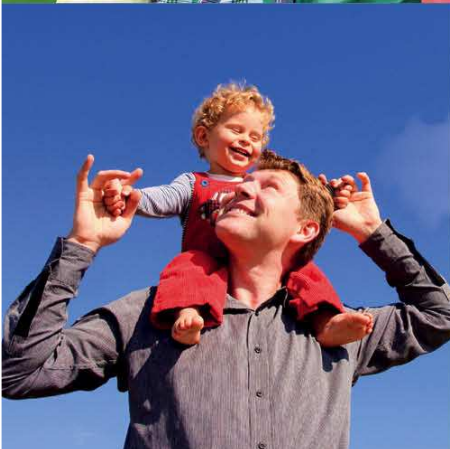


Health and well being in migrant and ethnic health

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Overview

- Migrant and ethnic groups in a population health context
- What works to reduce health inequalities
- Policy context for action
- NHS Health Scotland's role

Our vision and mission

Our Strategy 2012-17:

“A FAIRER HEALTHIER SCOTLAND”



Vision

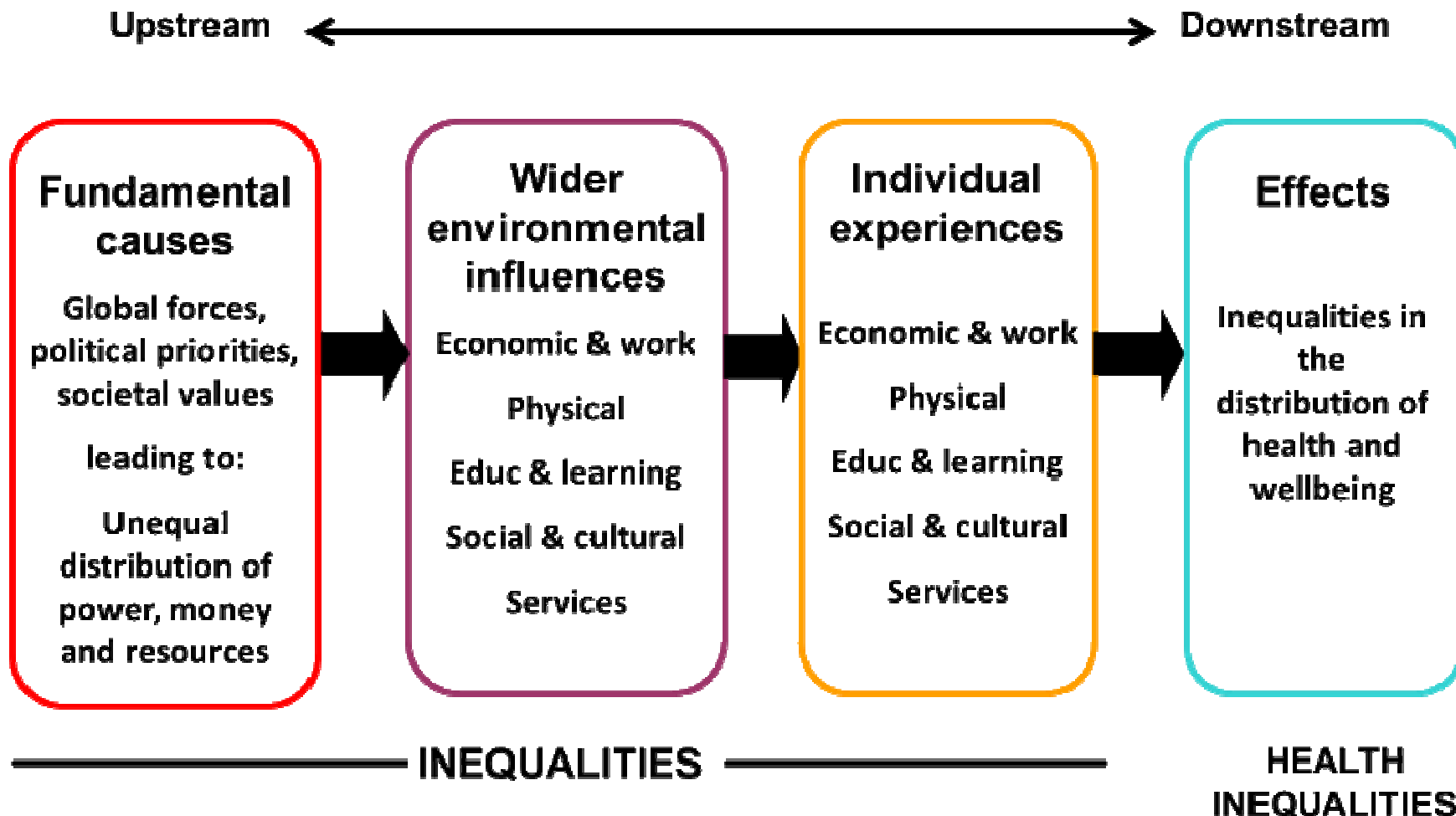
Our vision is a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives.

