
Ethnicity, migration and health in Scotland: overview

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Goals of this presentation

- Introduce, briefly, ethnicity as applied in Scotland
 - Provide examples of important recent work on ethnicity in Scotland
 - Policy
 - Service
 - Information
 - Research
 - Consider how this work helps improve the health of Scottish populations
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The multi-ethnic modern world (BMJ cover)



Ethnicity (race, migration, country of birth)

- The group you belong to, or are perceived to belong to, because of one or more of your: culture (language, diet, religion), ancestry, *and* physical features
 - Ethnicity, in Scotland, incorporates the differences associated with migration status and country of birth
 - Law is based on race (but data collection on ethnicity)-this is interpreted broadly
 - Scotland has historically collected country of birth data at Census, and has collected ethnicity data since 1991
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Actions needed: 1999 perspective

- Small-scale, practitioner-led adaptation to services, as resources permitted, was part of the Scottish scene.
 - 1996 ministerial (Sam Galbraith) lecture, made substantial promises which were not delivered
 - A view that Scotland was largely a racism-free society with tradition of equality
 - Policies, strategies, Information systems and health care plans evidently were needed, but not available, to incorporate the ethnic dimension
 - Equitable high-quality healthcare presumed, but not verifiable
 - Research base miniscule
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Legal Framework and Policy Consensus

- In 1997 EU Member States approved the Treaty of Amsterdam
 - Article 13 - powers to combat discrimination on sex, racial or ethnic origin, religion or belief etc
 - Implemented in each European nation e.g. the UK has:
 - Race Relations Amendment Act 2000 (building on 1976 act)
 - Public sector duty to promote equality and to demonstrate this
 - Equality Act 2010
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The ethnic health policy of NHS Scotland

- HDL (2002) 51 - National Resource Centre for Ethnic Minority Health (NRCEMH)
 - The Five Fair For All Areas:
 - Energising the Organisation
 - Demographics
 - Access and Service Delivery
 - Human Resources
 - Community Development
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Major achievements in Scotland (Bhopal, Quest for Culturally Sensitive Services, JPH 2012)

- Fair for All policy-2002
 - National Resource Centre for Ethnic Minority Health (2002-2008)
 - Integration of 6 equality strands in Directorate in NHS Health Scotland-2008
 - Ethnic coding in routine information systems
 - Linkage of Census ethnic codes to mortality and hospitalisation databases
 - Ethnic Health Research Strategy
 - Improved delivery of services
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Practical activities at service delivery level

