Health

According to the Scottish Household Survey, White ethnic groups are more likely to be smokers than BME groups.

Health

In general, the information on ethnicity collected by NHS Scotland is partial and incomplete, making it difficult to draw general conclusions about many aspects of health as it affects different ethnic groups. However, some information is available, and other conclusions can be drawn from partial surveys, other studies and information from outside Scotland.

Personal perceptions of health:

- When asked how they rate their own health, differences between ethnic groups are minimal below the age of 35;
- However, in the 35-59 and 60+ age groups, people of Pakistani origin start to rate their health as significantly worse than those of other ethnic backgrounds, and people of Chinese origin start to rate their health as significantly better. This could be related to particular illnesses that may be more likely to affect people of South Asian descent (such as diabetes and heart disease) which are more likely to present themselves as a person ages.

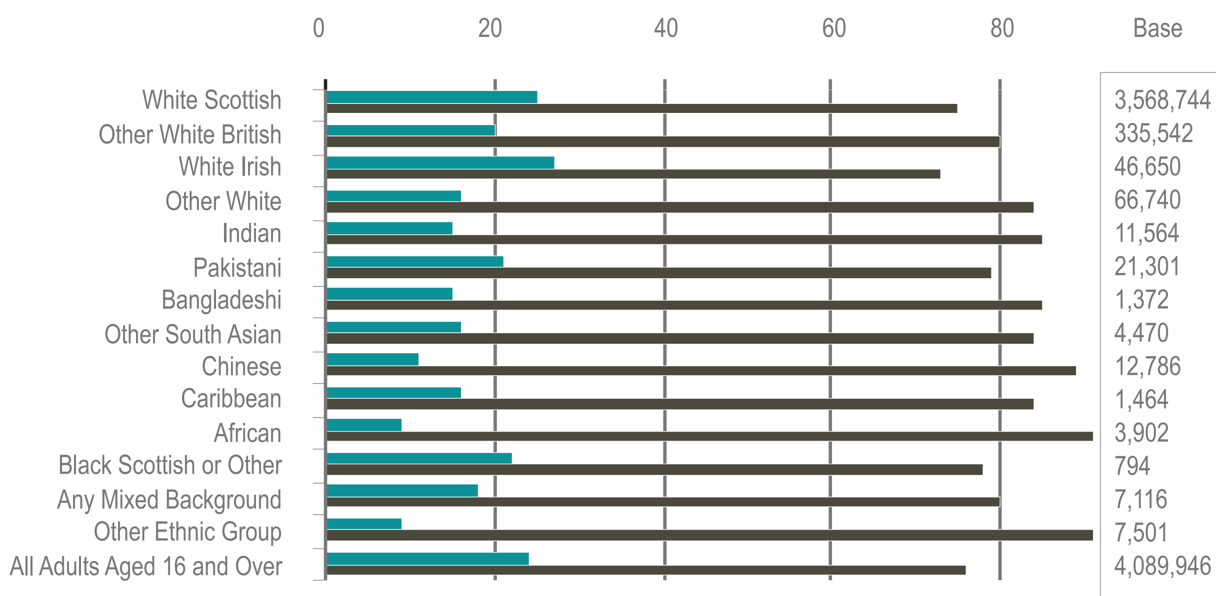
General Health by Ethnic Group

	General Health by Ethnic Group - All People		General Health by Ethnic Group - All People 0-15 Years		General Health by Ethnic Group - All People 16-24 Years		General Health by Ethnic Group - All People 25-34 Years		General Health by Ethnic Group - All People 35-59 Years		General Health by Ethnic Group - All People 60 Years & Over	
	Good or Fairly Good Health	Not Good Health	Good or Fairly Good Health	Not Good Health	Good or Fairly Good Health	Not Good Health	Good or Fairly Good Health	Not Good Health	Good or Fairly Good Health	Not Good Health	Good or Fairly Good Health	Not Good Health
White Scottish	90%	10%	99%	2%	96%	3%	95%	5%	88%	12%	28%	29%
Other White British	91%	8%	98%	2%	96%	3%	96%	4%	92%	9%	81%	20%
White Irish	87%	14%	98%	2%	97%	2%	96%	4%	87%	15%	72%	28%
Other White	92%	7%	98%	2%	96%	3%	97%	3%	91%	10%	76%	26%
Indian	92%	6%	98%	2%	97%	2%	96%	4%	89%	12%	67%	32%
Pakistan	90%	9%	97%	3%	96%	3%	95%	6%	81%	20%	60%	41%
Bangladeshi	93%	6%	99%	1%	95%	5%	96%	4%	85%	15%	80%	21%
Other South Asian	92%	8%	99%	1%	98%	2%	95%	6%	88%	12%	76%	25%
Chinese	96%	4%	98%	1%	99%	1%	98%	2%	95%	4%	80%	21%
Caribbean	92%	8%	98%	1%	95%	4%	95%	6%	91%	9%	76%	25%
African	95%	5%	97%	2%	96%	3%	97%	4%	95%	8%	72%	28%
Black Scottish or Other Black	89%	11%	96%	3%	95%	4%	91%	10%	85%	17%	70%	30%
Any Mixed Background	93%	7%	98%	2%	96%	3%	92%	8%	86%	15%	77%	23%
Other Ethnic Group	95%	4%	99%	1%	97%	2%	98%	3%	92%	9%	80%	20%