Mission

Our mission is to reduce health inequalities and improve health. To do this we will influence policy and practice, informed by evidence, and promote action across public services to deliver greater equality and improved health for all in Scotland.

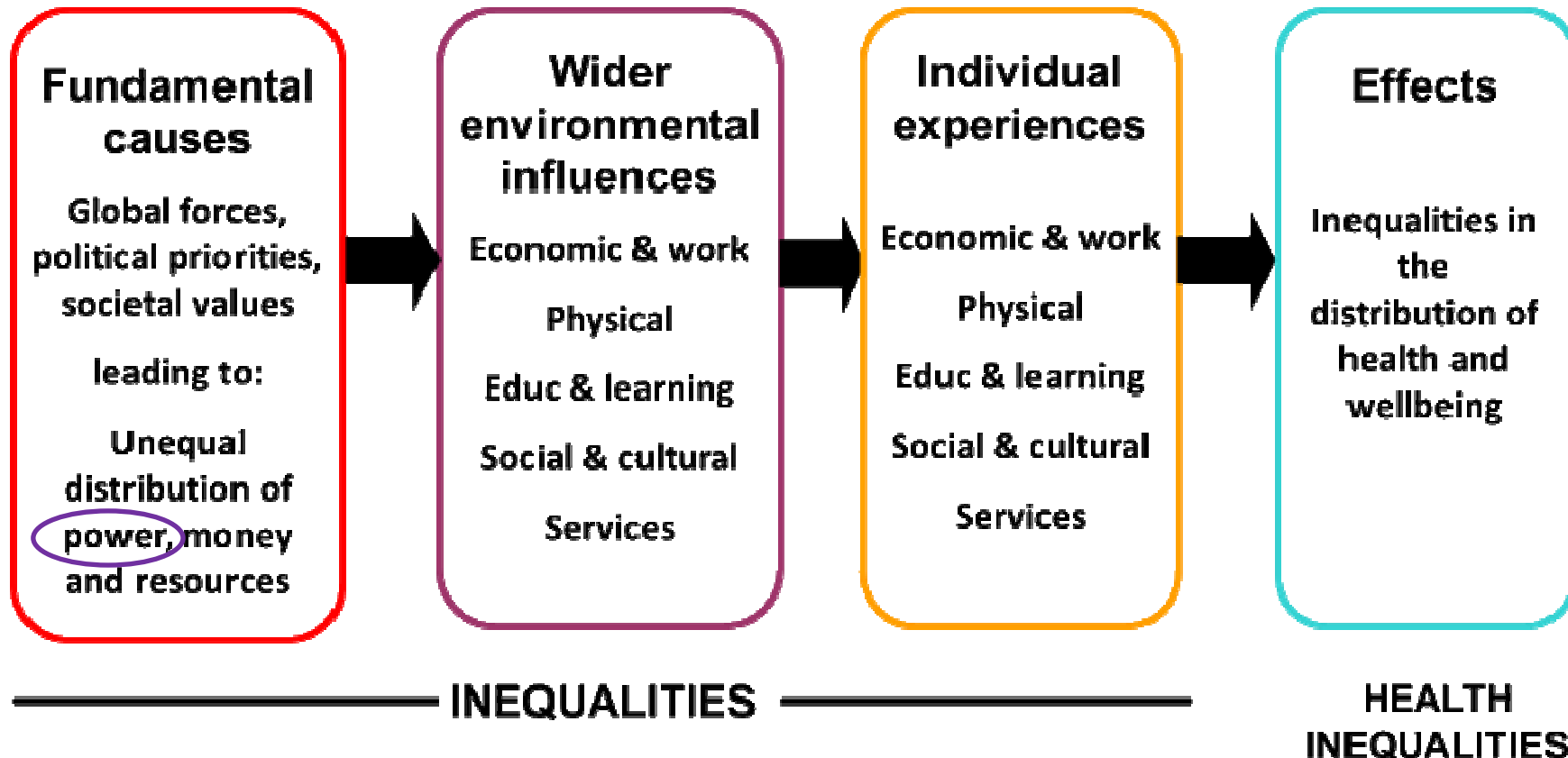


What causes health inequalities?