- Interpreting and translation funded for inpatient and outpatient services (including general practice)
 - Spiritual services in hospital for every religion-by creating multi-faith spaces and facilities
 - Food in hospitals – appropriate choices
 - Trained staff support minority patients and communities (Minority Ethnic Health Inclusion Service-MEHIS)
 - Several community organisations supported to provide appropriate services
 - Ideas tested out using specific projects
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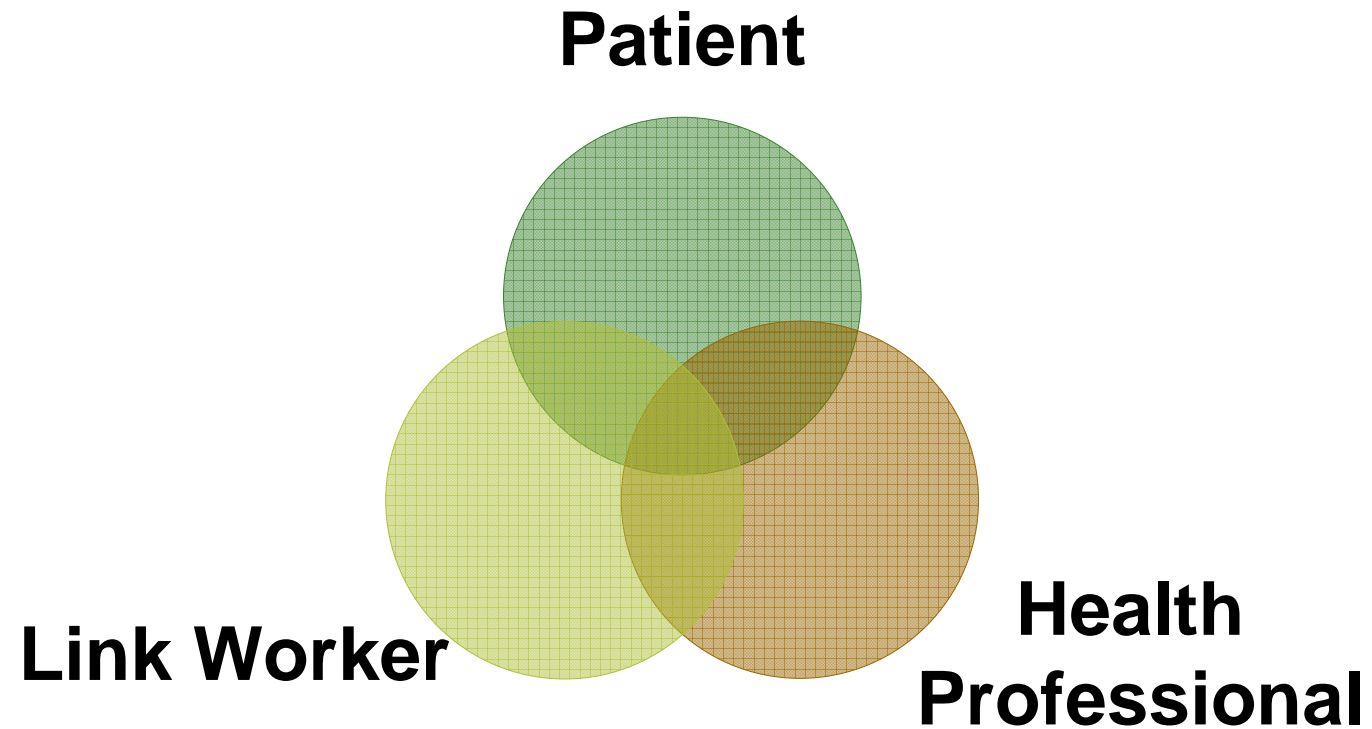
Impact of a cardiovascular risk control project for South Asians (Khush Dil) (JPH, 2007)

- Khush Dil - Edinburgh 2002
 - Culturally sensitive service for South Asians
 - 140 people had screening 6 months after baseline
 - Risk factor profiles improved, e.g. reduction in cholesterol, and reported changes in behaviour
 - Khush Dil had an impact
 - Extremely difficult to continue funding locally
 - Eventually, national budgets partially rescued it (Keep Well).
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Minority Ethnic Health Inclusion Service

- 1994 Generic Mental Health Worker
 - 1999 MEHIP (Minority Ethnic Health Inclusion Project, Pilot)
 - 2001 MEHIP-Core Service
 - 2006 Keep Well
 - 2006 Diabetes & Hypertension Pilot-3 practices
 - 2008 Khush Dil incorporated into MEHIP
 - 2009 MEHIP to MEHIS / Mental Health / Keep Well
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MEHIS Link Worker Model



Maternity services-some sensitive adaptations are required

- Medicalised understandings of pregnancy
 - Simultaneous participation in two health systems
 - Educational DVD for staff
 - Culturally sensitive materials on antenatal screening and diagnostic testing for patients
 - Scottish guidance - male partners welcomed in parenthood education sessions to help reduce inequalities...but...
 - Presence of men was the prime reason given for not attending by Urdu, Bengali and Arabic-speaking women
 - A policy to reduce social inequalities can increase ethnic inequalities
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Principles and practice: An Ethical Code for Researching 'Race', Racism and Anti-racism in Scotland (SABRE)

- published in 2001 by the Scottish Association of Black Researchers, emphasising
 - ❑ social justice and human rights
 - ❑ commitment to anti-racism
 - ❑ empowering and actively including black and minority ethnic peoples' perspectives.
 - ❑ addressing the complex and problematic nature of concepts of 'race', racism and ethnicity etc.
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Principles and practice: Scotland's ethnicity research strategy

Health in our Multi-ethnic Scotland: Future Research Priorities

<http://www.healthscotland.com/uploads/documents/11136-Health%20in%20our%20multi-ethnic%20Scotland%20-%20full%20report.pdf>



