your cardiovascular system<br>▪ Get your BP checked and know your numbers<br>▪ Diet and lifestyle<br>▪ Weight loss<br>▪ BP medication (if not already covered elsewhere) |
| 8. | **Prevention: Alcohol and drug use**<br>• To raise awareness of impacts of drugs and alcohol on heart health<br>• To increase understanding of safe limits for alcohol and | • Warm up: Perseverance game<br>• Characterisation and scenes to create the 'nightmare house guest character, Ali<br>• Storyline with Ali – the brother who comes to stay with the family, why wont his brother confront his behaviour? | • Impact of drugs (opioids and stimulants) on heart health<br>• Impact of alcohol on heart health (weight referenced in session 11)<br>• Awareness of recommended units of alcohol: |

| | | | |
|---|---|---|---|
| | recommended numbers of units per week<br>• To know how to access alcohol and drug support<br>• To encourage an open and honest conversation about pressures and triggers in contexts where this subject may rarely be talked about openly<br>• To use a playful and fun approach via the 'nightmare' house guest character to open up the subject in a non-threatening way | • Info on risks of alcohol and drug abuse<br>• Games on recommended units of alcohol<br>• Discuss options for help and support with addiction<br>• Pairs role play conversations with Ali to encourage him to make a positive change<br>• Finish sessions' storyline with outcome up to group. Finish with perseverance game, if resolution not immediately achieved with character | Government recommendations for alcohol per week<br>• Awareness of sources of advice and support in Birmingham: Change Grow Live – Drug and Alcohol Service |
| 9. | **Prevention: Smoking**<br>• To understand the impact of smoking on cardiovascular disease and the benefits of stopping<br>• To consider strategies to help people stop smoking<br>• To know how to access the Quit with Bella app and other smoking cessation services in Birmingham<br>• To increase confidence in attending an x-ray and visiting hospital as an outpatient for tests<br>• To revise and reinforce some of the previous learning about parts of | • Quick recap of body parts and internal organ vocab<br>• Exercise: What happens to our veins and arteries when we have high blood pressure, including impact of smoking<br>• Storyline: Ali and his impact on Peter through smoking<br>• Discussion: passive smoking<br>• 'Sticky paper': smoking impact on blood game<br>• Hot seat character of Ali and persuade him to give up or set boundaries<br>• Information on Birmingham Smoking cessation services and 'Quit with Bella' App<br>• Role play going for an x-ray<br>• Benefits of giving up – visualisation exercise<br>• Optional return to character of Ali – how does he feel now? | • Smoking impact on heart health, including impact on blood vessels, blood pressure, second-hand smoke, pregnancy<br>• Strategies and sources of support to help you give up including Quit with Bella App and other smoking cessation services in Birmingham<br>• Impacts of quitting and how quickly it benefits your health<br>• Other smoking cessation services in Birmingham |