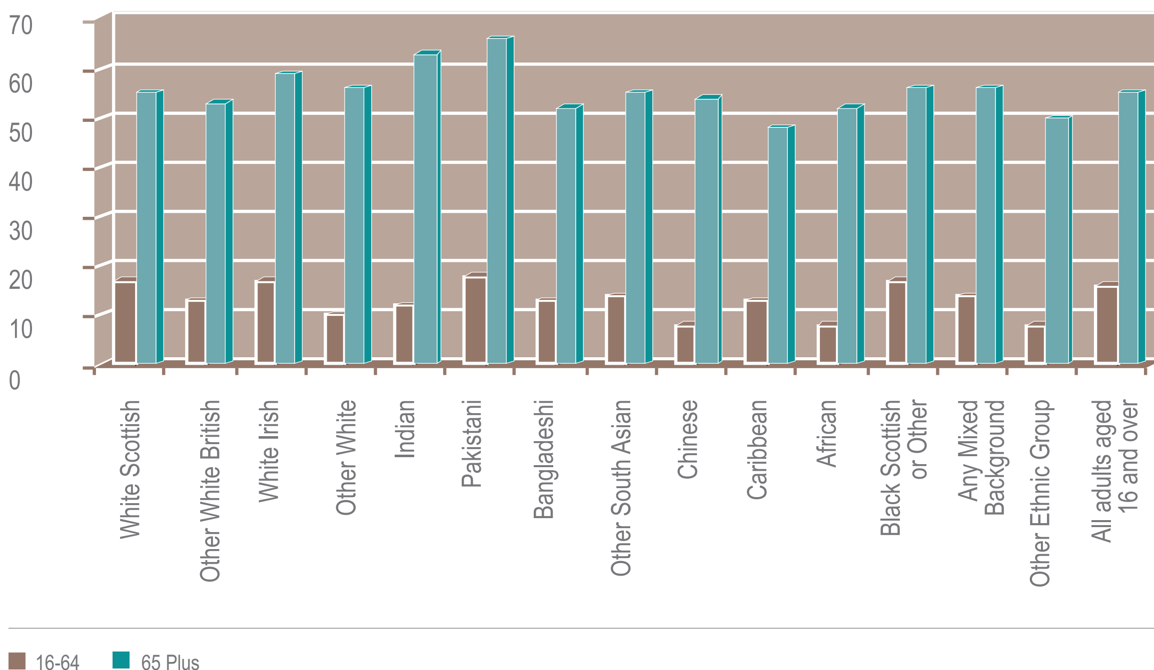
[Source: GRO-Scotland, 2001]

Long-term limiting illness and disability: While White groups in Scotland have been shown to have higher rates of long-term limiting illness and disability than other ethnic groups, it must be taken into consideration that the likelihood of long-term limiting illness and disability increases with age, and non-White ethnic groups in Scotland have a significantly younger age profile than White groups. When broken down into age groups, above the age of 35, people of Pakistani origin have the highest rate of long-term limiting illness and disability.

