Further information

A more detailed version of this report is available to download from the GGNHSB website at: www.nhsgg.org.uk/publications/reports

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ISBN 0-9549812-5-1

Design by Traffic Design Consultants: 0141 204 4490

Black and Minority Ethnic Health in Glasgow:

A summary comparing the health and well-being of black and minority ethnic groups including African & Caribbean, Chinese, Indian and Pakistani groups to the General Population in Greater Glasgow

February 2006

A report that compares the main findings from three surveys:

- The health and well-being of African & Caribbean, Pakistani and Indian backgrounds in Greater Glasgow (2005);
- Chinese Healthy Living Centre survey (2004)
- Health and well-being survey of the Greater Glasgow population (2002)

Why this report is important

We know from studies elsewhere there are inequalities in health and well-being experienced by minority ethnic communities. Agencies in Greater Glasgow are committed to improving the health of residents. We are focused on reducing inequalities and making our services accessible and relevant to all sections of the community.

Towards the end of 2002 Greater Glasgow NHS Board (GGNHSB) carried out a health and well-being survey of the population which collected information on various aspects of lifestyle, environment, personal and social circumstances that effect their health. Whilst black and minority ethnic people were included in the survey, they made up less than 6% of the sample (this reflects the proportion of black and minority ethnic population in the Greater Glasgow area). However, the numbers involved were too small to make meaningful comparisons between groups. Two further health and well-being surveys were conducted; one focused on the Chinese community (commissioned by the Chinese Healthy Living Centre) and the second examined African & Caribbean, Pakistani and Indian communities. Glasgow is home to individuals from a wide range of ethnic backgrounds, but these four communities represent the largest black and minority ethnic groups in the Greater Glasgow area.

This report summarises and compares the main findings from each survey and will help to inform the wide range of partners whose activities contribute to improving the health, well-being and quality of life of black and minority ethnic people throughout the Greater Glasgow area.

About the methodology

The 2001 census was used to identify which groups would be examined and to set quotas.

- **African & Caribbean, Pakistani and Indian Survey**
  A quota sample was recruited utilising purposive techniques through a variety of approaches including contacts made on the street and in areas frequented by minority ethnic individuals at different times during the day and evening. Additionally "snowballing" methods of participant recruitment and approaches to community organisations, groups and individuals facilitated this. In total 609 interviews were achieved (244 African & Caribbean; 210 Pakistani, 155 Indian).

- **Chinese Healthy Living Centre Survey**
  A quota sample of individuals who considered themselves to be Chinese and lived in the Greater Glasgow area were recruited. Respondents were contacted via various Chinese community groups and organisations (e.g. Chinese church, Wing Hong and San Jai, and student groups), in addition to approaching potential participants in the street in areas such as Chinatown. In total 350 interviews were achieved.

- **General Population Survey**
  A stratified random sampling strategy and a two stage weighting process was utilised to ensure a representative sample of the NHS Greater Glasgow population. In total 1,802 in home interviews were conducted with adults (aged 16 and over) in the GGNHSB area, giving a response rate of 67%.

About this report

Throughout this report reference is made to African & Caribbean, Chinese, Pakistani and Indian participants. However, ethnicity is not intended to imply that individuals from these backgrounds would not consider themselves (or be considered), to be Glaswegian, Scottish or British. Rather this categorisation serves as a practical means of discussing the health and well-being of individuals from these respective backgrounds.

How were the studies conducted?

All the studies used in this summary aimed to provide information on indicators of health and well-being for their target group. Recruitment to the study differed in each survey. Efforts were made to get a representative sample in each survey. Overall the following number of interviews were achieved:

- **General Population Survey:**
  In total 1,802 face to face, in home interviews were conducted with adults (aged 16 and over) in the GGNHSB area, giving a response rate of 67%.
- **Chinese Healthy Living Centre Survey:**
  A quota sample was recruited. In total 350 interviews were achieved.
- **African & Caribbean, Pakistani and Indian Survey:**
  A quota sample was recruited. In total 609 interviews were achieved (244 African & Caribbean; 210 Pakistani, 155 Indian).