Six priorities for research-first Scottish strategy

1. Ethnic coding of health information systems >80% by 2013
 2. Data linkage work is developed
 3. Ethnically boosted health survey
 4. Coordinated research on major problems
 5. Audit of health and social care services
 6. Coordinating and monitoring research by Implementation group
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Research and surveillance-health status of ethnic minorities in Scotland

- Ethnicity not recorded on birth and death certificates
 - Consultation on introducing the latter has been wholly positive and these data are collected on death certificates since January 2012
 - Ethnic coding for:
 - 5-10% of hospital admissions, 10 years ago, and now 70% plus
 - Unknown for primary care data-probably 30-40%
 - High-level activity to resolve these problems
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WORKING TOGETHER TO IMPROVE **YOUR** HEALTH

WE WANT TO PROVIDE SERVICES TO EVERYONE BASED ON THEIR HEALTH NEEDS.


We need to know who uses our services to be sure they are right for you and everyone else in the practice.

We also need to know our local community.

You can help us to improve our services by filling out our ethnicity form.

You do not have to give this information but we hope you will help us get services right for everyone by giving this information when asked.

A leaflet explaining why we are collecting this information is available. Please ask a member of staff.

ETHNICITY FORM 

If you have already completed this form, please do not complete it again.

NAME: _____

DATE OF BIRTH: _____

What is your ethnic group? (Choose ONE section from A to E and then tick ONE box which best describes your ethnic group.)