Adults with a Limiting Long-term Illness by Ethnicity, 2001



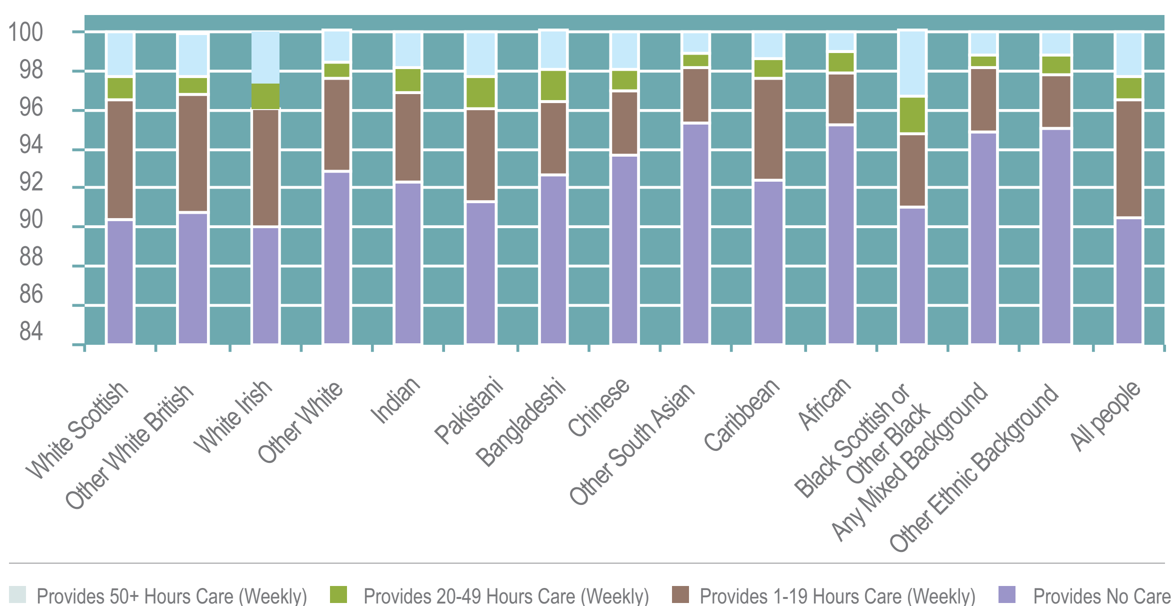
Proportion of Adults with a Limiting Long-term Illness by Age, 2001



[Source: GRO-Scotland, 2001]

Provision of care: Similarly, in terms of provision of care, overall data shows that people from White backgrounds are most likely to be providing care for someone such as an elderly or disabled relative (excluding everyday childcare); however, when this is corrected for the younger age profile of non-White ethnic groups, it is shown that people from Pakistani and Bangladeshi backgrounds are most likely to be providing care.

Provision of Care by Ethnic Group



Ratio of People Providing Care to the Number of People Aged 65+

	Ratio of people providing care to the number of people aged 65+	Base number of people providing care
White Scottish	1.0	430,043
Other White British	1.0	34,194
White Irish	0.7	4,967
Other White	1.1	5,560
Indian	3.3	1,160
Pakistani	5.5	2,754
Bangladeshi	6.0	145
Chinese	2.5	388
Other South Asian	1.8	766
Caribbean	2.4	136
African	4.5	246
Black Scottish or Other Black	1.6	102
Any Mixed Background	1.8	650
Other Ethnic Background	3.4	468
All People	1.0	481,579

[Source: GRO-Scotland, 2001]

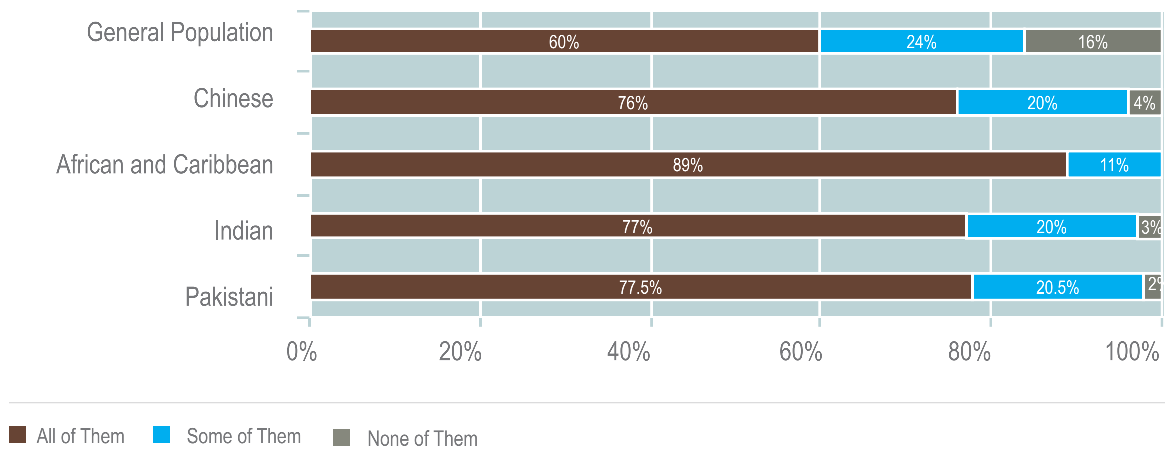
Caring in minority ethnic communities: Dr Gina Netto carried out a piece of research into the nature of informal care among ethnic minority communities in Scotland, which concluded that the patterns of informal care, and the needs of carer in minority ethnic communities were significantly different to those of the general population (NB: this research refers to informal care within families or communities, not professional care):