The age profile of the black and minority ethnic respondents tended to be younger than the general population. This reflects the profile of black and minority ethnic communities living in Greater Glasgow.

Interviews were conducted in the participant's own home. While the majority of participants spoke English, it tended not to be their first language; this was most marked in the older age groups. It was decided to employ interviewers who spoke a range of appropriate languages and interviews were conducted in a language of the respondent's choice.

The findings

The findings are given in 9 sections: general health and mental health; oral health; use of health services; social health; experience of racism; perception of national identity; health behaviours; weight and financial well-being. Comparisons are made between the three surveys. However, as the exact questions were not always identical in each survey direct comparisons were not always possible.

General and mental health

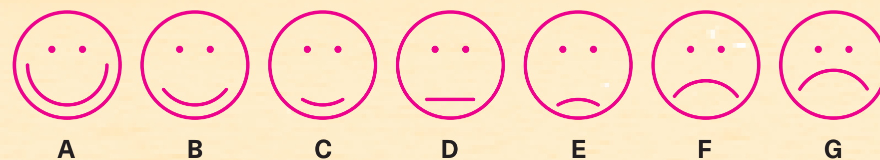
Respondents were asked to describe their general health using a four point scale (excellent, good, fair or poor). African & Caribbean respondents tended to have more positive perceptions of their general health than the general population and other ethnic groups as figure 1 illustrates:

Figure 1: Perceptions of general health

Ethnic group	% rating their health as either "excellent" or "good"
African & Caribbean	86
Indian	76
General Population	67
Pakistani	65
Chinese	62

Positive self perceptions of general health decreased with age across all ethnic groups.

Participants in all surveys were asked to rate their mental health in terms of the smiley faces below.



The Medical Research Council Social and Public Health Sciences Unit, University of Glasgow developed the 'smiley faces scale'.

When the first three faces were combined to give an overall positive mental health rating respondents from African & Caribbean, Pakistani and Indian backgrounds were most likely to report positive mental well-being (over 90% in each group), whereas the general population and Chinese respondents were slightly less likely to report feeling positive (82% and 81% respectively).

Oral health

Black and minority ethnic respondents were more likely to report that all their teeth were their own compared to the general population. The Towards a Healthier Scotland target is to reduce the percentage of residents aged between 45-54 years with no teeth of their own to less than 5% by 2010. Approximately 9% of the general population in this age group report not having any of their own teeth, whereas no respondents from Pakistani, Indian and African & Caribbean backgrounds reported that they had none of their own teeth. However, African & Caribbean, Chinese and Indian respondents were less likely to report visiting the dentist than the general population and Pakistani respondents. The vast majority of respondents from all surveys reported brushing their teeth at least once per day. However, 7% of the general population reported brushing their teeth less than once a day. This compares to only 1% of the Chinese respondents and 0% of the African & Caribbean, Pakistani and Indian respondents..

Use of health services

Around 80% of African & Caribbean, Pakistani and Indian respondents had used the health service in the last year. This is similar to the general population. However, only 62% of respondents from the Chinese survey had used the health service. Studies elsewhere suggest two potential reasons for this:

- The co-existence of Western and Chinese notions of health and illness and the combination of health practices may impact on selective uptake of health related services
- A lack of understanding in the Chinese community about the functioning of the NHS and of services which, until recently had no equivalent in Chinese cultures.

Indeed 55% of Chinese respondents said that they used Chinese medicine and 46% said they preferred traditional medicine to Western medicine.