| | | | |
|---|---|---|---|
| | the body, blood pressure and how the heart works | • Offer resources to share advice with friends and family | |
| 10. | **Addressing Barriers: Mental health - Improving wellbeing and monitoring heart palpitations through an ECG**<br>• To overcome barriers to taking action on improving our heart health through poor mental health<br>• To recognise symptoms of anxiety and how they might be manifesting in the body, including heart palpitations<br>• To understand what happens in an ECG<br>• To encourage a conversation around mental health in communities where this rarely happens<br>• To practise talking about mental health to a doctor and to support a child who might be struggling | • Words and action game for things you like<br>• Progressive relaxation exercise. Optional mindfulness exercise & re-energiser<br>• Exercise to illustrate heart palpitations<br>• Group activity: What contributes to well-being?<br>• Storyline: Samantha has anxiety related heart palpitations and needs an ECG<br>• Discuss causes of heart palpitations and what Samantha should do next<br>• English for talking to doctor and symptoms.<br>• Role play appointment with doctor<br>• Role play ECG<br>• Discuss ways to support Samantha and treatment options from Resource Sheet<br>• Groups portray examples of '5 Ways to Wellbeing' | • Recap some of atrial fibrillation content in a different scenario<br>• Understand what happens with a ECG<br>• Behavioural change – addressing barrier of poor mental health<br>• Strategies to manage stress well are good for heart |
| 11. | **Weight management**<br>• To understand the implications of weight gain for certain conditions (diabetes, heart disease etc)<br>• To know where to go for weight loss support<br>• To understand how to lose weight safely and effectively, and know what resources are available for support in doing so | • Fabric clothing game<br>• Breaking Free game – discussion and activity around overcoming barriers<br>• Create characters to calculate BMI<br>• Storyline: Peter needs to lose weight<br>• Discuss strategies for healthy weight loss and introduce ShapeUp4Life app<br>• Improvise scenes which communicate stages of his weight loss journey in app<br>• Storyline: Peter has achieved his goals<br>• Making his new wardrobe activity | • Overweight/obesity/BMI and impact on heart disease<br>• Storage of fat – high central adiposity increases risk<br>• Further exploration of overcoming barriers to behavioural change<br>• Weight Management Services<br>• Weight Management App |

| | | | |
|---|---|---|---|
| | • To become aware of and develop some familiarity with the ShapeUp4Life app<br>• To briefly recap some of the lifestyle change factors we've explored earlier in the programme | • Groups present outfits<br>• Signpost to sources of help and advice | |

# Appendix Three – Standard Interview Questions

Standard questions for the Hubs:

- How long have you been delivering Creative English?
- Tell me how you became involved.
- What have been your greatest challenges?
- How effective has it been in communicating the importance of CV health?
- What opportunities has it created for your organisation?
- How effective has it been in achieving your aims?
- What does the future hold for you?

Standard questions for The Programme Coordinator:

- What is your role and responsibility in the project?
- When did you first start getting involved with Creative English?
- How do you go about adapting Creative English for health audiences such as cardiovascular health?
- How successful do you think this programme is in communicating such such a thing whilst also teaching English?
- How does building community and relationship help the learning process?
- What have been the greatest challenges for you in delivering this?
- What would you have done differently?

# Appendix Four – Learner Registration

| | | | | | |
|---|---|---|---|---|---|
| Learners Name | | | | | |
| Hub | | | Date | | |
| **Ethnic Background** | | | | | |
| WHITE | ☐ British | ☐ Irish | ☐ European | ☐ Gypsy/Traveller | ☐ Other |
| MIXED | ☐ White/Black Caribbean | ☐ White/Black African | ☐ White/Asian | ☐ Other | |
| ASIAN | ☐ Indian | ☐ Pakistani | ☐ Bangladeshi | ☐ Chinese | ☐ Other |
| BLACK | ☐ African | ☐ Caribbean | ☐ Other | | |
| | ☐ Arab | ☐ Other | | | |
| Age | | | | | |
| | ☐ 18-24 | ☐ 25-44 | ☐ 45-64 | ☐ 65+ | |
| Sex | | | | | |
| | ☐ Male | ☐ Female | ☐ Undisclosed | | |
| Do you have a disability? | | | | | |
| | ☐ Yes | ☐ No | | | |
| Religion | | | | | |
| | ☐ Christian | ☐ Muslim | ☐ Sikh | ☐ Hindu | ☐ Buddhist |
| | ☐ Jewish | ☐ No Religion | ☐ Other: | | |
| English Level | | | | | |
| | ☐ **Very Limited** (learner does not understand or speak English with the exception of a few words or expressions) | ☐ **Basic** (learner understands and speaks some English, but speaks with hesitancy and difficulty) | ☐ **Intermediate** (learner speaks conversational English, but struggles with some grammar and comprehension) | ☐ **Advanced** (learner understands and speaks conversational English, and only requires occasional support) | |
| **How confident are you speaking English?** | | | | | |
| | ☐ Not confident at all | ☐ Not confident but I try | ☐ A bit confident | ☐ Fairly confident | ☐ Very confident |