- Three quarters of minority ethnic carers were women, with the peak age of caring being between 31 to 40, considerably younger than the peak age for caring among the general population, which is 45 to 64;
- Only half of the carers from minority ethnic backgrounds were able to speak English, and many had significant responsibilities on top of the care: more than 25% had three or more children under 16, and a third were in employment;
- Over 25% rated their own health as quite poor;
- Their position as carers had financial implications as many were unable to work: up to 20% were totally dependent on benefits. While only 4% of carers in the general population were looking after someone who lived with them, this rose to a significant 72% in the minority ethnic communities surveyed;
- 80% of those cared for from minority ethnic communities could not speak English, significantly increasing their level of dependence on their carer;
- For over 80% of minority ethnic carers, caring was a part of their daily lives, and just under a third provided care all day. More than 50% of minority ethnic carers had been responsible for the care of an older person for over five years, and over 40% of those cared for were looked after by a sole carer;
- Just under 70% of minority ethnic carers surveyed did not makr use of any Social Work or voluntary services. Some concerns were expressed about the cultural appropriateness on services on offer (e.g. meals on wheels), though others were happy with these services. Similar concerns were expressed with regard to medical care for those cared for, with particular regard to language and gender (carers expressed preferences that medical professionals dealing with those they cared for were the same gender, and spoke the same language) and food;
- However, many carers stated that they would be interested in accessing these services, indicating that lack of information or awareness may be a barrier to accessing services.

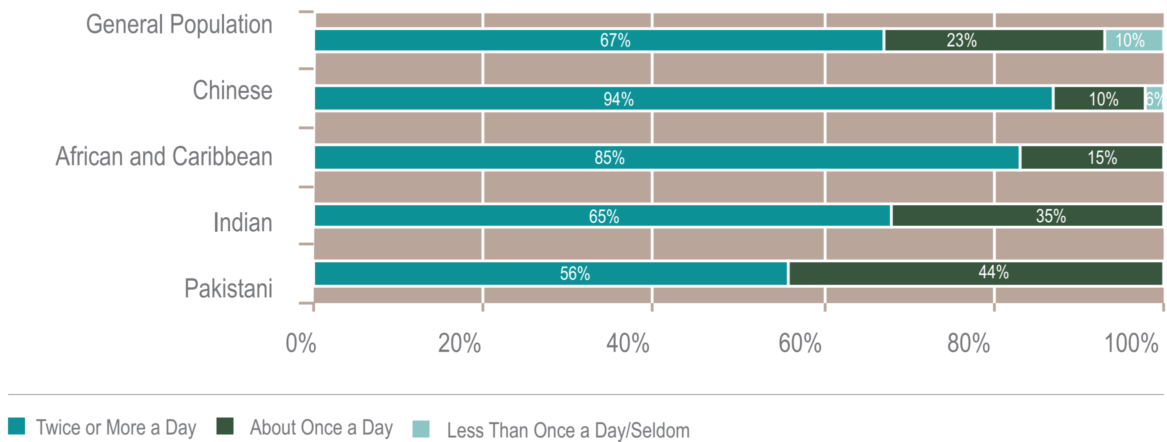
(Source: “No One Asked Me Before” by Dr Gina Netto: , 1997?)

Oral health: Responses to the NHS Greater Glasgow Health and Wellbeing Survey suggest that non-White ethnic groups are more likely than the general population to have all their teeth, and (with the exception of people of Pakistani origin) more likely than the general population to brush their teeth twice or more a day.