Social health

All the surveys addressed social health (i.e. some of the broader determinants of health such as relationships, feelings about the local neighbourhood, housing and transport). Participants from minority ethnic groups were more likely to report feeling isolated from friends and family than the general population. This was most marked in African & Caribbean respondents as figure 2 illustrates:

Figure 2: Feeling isolated from friends/family

Ethnic group	% of respondents feeling isolated from friends and family
General Population	15
Pakistani	19
Chinese	22
Indian	23
African & Caribbean	30

Respondents in all surveys were asked to rate on a scale from 1 (strongly disagree) to 5 (strongly agree) how they felt about various aspects of their neighbourhood.

The majority of participants agreed with statements which included:

- I feel safe using public transport
- I feel safe walking alone after dark
- I feel safe in my own home

Women were less likely than men to feel safe walking alone after dark in all surveys.

The majority of participants tended to agree with statements:

- I can trust people in my local area
- If I have a problem there is someone to help me

However, African & Caribbean respondents agreed less strongly with these statements.

Experience of racism

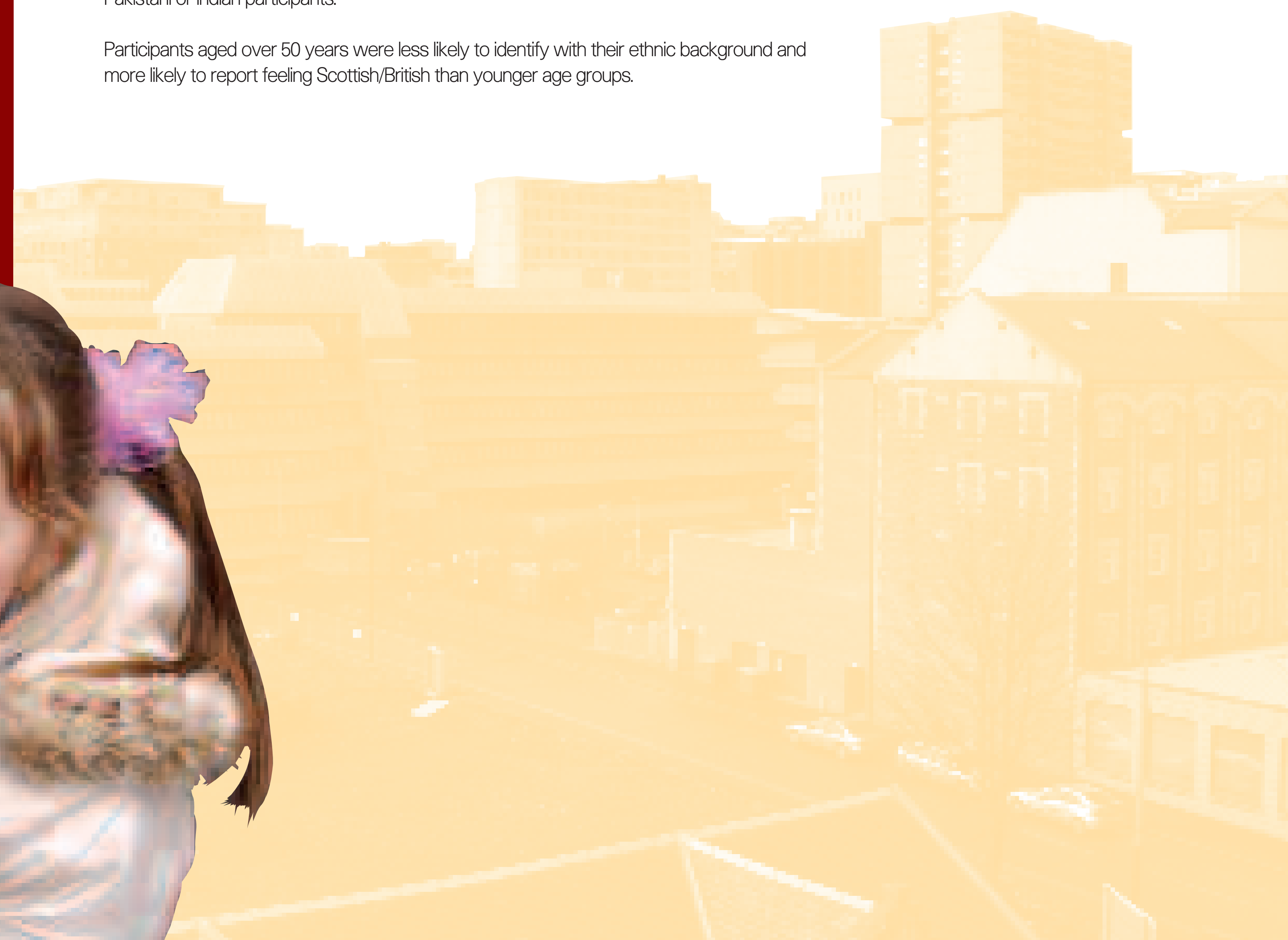
When asked to respond to a specific definition, around a third of Chinese respondents had experienced racism in the last year. The African & Caribbean, Pakistani and Indian survey asked respondents to indicate if they had experienced a variety of specific types of racism. African & Caribbean respondents were more likely to experience all types of racism. Whilst all groups experience racism, it may be particularly marked in African & Caribbean communities in Glasgow when compared to Indian and Pakistani respondents.