A. WHITE

SCOTTISH

OTHER BRITISH

IRISH

GYPSY/TRAVELLER

POLISH

OTHER WHITE ETHNIC GROUP

B. MIXED OR MULTIPLE ETHNIC GROUPS

ANY MIXED OR MULTIPLE ETHNIC GROUPS

C. ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH

PAKISTANI, PAKISTANI SCOTTISH OR PAKISTANI BRITISH

INDIAN, INDIAN SCOTTISH OR INDIAN BRITISH

BANGLADESHI, BANGLADESHI SCOTTISH OR BANGLADESHI BRITISH

CHINESE, CHINESE SCOTTISH OR CHINESE BRITISH

OTHER ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH

D. AFRICAN

AFRICAN, AFRICAN SCOTTISH OR AFRICAN BRITISH

OTHER AFRICAN

E. CARIBBEAN OR BLACK

CARIBBEAN, CARIBBEAN SCOTTISH OR CARIBBEAN BRITISH

BLACK, BLACK SCOTTISH OR BLACK BRITISH

OTHER CARIBBEAN OR BLACK


F. OTHER ETHNIC GROUP

ARAB, ARAB SCOTTISH OR ARAB BRITISH

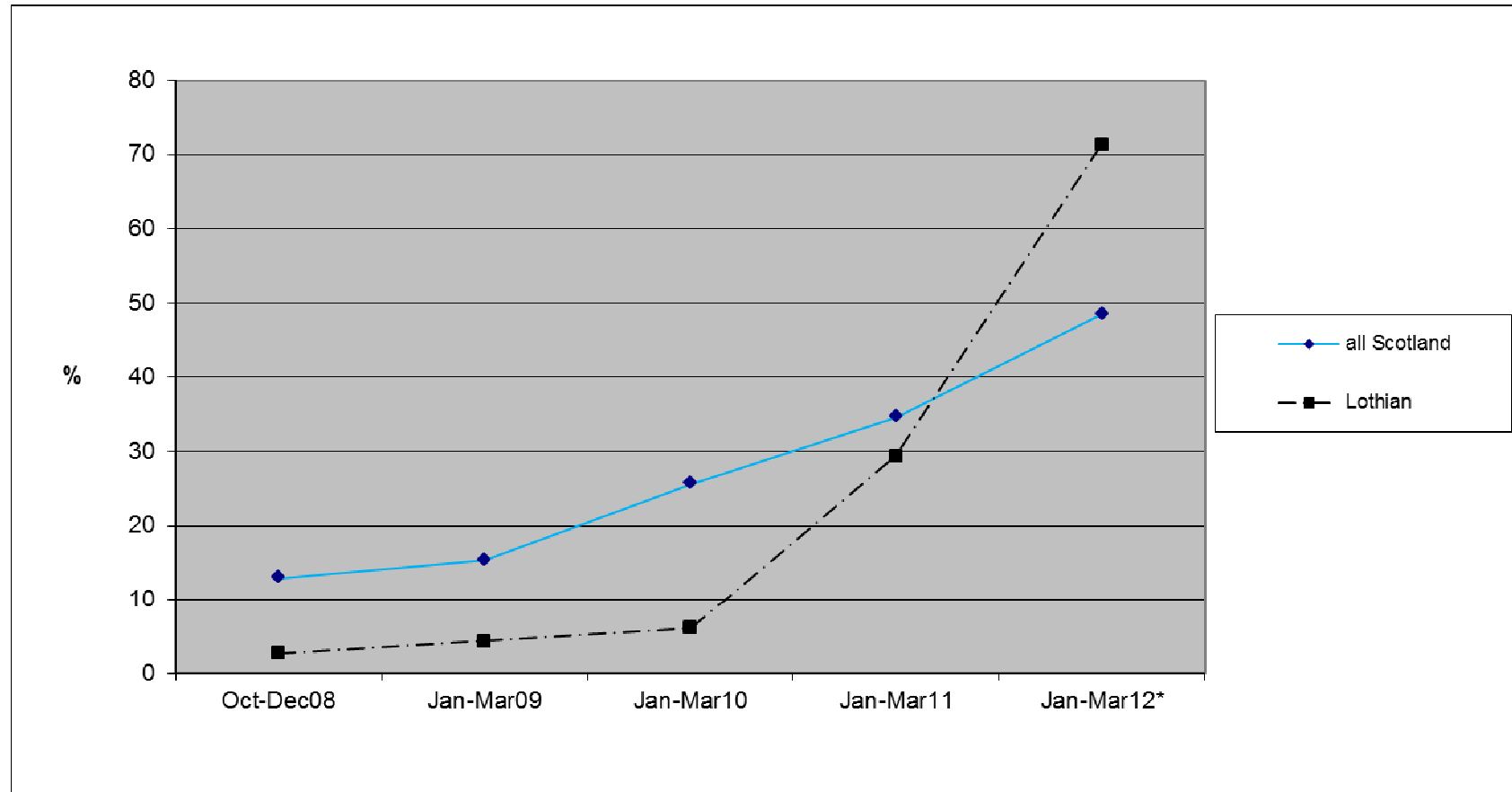
OTHER ETHNIC GROUP

IF YOU WOULD PREFER NOT TO ANSWER PLEASE TICK HERE

