Key Findings from the 2016 BME Health and Wellbeing Study in Glasgow

TRACI LEVEN RESEARCH
Aims and Objectives

- Explore the views of adults aged 16 plus from the main Black and Minority Ethnic (BME) groups living in Glasgow City on their health and wellbeing.

- Enable comparisons with all Glasgow survey (2014)

- Understand the needs of BME people in relation to health services, health improvement, their communities and their social health

- Understand the needs of BME people by age, sex and SIMD
Method

- Stratified Random Sample
  - Identified from NHSGGC CHI, Glasgow City aged 16+
  - Ethnic group assigned based on names using OnoMap software
  - 5 Groups: Pakistani, Indian, Chinese, African Polish
    - These account for 81% of non-white ethnic groups (83% including Polish)
- 1,798 face-to-face interviews
- Weighted dataset is representative of BME population by ethnic group, age, gender and deprivation
BME Profile

- Weighted to represent the BME population in Glasgow

- African, 9%
- Polish, 16%
- Chinese, 24%
- Indian, 17%
- Pakistani, 33%
Profile Differences

Proportion who live in the 15% most deprived areas

- Polish: 57%
- African: 52%
- Pakistani: 24%
- Indian: 19%
- Chinese: 17%
- All BME: 29%
- All Glasgow: 39%
Profile Differences

Pakistani group: 48% aged 16-34
Chinese group: 76% aged 16-34
Profile Differences

Proportion who have lived in the UK for 10 years or more

- Pakistani: 85%
- Indian: 49%
- Polish: 41%
- African: 35%
- Chinese: 29%
Key Findings

HEALTH AND ILLNESS
ACCESSING HEALTH SERVICES
HEALTH BEHAVIOURS
SOCIAL HEALTH
SOCIAL CAPITAL
Health and Illness

VIEWS OF HEALTH

BME groups were more likely than the general Glasgow City population to have a positive view of:

- **General health**: 80% (Glasgow City: 74%)
- **Physical wellbeing**: 86% (Glasgow City: 78%)
- **Mental wellbeing**: 90% (Glasgow City: 78%)

Least likely to have positive views of health/wellbeing:

Pakistani
BME respondents aged 16-34 and 35-54 were more likely than those in Glasgow City to have a positive perception of their physical wellbeing.
Health and Illness: Feeling in Control

‘Definitely’ feel in control of decisions affecting daily life

- Significant variation across BME groups
- Others less likely to feel in control:
  - Women
  - Most deprived areas
  - Not speak English well
Health and Illness: Limiting Conditions/Illness

- Groups more likely to have a limiting condition/illness
  - Aged 55+ (52%)
  - Pakistani
  - Not speak English well
  - Lived in the UK for 10+ years
Access to Health Services: Health Screening

- Of those who eligible for the screening programmes:
  
  - 49% attended cervical screening
  - 67% attended breast screening
  - 42% completed home test for bowel screening
44% of those who did not speak English well had used the interpreting service.

- 18% for Polish
- 15% for Chinese
- 9% for Pakistani
- 9% for African
- 8% for Indian
- 12% for All BME (2016)

1 in 8 had ever used the interpreting service for NHS appointments.
Health Behaviours: Smoking

- Overall BME groups less likely to smoke
- Polish most like to smoke
- Men more likely than women to smoke (especially in Chinese and Pakistani groups)
- Pakistani group most likely to use shisha (17% Pakistani men; 6% Pakistani women)
Health Behaviours: Alcohol

- Overall, BME groups much less likely than Glasgow to drink alcohol, but very significant variation across groups
- Polish much more likely to drink alcohol, but much more likely to drink within recommended limits
- Drinking more common among those aged under 55 and men. Gender difference was most pronounced among Indian and African groups
Health Behaviours: Physical Activity and Diet

- Indian group much less likely than others to meet physical activity target
- Others more likely to meet physical activity target:
  - Aged under 55
  - Spoke English well
- Those less likely to meet the fruit/veg target:
  - Pakistani and African
  - Men
  - Most deprived areas
Half of BME adults were overweight