Participants in the older age groups (50+ years) in any black and minority ethnic group were least likely to experience racism. There were no gender differences in reports of racism. Experience of racism was not asked in the general population survey.

Perceptions of national identity

Questions related to perception of identity were only asked in the survey of people from an African & Caribbean, Indian and Pakistani background. Participants were asked how Scottish/British they felt on a scale of 1 to 10 (1 not at all, 10 very much). African & Caribbean respondents felt less Scottish/ British than Pakistani and Indian respondents. African & Caribbean respondents were also more likely to identify with their ethnic backgrounds than Pakistani or Indian participants.

Participants aged over 50 years were less likely to identify with their ethnic background and more likely to report feeling Scottish/British than younger age groups.



Health behaviours

Smoking

Smoking levels were lower in the majority of minority ethnic communities than in the general population. However Pakistani men smoked marginally more than the general population and significantly more than other black and minority ethnic groups, as demonstrated in table 1:

Table 1: Smoking Behaviour

Ethnic group	% of participants who said they were current smokers	
	MALE	FEMALE
Chinese	24	4
Pakistani	36	5
Indian	16	4
African & Caribbean	16	5
General Population	35	32

This table also illustrates marked gender differences, with women from all ethnic minority communities much less likely to smoke than men. In contrast, the general population survey reveals little difference between smoking rates in men and women.

Whilst rates of smoking among some black and minority ethnic groups are at a level below current national targets (to reduce levels of smoking to 29% by 2010), rates among Pakistani men and the general population are still above the target.

Alcohol

Self reported consumption of alcohol was much lower in black and minority ethnic participants in comparison to the general population, as figure 3 illustrates:

Figure 3: Proportion of each ethnic group that did not drink alcohol

Ethnic group	% reporting they did not drink alcohol
Pakistani	91
African & Caribbean	64
Chinese	63
Indian	57
General Population	30

Women from all black and minority ethnic groups were more likely than men to report never having drunk alcohol. Only a small number of black and minority ethnic respondents reported drinking in the last week, so it is not possible to provide an analysis of the number of units of alcohol consumed.

Diet

Fruit and Vegetables

The target of eating 5 portions of fruit and/or vegetables (excluding potatoes) per day was met by around half the Chinese and African & Caribbean respondents, a third of the general population and Indian respondents and only a fifth of the Pakistani respondents. Women from all groups reported eating more fruit and vegetables than men. However, there may be cross-cultural differences in the understanding of "portion" of fruit and vegetables, as vegetables and fruit included in more substantial dishes can be included in the total.