IF YOU DO NOT KNOW YOUR ETHNICITY PLEASE TICK HERE



Lothian and all Scotland outpatient attendances with known ethnic group



*provisional data

Where we are now and goals

Short-term goals

- use ethnicity data
- explore access to health care

Longer-term goals

- continue work in primary care
 - target need and reduce inequalities
 - Do the same for all nine protective characteristics in the equality act 2010
 - Additional needs and diversity information task force (ANDITF) set up by NHS Lothian
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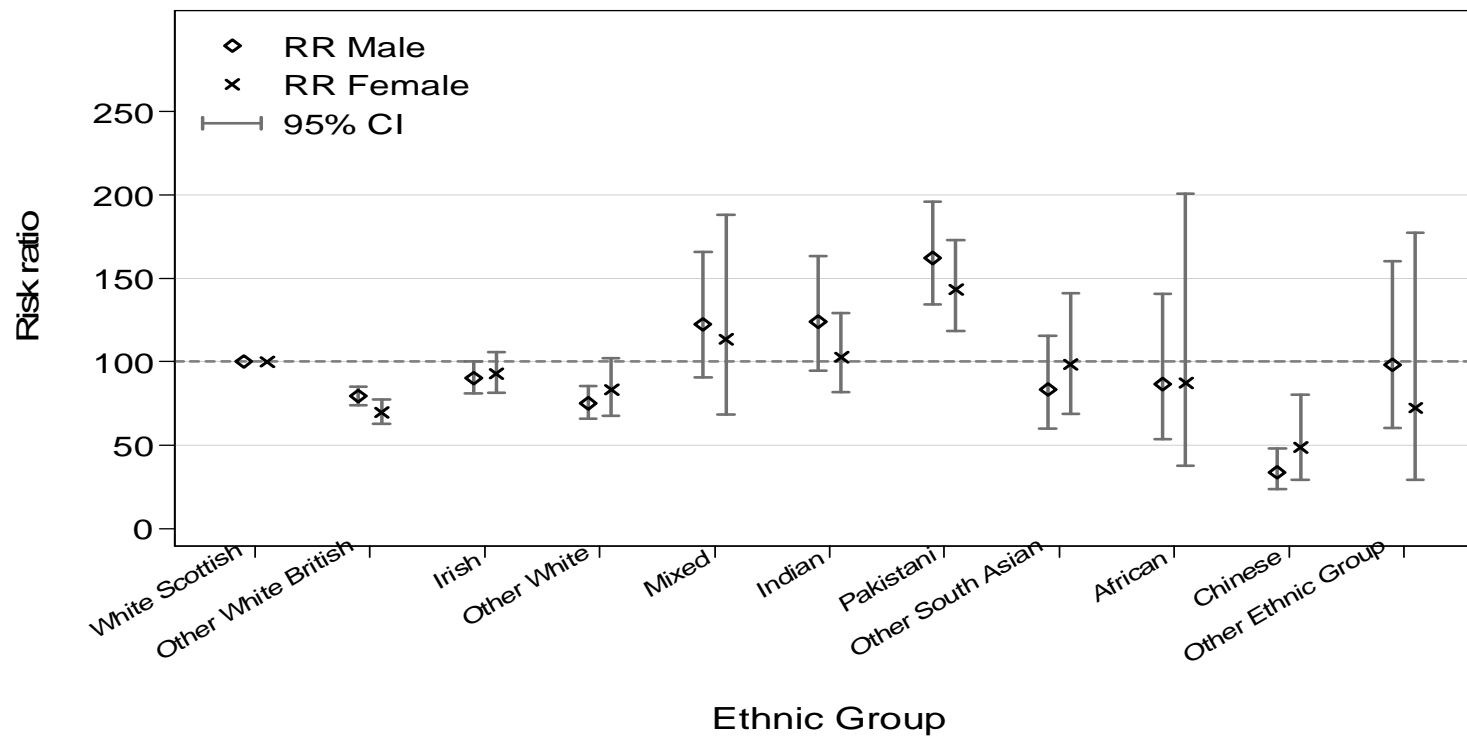
Scottish Health and Ethnicity Linkage Study: Census linkage to health service and mortality databases

- Census holds self-defined ethnicity
- Hospital discharge databases hold diagnoses and mortality
- We used probability linkage techniques to create a retrospective cohort study