Responses to the Question 'What proportion of your teeth are your own?' All ages



Responses to the Question 'How often do you brush your teeth?' by Ethnicity

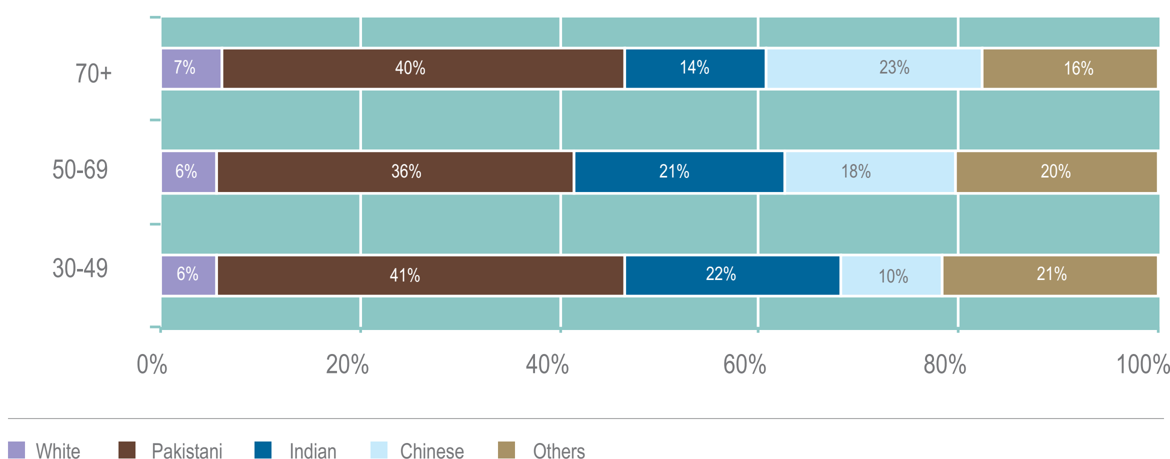


[Source: NHS Greater Glasgow BME Health and Wellbeing Survey, 2005]

Prevalence of diabetes: Studies have shown that the prevalence of diabetes is higher among certain BME groups, including people of Indian, Pakistani, Bangladeshi and African and Caribbean origin.

- The Glasgow Diabetes Project has shown that, taking sex and age into account, the risk of being diagnosed with Type 2 diabetes is eight, four and three times higher for Pakistani, Indian and Chinese groups respectively, when compared to the majority White population.

Diabetes Prevalence by Ethnic Groups and by Age



- Despite these strong ethnic correlations, when the Diabetes Working Group asked all LHCC managers in Scotland if they could identify their LHCC by Census ethnic group, they found that 69% of GPs and community services did not record ethnic group.

Survey of LHCC Managers: Diabetes and Ethnicity

Question	Yes	No	Not Sure	In Progress	No Response	Total
Can You Describe Your LHCC By Census 2001 Ethnic Categories	22%	53%	7%	13%	5%	100%
Do Community Services & GP's Record Ethnic Group	7%	69%	13%	9%	2%	100%
Do You Combine Ethnic Demographic Data With Other Sources To Plan Services	2%	80%	9%	5%	4%	100%
Is Diabetes Part Of Your LHCC Plan	71%	11%	0%	11%	7%	100%
Does Your LHCC Collect Sign 55 Data	58%	9%	16%	11%	5%	100%
Is Sign 55 Data Recorded On GP Systems	36%	15%	24%	22%	4%	100%
Does The LHCC Monitor Trends Of Complications By Ethnic Group	2%	80%	13%	2%	4%	100%
Are LHCC Staff Trained In Diabetes Related To Minority Ethnic Groups	27%	42%	13%	11%	7%	100%
Do All Patients Have Access To Interpreters	55%	20%	13%	7%	5%	100%
Are Procedures In Place To Record Cultural/Religious Requirements	9%	55%	33%	0%	4%	100%
Is There Appropriate Health Information Materials Available	35%	24%	29%	7%	5%	100%
Are Appropriate Health Information Materials Available	29%	33%	24%	7%	7%	100%

[Source: Diabetes in Ethnic Minority Groups in Scotland: April 2004]

Prevalence of Coronary Heart Disease: Data from England and Wales indicates that people from BME backgrounds, particularly Pakistani backgrounds, have an increased rate of Coronary Heart Disease (CHD):

- For men of a Pakistani background, CHD is the single most common cause of death, and the death rate of men of Pakistani origin from CHD is 50% above the average.
- Despite this, and the fact that Scotland is considered to have an epidemic of CHD, the Scottish CHD strategy does not include any mention of ethnicity.

Prevalence of CHD by Ethnic Group, Where 100 Indicates the Average (Actual Numbers in Brackets)

	India	Pakistan	Bangladeshi	China	Caribbean*	Africa**
Men	142 (137,147)	148 (138,158)	151 (136,167)	44 (36,54)	62 (58,67)	58 (47,70)
Women	158 (148,168)	111 (93,130)	91 (60,133)	43 (30,60)	86 (77,96)	61 (37,94)