What causes health inequalities?

Upstream ←————→ Downstream



Minority groups and the public sector

- Population health and inequalities: groups and individuals furthest away from good health and from service provision
- Employment opportunities: staff demographics, social mobility and employment law

Scottish Policy and legislative drivers

Policy

- Equally Well 2008
- Christie Commission Report 2011
- Scottish Budget Equality Statement and NHS Resource Allocation Formula (annual)
- NHS Healthcare Quality Strategy 2010

Legislation

- Equality Act 2010
 - Public Sector Equality Duty
- Human Rights: Human Rights Act 1998, Scotland Act 1998, Scottish National Action Plan on Human Rights (2013), Children and Young People Act (2014)

Intervention evidence

- Interventions such as information based campaigns, written materials, messages for the whole population, programmes requiring individual agency are *least likely* to reduce health inequalities
- Interventions such as structural changes in the environment, fiscal policy, welfare support, improving accessibility of services, intensive input for disadvantaged groups are *most likely* to be effective in reducing health inequalities

Sally Macintyre for Equally Well, 2008

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Best investments for preventing poor health

1. Programmes to ensure adequate incomes and reduce income inequalities
2. Programmes to reduce unemployment in vulnerable groups or areas
3. Programmes to improve physical environments
4. Programmes that target vulnerable groups by investing in more intensive services and other forms of support for such groups, in the context of universal provision
5. Early years programmes
6. Policies that use regulation and price (for example, Minimum Unit Price or taxes) to reduce risky behaviours.

What do we know about vulnerable groups?

- Deprived areas have higher percentages of single parents (mostly women), people with disabilities, and people from ethnic minority groups (although less significant than in England)
- Scotland is becoming more ethnically diverse: 2 to 4% (102,000 to 211,000) between 2001 and 2011 census; 8% in 2011 if white non-British included
- Migrant groups include a mix of potentially vulnerable and non-vulnerable groups
- Health and social needs of groups change over time as migrant groups become established