Fischbacher et al BMC Public Health 2007;7:142

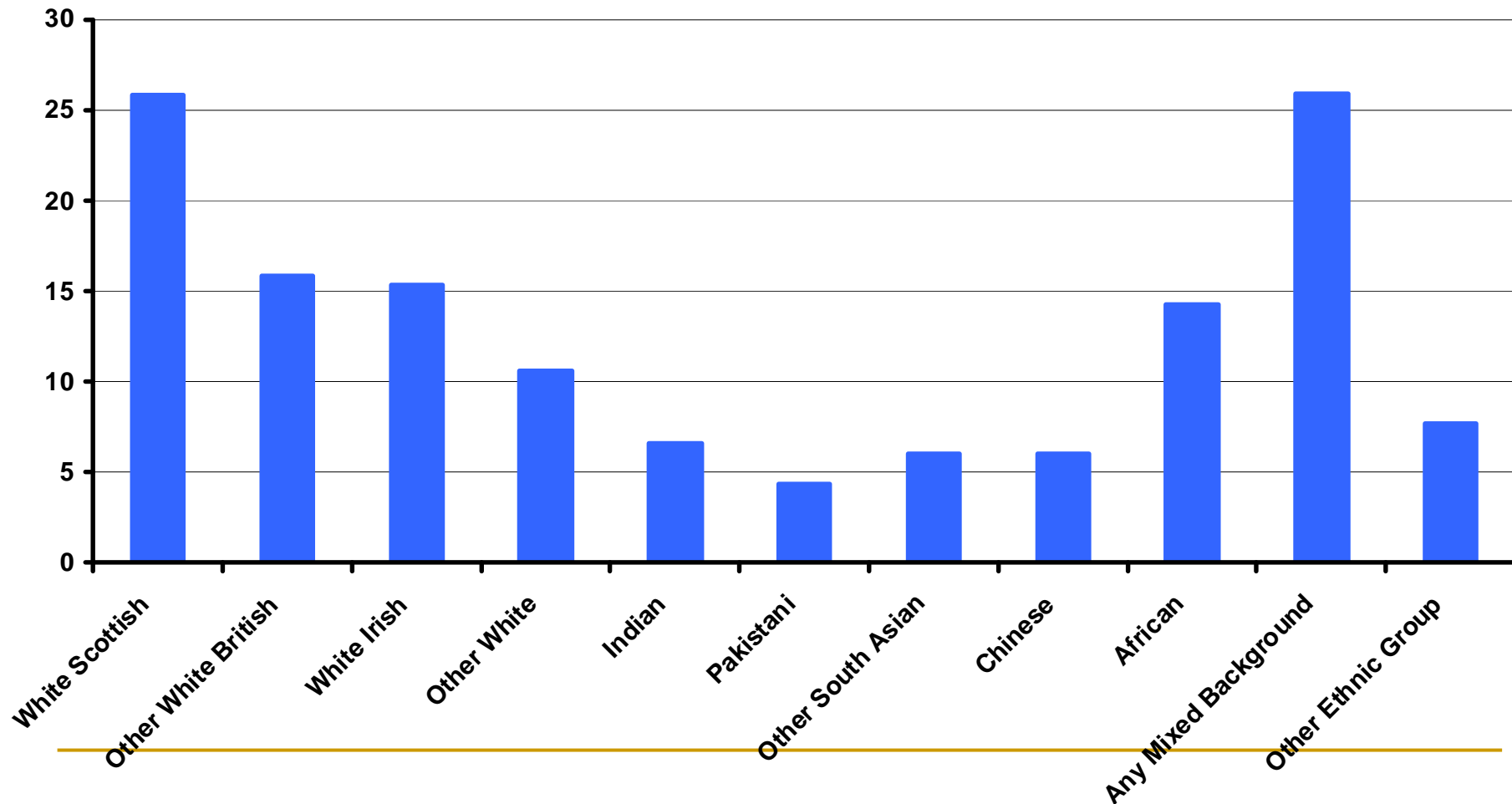
Bhopal et al International Journal of epidemiology 2011 cohort profile.

First myocardial infarction age and education adjusted risk ratios with 95% CI, 01/05/2001 – 30/04/2008 (Bansal et al BMJ Open 2013 September 1;3(9))



Smoking in pregnancy (Bansal et al European Journal of public health-in press)

Percentage of women smoking during pregnancy



Mortality by country of birth in Scotland (Fischbacher et al, Scottish Medical Journal, 2007)

Country of birth	Number of deaths	Standardised mortality ratio (95% CI)
Scotland	152456	100
UK (other)	11889	75.4 (74, 77)
N. Ireland	1204	100.3 (95, 106)
R/Ireland	1507	108.2 (103, 114)
India	473	88.4 (81, 97)
Pakistan	171	62.9 (54, 73)
Bangladesh	9	43.6 (20,83)
China	67	72.0 (56, 91)
Hong Kong	103	69.3 (57, 84)

Some obstacles on the culturally sensitive healthcare pathway

- Implementation
 - Insufficient monitoring
 - Sparse budgets
 - Competing priorities
 - Insufficient information
 - Mainstreaming projects into routine service problematic
 - Maintaining engagement between the statutory and voluntary sectors difficult
 - Altering service delivery
 - Winning hearts and minds
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Conclusions

- Scotland's progress incremental, incomplete and difficult, but still comparatively strong
 - Comparing policies to tackle ethnic inequalities in health: Belgium 1 Scotland 4
 - Built on partnership by a government and institutions promoting equality, and justice
 - Achieved within a strong NHS
 - Underpinned by research and information
 - Involving ethnic minority groups and individuals as instigators, leaders, service personnel and users
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Moving from the shadows for the benefit of all