More than 7 in 10 of those aged 35+ were overweight

BME adults in each age group were more likely than those in Glasgow City to be overweight

Men were more likely than women to be overweight (except for the African group, where the reverse was true)

Others more likely to be overweight were:

- Most deprived areas
- Not speak English well
- Lived in the UK for 10 years or more
Social Health: Isolation

- Overall BME groups were as likely to feel isolated as those in Glasgow City.
- Isolation was most common among:
  - African (22%) and Polish (19%)
  - Women
  - Most deprived areas
  - Lived in the UK for <10 years
Social Health: Discrimination

- Overall, BME groups were as likely as those in Glasgow City to experience discrimination.
  - But among 16-34 year olds, BME groups were LESS likely to experience discrimination.

- Most likely to experience discrimination:
  - Pakistani
  - Aged 35+
  - Most deprived areas
  - Lived in the UK for 10+ years

- Most common reasons for discrimination:
  - Ethnic background (91%)
  - Religion/faith/belief (36%)
  - Appearance (15%)
  - Accent (10%)
Social Health: Experience of Crime

- Overall BME groups were less likely than Glasgow City to have been a victim of crime
  - particularly among those aged under 35, and those in the most deprived areas

- Experience of crime was highest among:
  - Polish (18%) and African (15%) groups
  - Age 35-54
  - Women (particularly African women)
  - Lived in the UK for 10+ years
Social Health: Economic Activity

- Overall Half (51%) of BME adults were economically active.
- Economic activity highest among Polish (77%) and lowest among Chinese (22%).
- Men were twice as likely as women to be economically active. Largest gender difference among Pakistani and Chinese groups
  - Pakistani: 59% men; 22% women
  - Chinese: 32% men; 13% women
7 in 10 BME adults had a positive view of reciprocity; 6 in 10 had a positive view of trust.

BME groups overall less likely than Glasgow City to have a positive view of trust

African groups much less likely than others to have positive views of reciprocity or trust (also least likely to have positive views on social support and local friendships)
Social Capital: Clubs/associations/groups

- African group much more likely than others to belong to clubs/associations/groups
  - Particularly African women (51%)
- Those who spoke English well much more likely to belong to these than those who did not (20%, compared to 9%)
Social Capital: Social Activism

- BME groups overall less likely than Glasgow City to engage in social activism
- Pakistani (12%) and African groups (12%) most likely to engage – these groups also most likely to volunteer
- Polish (4%) and Indian (3%) least likely
- Others more likely to engage:
  - Outside the most deprived areas
  - Speak English well
  - Lived in the UK for 10+ years
### Social Capital: Perceived reasons for poverty in local area

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<tbody>
<tr>
<td>Laziness or lack of willpower</td>
<td>36%</td>
<td>18%</td>
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<tr>
<td>Lack of jobs</td>
<td>26%</td>
<td>40%</td>
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<tr>
<td>There is no-one living in poverty in this area</td>
<td>20%</td>
<td>14%</td>
<td></td>
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<tr>
<td>An inevitable part of modern life</td>
<td>5%</td>
<td>5%</td>
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<tr>
<td>Because of injustice in society</td>
<td>2%</td>
<td>11%</td>
<td></td>
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<tr>
<td>Because they have been unlucky</td>
<td>2%</td>
<td>4%</td>
<td></td>
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<tr>
<td>Other</td>
<td>1%</td>
<td>2%</td>
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<tr>
<td>None of the above</td>
<td>6%</td>
<td>6%</td>
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Multitude of other significant findings

For full details see the written report
Available now from NHSGGC
http://hdl.handle.net/11289/579514
Jackie Erdman
Allan Boyd
Margaret McGranachan
@ggc.scot.nhs.uk

- Mental wellbeing
- Conditions being treated
- Feeling valued
- Feeling safe on public transport
- Caring responsibilities
- Income and benefits