Knowledge base in health services

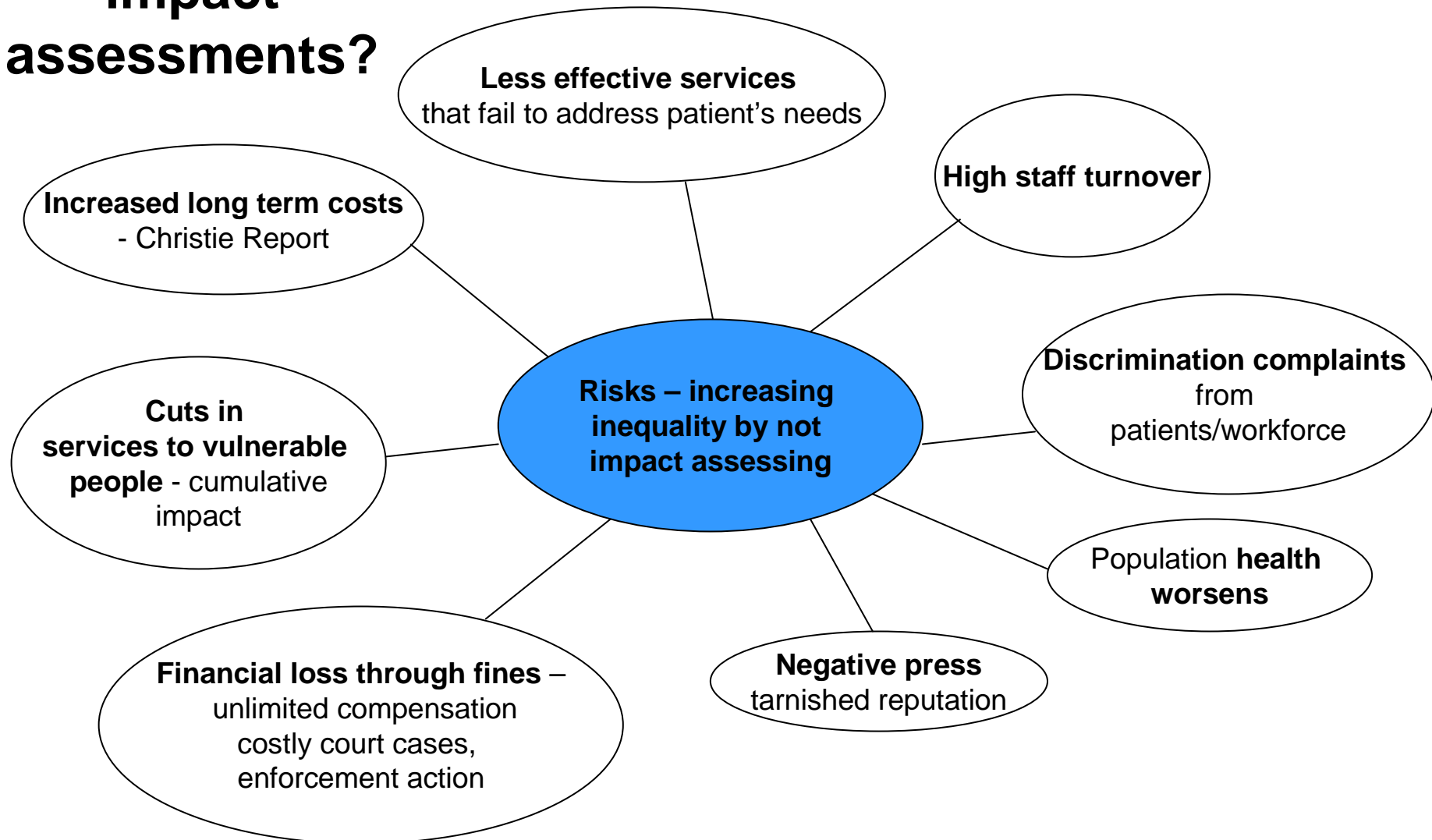
- Small, diverse and rapidly changing population groups, numbers therefore difficult to collect and analyse data for needs assessment
- Local services respond relatively quickly to identified need, eg Roma community in Glasgow; Gypsy Travellers; interpreting services
- Focused asylum seekers and refugee health services in Glasgow but increased dispersal might challenge mainstream services. Access generally good but GBV and mental health problems need more work
- SHELS is a key resource to understand health service use
- Health Inequalities Impact Assessment as an improvement tool for planning programmes and services around minority groups

What is HIIA?