*Including Hong Kong and Taiwan **West and South

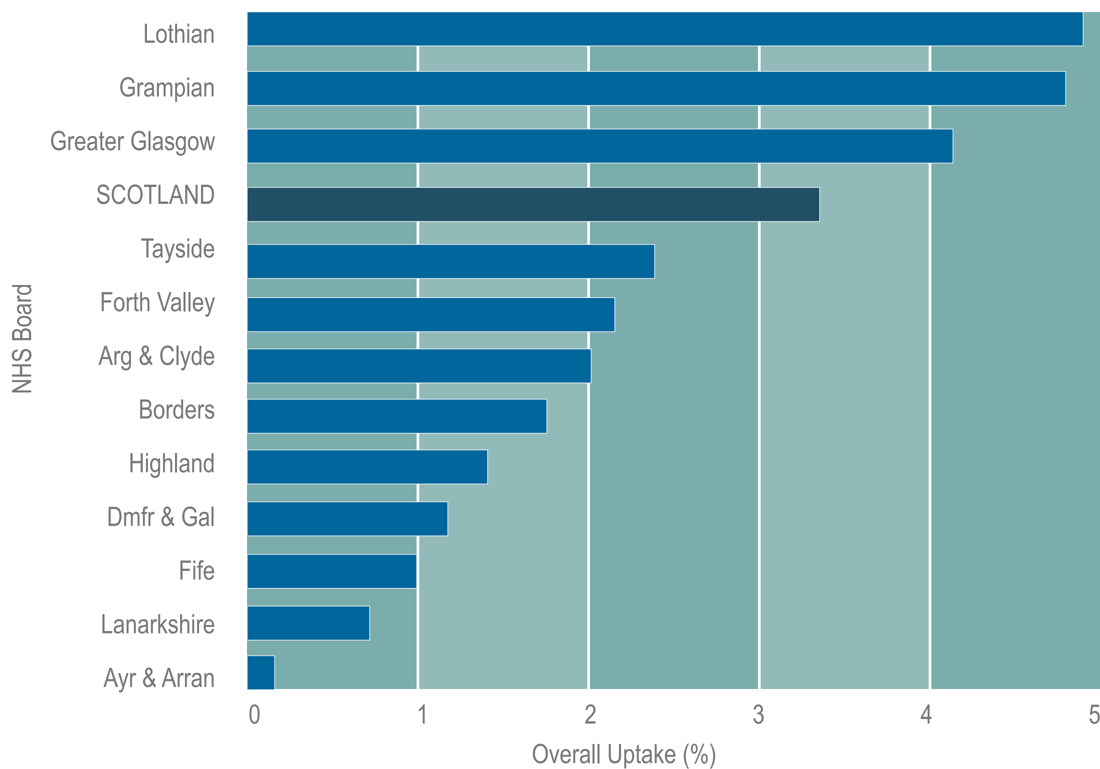
[Source: Ethnicity and Health in Scotland:
http://www.chs.med.ed.ac.uk/phs/research/Retrocoding%20final%20report.pdf 2005]

Experiences of Africans living with HIV in Scotland: According to a study carried out by Waverley Care in 2005, looking at Africans in Scotland living with HIV, many of the respondents surveyed found their GPs unhelpful and sometimes racist; many also had limited information on the treatments that they were receiving. Many were also found to be suffering from depression relating to their diagnosis.

[Source: HIV becomes your name: A report on the issues facing Africans living in Scotland who are HIV positive by Waverley Care: www.waverleycare.org 2005]

Access to sexual health services: In terms of access to services, studies show that BME groups are slightly more likely to access sexual health services than the White majority: according to the 2001 census, BME groups made up 2% of the population, but make up 3.5% of those accessing GUM clinics aged 16-44. However, these statistics may be skewed by the younger age profile of BME communities.

Figure 3.29: Proportion of GUM Attendees who were of Non White Ethnicity by NHS Board of Treatment, 2006



Ethnic Group as a Percentage of New Episodes of Care in GUM Clinics		
	Men	Women
White - Scottish	78.6	77.0
White - Other British	8.5	6.7
White Irish	1.4	1.1
White - Other	3.5	3.9
Mixed	0.5	0.6
Indian	0.4	0.2
Pakistani	0.5	0.2
Bangladeshi	0.1	0.0
Chinese	0.4	0.4
Other Asian	0.4	0.4
Black - Caribbean	0.1	0.1
Black - African	1.1	1.0
Black - Other	0.3	0.2
Other Ethnic Background	0.5	0.4
Not Provided	1.5	1.5
Data Source: STISS		

[Source: Sexually Transmitted Infections and Other Sexual Health Problems for Scotland: 2007]

Mental health: Due to a lack of ethnic monitoring, it remains difficult to ascertain the number or percentage of people from BME backgrounds suffering from mental health problems or accessing mental health services. Despite evidence from England on the increasing likelihood of BME people to be detained under mental health legislation, and over-medicated and restrained while in mental health care, as of September 2007, 32.4% of detentions under the Mental Health Act had not recorded ethnicity, meaning that the instances where ethnicity was recorded referred to such small numbers as to be very difficult to interpret.