## Learner Health and Awareness Survey

| Smoking | Before course | | After course | |
|---|---|---|---|---|
| Are you a smoker? | Yes | No | Yes | No |
| Do you know about the Stop Smoking Service in Birmingham? | Yes | No | Yes | No |
| Do you know about "Quit with Bella App?" | Yes | No | Yes | No |
| Have you used "Quit with Bella?" | Yes | No | Yes | No |

| Weight Management Services | Before course | | After course | |
|---|---|---|---|---|
| Are you aware of the Weight Management services | Yes | No | Yes | No |
| Have you self-referred (asked to be seen by) Weight Management services? | Yes | No | Yes | No |
| Do you know about the "Weight Management App?" | Yes | No | Yes | No |
| Have you downloaded the "Weight Management App?" | Yes | No | Yes | No |
| Do you know how much exercise you should be taking? | Yes | No | Yes | No |
| Do you know about the "Be Active" membership? | Yes | No | Yes | No |
| Are you a member of "Be Active"? | Yes | No | Yes | No |
| Do you do 150 minutes of exercise each week? | Yes | No | Yes | No |

| NHS Health Checks | Before course | | After course | |
|---|---|---|---|---|
| Are you aware of the Free NHS Health Checks? | Yes | No | Yes | No |
| If you are aged 40 – 74, have you **offered** a free NHS health check? | Yes | No | Yes | No |
| If you are aged 40 – 74, have you **received** a free NHS health check? | Yes | No | Yes | No |

| Alcohol | Before course | | After course | |
|---|---|---|---|---|
| Do you know the Governments recommendations for units of alcohol per week? | Yes | No | Yes | No |
| Do you drink less than 14 units per week (Men) or 12 units per week (Women) | Yes | No | Yes | No |
| Have you heard of about "Change, Grow, Live" – drug and alcohol service? | Yes | No | Yes | No |

| Blood Pressure | Before course | | After course | |
|---|---|---|---|---|
| Do you know what a healthy blood pressure reading is? | Yes | No | Yes | No |

| Health Check | During the course | |
|---|---|---|
| Have you received a mini health check during this course, carried out by a professional? (a doctor or nurse) | No | Yes |

| How confident are you speaking English? | | | | | |
|---|---|---|---|---|---|
| | After Course | | | | |
| | ☐ Not confident at all | ☐ Not confident but I try | ☐ A bit confident | ☐ Fairly confident | ☐ Very confident |

| Are you now more confident to speak English? | After Course | |
|---|---|---|
| | Yes | No |

| Feedback | |
|---|---|
| Please let us know if there were any issues in completing these questions.<br>For example, did the learners have a smart phone or difficulty in using apps?<br>Anything else? | |

FaithAction is a division within LifeLine Projects', a registered company (number **03951096) and a registered** charity (number 1084634). Our registered office address is LifeLine House, Neville Road, Dagenham, Essex, RM8 3QS.

LifeLine Projects' is a "data controller". This means that we are responsible for processing your personal information. This privacy notice describes why and how FaithAction collects and uses your information in accordance with the General Data Protection Regulations (GDPR) and Data Protection Act 2018.

| | |
|---|---|
|  | The information we hold includes your ethnicity, gender, disability and religion.<br>We will not be using your name within our evaluation of the project. |
|  | We collect and use your information to meet the requirements of the contract FaithAction holds with the City of Birmingham Council |
|  | We collect your information on the learner registration form that we ask you to complete when you register on the Creative English programme. |
|  | We store your personal information securely.<br>We try to make sure the information is right.<br>We only keep the information for as long as it is needed. |
|  | You have a number of rights about your information, including:<br>• The right to see a copy of the information we hold about you<br>• The right to have inaccurate or incomplete information corrected by us<br>The right to object to any information you think is inaccurate. |
|  | Do you have any questions or concerns about your information?<br>Email: martinsmith@faithaction.net Or, call: 020 8597 2900 |