Breakfast cereal

The target of eating breakfast cereal at least 5 times per week was more likely to be met by the general population than black and minority ethnic groups as indicated in figure 4:

Figure 4: Breakfast Cereal

Ethnic group	% eating the recommended amount of breakfast cereal
General Population	46
Indian	39
African & Caribbean	28
Pakistani	20
Chinese	5

However, this may be an inappropriate indicator of dietary habits for all black and minority ethnic groups, as they may be eating a healthy alternative to cereal for breakfast (for example, people from a Chinese background may be eating rice porridge for breakfast).

Oily fish

Oily fish, such as mackerel, tuna, salmon and herring, should be eaten at least twice per week. African & Caribbean respondents were most likely to meet this target (43% report meeting current recommendations), while Indian respondents were least likely to meet the target (16% report meeting the recommendations).

Physical Activity

The recommended target for physical activity is 30 minutes of moderate activity 5 times per week or 20 minutes of vigorous activity 3 times per week. The general population were more likely to meet this target than black and minority ethnic groups.

Figure 5: Physical Activity

Ethnic group	% of respondents meeting the physical activity target
General Population	58
Indian	50
African & Caribbean	45
Chinese	34
Pakistani	32

Weight

Indian and Chinese respondents were less likely to be obese (based on a body mass index above 30) than African & Caribbean, Pakistani or the general population, as illustrated in table 2:

Table 2: Percentage of respondents categorised as overweight or obese by body mass index (BMI)

Ethnic group	% respondents with a BMI above 25 (overweight)	% respondents with a BMI above 30 (obese)
Chinese	11	5
Indian	40	4
African & Caribbean	35	12
General Population	32	12
Pakistani	33	13

Financial well-being

Respondents from all ethnic minority groups were less likely to report receiving all their income from state benefits and more likely to receive no income from the state compared to the general population as indicated in table 3:

Table 3: Income from state benefit

Ethnic group	% with all income from state benefits	% with no income from state benefits
General Population	28	43
African & Caribbean	20	59
Chinese	9	70
Pakistani	4	63
Indian	3	80

Conclusions:

The main findings from these surveys illustrate:

- **Minority ethnic respondents perceptions of their general health tended to be more positive than those of the general population.**
- **The national oral health target is "Reduce the % of residents aged 45-54 years with no teeth of their own to less than 5%" (Towards a Healthier Scotland). This target has been met by the Pakistani, Indian and African & Caribbean respondents, but the general population still have some way to go with 9% of this age group reporting they had no teeth of their own. This question was not asked in the Chinese Healthy Living Centre Survey.**
- **African & Caribbean, Indian and Pakistani respondents had similar (generally positive) levels of satisfaction with health services as the general population. However, Chinese respondents reported less satisfaction with health services and less use of health services; probably reflecting greater use of traditional Chinese medicines and therapies.**
- **Black and minority ethnic groups were more likely to feel isolated from friends and family; but all groups tended to agree with statements around personal safety and having someone they could turn to and trust.**
- **All black and minority ethnic communities had experience of racism. This appeared to be particularly marked in the African & Caribbean community and was more commonly experienced by younger respondents.**
- **Older members of black and minority ethnic communities were more likely to feel Scottish/British than younger members, similarly older members of black and minority ethnic communities were less likely to identify with their ethnic backgrounds than younger members.**
- **Participants from a black and minority ethnic background were less likely to meet the breakfast cereal target, but more likely to meet the oily fish and fruit & vegetables targets. A larger proportion of all groups were not meeting the physical activity targets ranging from over 40% of the general population to almost 70% of the Chinese and Pakistani groups.**
- **A significant proportion of all groups (apart from Chinese) were overweight or obese.**
- **Overall minority ethnic respondents were less likely than the general population to say they were in receipt of state benefits.**

This report is part of a multi-strategy approach by GGNHSB to address the health and health service needs of black and minority ethnic people living in Greater Glasgow