Detentions Under the Mental Health Act by Ethnicity	Percentage	Numbers
Not Recorded	1,971	1,971
Chinese	0.2%	13
Indian	0.2%	12
Other Asian	0.2%	10
Pakistani	0.4%	27
African	0.6%	34
Caribbean	0.1%	4
Other Black	0.1%	9
Mixed	0.1%	9
Not Provided	19.5%	1,189
Other Ethnic Background	0.2%	10
White Irish	0.5%	28
White - Other British	3.3%	198
White - Other White	1.0%	63
White Scottish	41.3%	2,512
Total	100%	

[Source: statistics received from the National Resource Centre for Ethnic Minority Health 2007]

Suicide: There is also a difficulty in accessing data around the ethnicity of suicides. However, research from England suggests that certain ethnic groups, particularly young South Asian women, are likely to be at a higher risk of suicide.

[Source: http://www.biomedcentral.com/content/pdf/1471-2458-7-336.pdf 2007]

Diet: The NHS Greater Glasgow BME Health and Wellbeing Survey asked a number of questions about diet.

- It found that while 54% of respondents from Chinese backgrounds and 47% of respondents from African and Caribbean backgrounds consume the recommended five portions of fruit and and/or vegetables a day, compared with 34% of the general population and 33% of respondents from an Indian background, only 19% of respondents from Pakistani backgrounds were consuming the recommended amounts. Female respondents from Pakistani, Indian and African and Caribbean backgrounds reported higher consumption levels of fruit and vegetables than their male counterparts.

- However, the general population consumed 1.25 times more food of a high fat content (e.g. cakes and sweets) on a daily basis than respondents from BME backgrounds.

- The Scottish Diet Action Plan recommends breakfast cereal consumption five or more times a week. While 46% of the general population met this target, only 39% of respondents from an Indian background, 28% of respondents from African and Caribbean backgrounds, 20% of respondents from a Pakistani background and 5% of respondents from a Chinese background met this target.

- The Scottish Diet Action Plan also stipulates that individuals should eat at least two portions of oily fish per week. 43% of respondents from African and Caribbean backgrounds, and 35% of respondents from Pakistani backgrounds met this target, compared with 29% of the general population; however only 23% of respondents from a Chinese background and 16% of people from an Indian background achieved this target.

[Source: NHS Greater Glasgow BME Health and Wellbeing Summary 2005]

Obesity: The NHS Greater Glasgow BME Health and Wellbeing Survey also investigated obesity within BME groups.

- Respondents of Chinese origin were most likely to be of normal weight (based on Body Mass Index) and also most likely to be classified as underweight.
- Respondents of Indian origin were most likely to be classed as overweight (40% of respondents, compared to 32% of the general population, 35% of respondents of African and Caribbean origin, 33% of respondents of Pakistani origin, and only 11% of respondents of Chinese origin);
- However, respondents of Indian and Chinese origin were significantly less likely to be classed as obese (only 4% of respondents in each group, compared to 11% of the general population, 11% of respondents of African and Caribbean origin, and 13% of respondents of Pakistani origin).

BMI Classification by Ethnic Group, Glasgow

	Chinese	Pakistani	Indian	African & Caribbean	General Population
Underweight (<18.5)	1 3	4	4	4	3
Normal Weight (18.5-24.9)	71	51	52	49	54
Overweight (25-29.9)	11	33	40	35	32
Obese (30-39)	4	13	4	11	11
Extremely Obese (>39)	1	0	0	1	1
Base (n)	350	166	135	187	1758

[Source: NHS Greater Glasgow BME Health and Wellbeing Summary 2005]

Physical activity: The NHS Greater Glasgow BME Health and Wellbeing Survey also asked respondents if that were undertaking the recommended amount of physical activity. While 58% of the general population was doing so, 50% of respondents from an Indian background, 45% of respondents from African and Caribbean backgrounds, 34% of respondents from Chinese backgrounds, and 32% of respondents from Pakistani backgrounds were doing so.

Table 5.7 Percentage of Respondents Undertaking Recommended Amount of Physical Activity (%)

	% Undertaking Recommended Amount of Physical Activity
General Population	58
Pakistani	32
African & Caribbean	45
Indian	50
Chinese	34

[Source: NHS Greater Glasgow BME Health and Wellbeing Summary 2005]

Alcohol consumption: In terms of alcohol consumption, the NHS Greater Glasgow BME Health and Wellbeing Survey found that the percentage of the general population claiming that they do not drink alcohol (30%) was significantly lower than the percentage of BME respondents, with 57% of respondents of Indian origin, 63% of respondents of Chinese origin, 64% of respondents of African and Caribbean origin, and 91% of respondents of Pakistani origin claiming that they do not drink alcohol. However, given that these results depend on self-reporting, and there is a stigma on alcohol consumption in certain communities, they may be an under-representation of alcohol use.