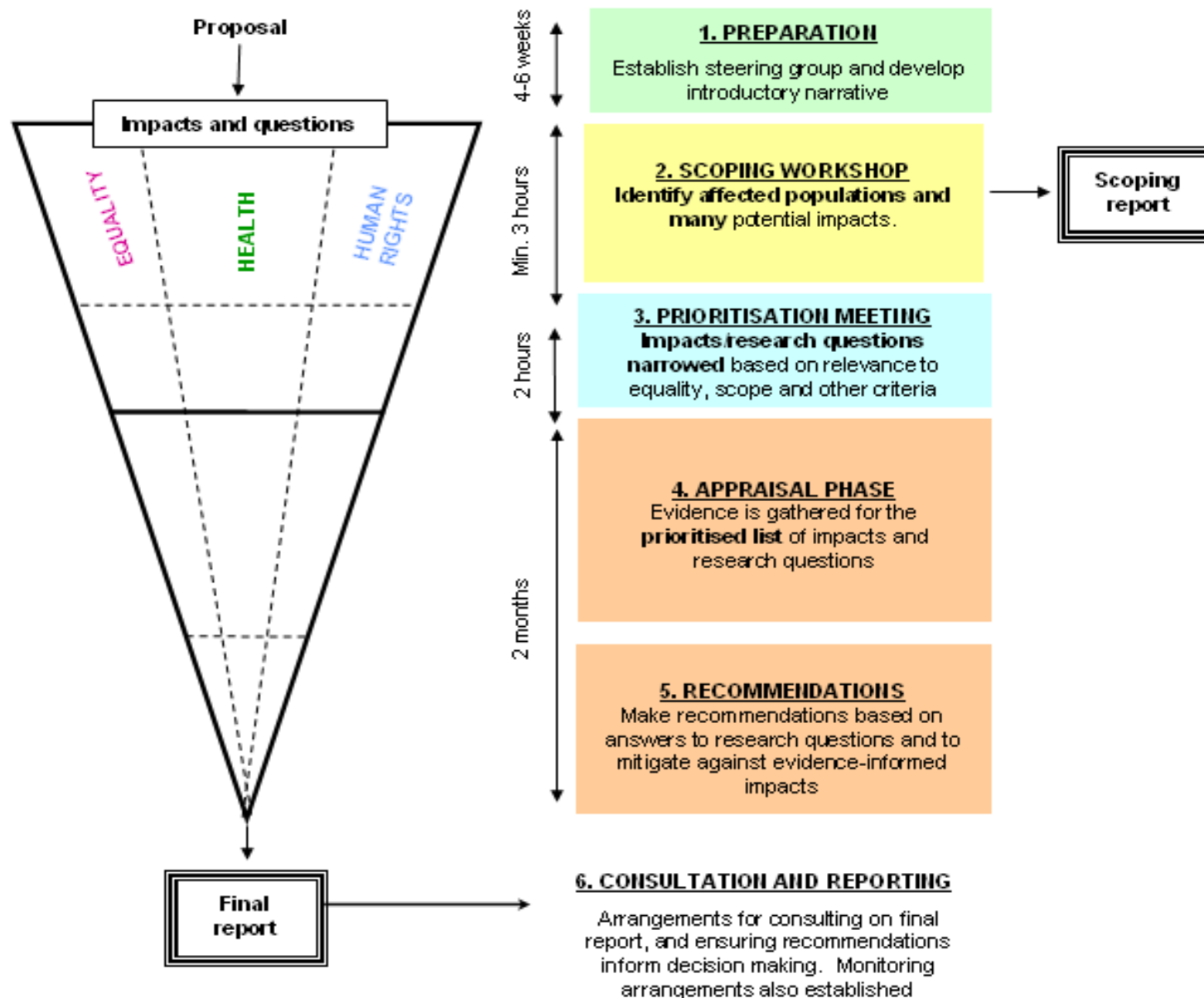


- An integrated approach to impact assessment based on an **equalities and human rights** framework to tackling health inequalities.
- Encourages consideration of the **intersections** of different characteristics and potential impacts on individuals, communities and human rights.
- The tool was developed following a recommendation in *Equally Well* (2008) in collaboration with Health Scotland. Piloted in 2010 with NHS Boards and the Scottish Government. HS leading its use since 2011: www.healthscotland.com/equalities/hiia/inpractice.aspx

Why do impact assessments?



The HIA process



Three types of evidence

Routinely collected survey data	Consultation findings	Effective approaches
<p>E.g. workforce data</p> <p>the proportion of people in different equality groups who will need the service</p>	<p>Formal consultation on the policy</p> <p>Informal consultation with stakeholders</p> <p>Information gathered in previous consultation exercises</p> <p>Expert opinion</p>	<p>Impact of similar proposals from published literature</p> <p>Evidence for links between the proposal and health</p> <p>Effective interventions from well evaluated programmes</p>

Impact assessment in practice

- Scottish Government – Health and Social Care Integration policy, Family-Nurse Partnership policy, Tobacco Control Strategy
- NHS Boards – Development of a Primary Care Resource Centre in NHS Fife, Scottish Breast Screening Service Review with NSD, Community Wards with NHS A&A
- Health Scotland: all programmes to demonstrate impact assessment, now using HIIA
- Voluntary sector – see me's National Campaign Plan

HIIA Experiences

‘The HIIA partly changed the attitudes and understanding of equality issues related to our work, and this changed more positively throughout the year.’

‘The HIIA process helped us in decision making for the build, and helped to consider ‘health’ of the population groups rather than focusing on justice of equality groups.’

For more information:

HIIA: Answers to FAQ (June 2014)

www.healthscotland.com/documents/23116.aspx

Migrant and Ethnic Health Research Strategy for Scotland

- Co-ordinated by NHS Health Scotland, with researchers in migrant and ethnic health from the NHS, universities, the voluntary sector and the Scottish Government
- Focus on the changing ethnic composition, migration trends, research gaps and influencing policy development
- Address the main challenges to knowledge and understanding of migrant and ethnic health

A Fairer, Healthier Scotland for migrant and ethnic groups

- Non-discrimination, human rights and equality
 - Changing the delivery of public services towards equity of access and service provision
 - Using and promoting impact assessment
- Empowerment
 - Promoting opportunity and capacity so that everyone can achieve better outcomes for themselves and families
 - Starting with those communities, families and individuals for whom health is not improving as quickly as the rest of the population

Questions for discussion

- How does the Scottish policy context differ from other countries?
- To what extent does the demographics of migrant and ethnic groups drive policy responses in different countries?
- Other approaches to share?

Thank you!