Percentage of Respondents Who Say They Do Not Drink Alcohol by Ethnic Group	
	% Don't Drink Alchohol
General Population	30
Pakistani	91
African & Caribbean	64
Indian	57
Chinese	63

[Source: NHS Greater Glasgow BME Health and Wellbeing Summary 2005]

Smoking:

- According to the Scottish Household Survey, White ethnic groups are more likely to be smokers than BME groups, with 2004 data showing that 27% of respondents from White ethnic groups smoked, compared to only 18% of respondents from combined BME groups.

Prevalence of Smoking by Ethnic Group, Scotland						
Combined Ethnic Group	Scotland					
	1999	2000	2001	2002	2003	2004
White Ethnic Groups	31	29	28	28	28	27
Minority Ethnic Groups	19	16	n/a	n/a	17	18

Source Scottish Household Survey
Notes: 1. Some percentages are based on counts of 200 or less and should therefore be treated with caution.
2. Data on smoking for minority ethnic groups are not available on the SHS for 2001 and 2002 due to date quality issues.
n/a= not available.

- The NHS Greater Glasgow BME Health and Wellbeing Survey also found that BME respondents in Glasgow were less likely to smoke than the general population, with 31% of men from the general population claiming to smoke every day, compared with 29% of men of Pakistani origin, 18% of men of Chinese origin, 13% of men of African and Caribbean origin, and 10% of men of Indian origin.

- Among women in Glasgow, the difference was even more marked, with 29% of women from the general population claiming to smoke daily, compared to 5% of women of Pakistani origin, 3% of women of African and Caribbean and Indian origin, and 2% of women of Chinese origin.

Smoking Behaviour By Ethnic Group And Gender, Glasgow										
Combined Ethnic Group	Chinese		Pakistani		Indian		African & Car.		General Pop.	
	M	F	M	F	M	F	M	F	M	F
I Have Never Smoked Tobacco	53	83	52	93	71	91	69	82	42	52
I Have Only Tried Smoking Once Or Twice	10	8	8	2	6	5	8	8	4	4
I Have Given Up Smoking	13	6	4	0	7	0	7	4	18	13
I Smoke Some Days	6	2	7	0	6	1	3	2	4	4
I Smoke Every Day	18	2	29	5	10	3	13	3	31	28
Base	170	180	110	97	68	77	124	119	846	946

Average Number of Cigarettes Smoked Per Day by Ethnic Group, Glasgow	
	Average Number of Cigarettes
General Population	19
Pakistani	14
African & Caribbean	11
Indian	7
Chinese	4

[Source: NHS Greater Glasgow BME Health and Wellbeing Summary 2005]

Access to medical facilities:

- The NHS Greater Glasgow Health and Wellbeing survey asked respondents whether they had accessed various types of medical care in the past six months. It found that Chinese respondents were significantly less likely to have accessed all forms of medical treatment (other than dentists); however, 55% of Chinese respondents claimed to use traditional Chinese medicine, and 46% of these claimed they preferred it to Western medicine.

'In the last six months have you...' (percent)					
	Pakistani	Indian	African & Car.	Chinese	General Pop.
Seen a GP	88	79	81	62	80
Been to A&E	21	15	19	10	15
Visited Hospital as Outpatient	24	26	34	11	25
Hospital Stay of 2 Nights or More	8	10	11	4	11
Day Surgery/Overnight Stay	11	12	11	2	12

- It also found that 50% of the general population and 50% of Pakistani respondents had accessed the dentist in the last six months, compared to 41% of the Chinese population, 40% of the Indian population, and 32% of the African and Caribbean population. Conversely, while 0% of the non-BME population had never visited a dentist, 1% of Pakistani, Indian and Chinese respondents, and 6% of African and Caribbean respondents had never visited a dentist.

Responses to the Question 'When was the last time you went to the dentist?' by Ethnicity (%).

	Pakistani	General Pop.	Chinese	Indian	African & Car.
Within the Last 6 Months	50	50	41	40	32
Within 6 Months to 15 Months	17	17	23	17	21
Over 15 Months	33	33	35	42	41
Never	1	0	1	1	6
Base (N)	200	1792	350	150	238

[Source: NHS Greater Glasgow BME Health and Wellbeing Summary 2005]

Antenatal classes and breastfeeding:

- The Growing Up In Scotland project found that 36% of all mothers-to-be attended all or most of their antenatal classes, and a further 11% went to at least some. However, women from non-White ethnic groups were less likely than women from White ethnic groups to attend classes.

- 63% of mothers surveyed by Growing Up In Scotland said that they planned to breastfeed their child; mothers from non-White ethnic groups were more likely than women from White ethnic groups to plan to breastfeed their children.

[Source: Growing Up In Scotland 2007]

Ethnicity of NHS Scotland Staff: for information on this, please see the employment chapter.