



2016 Black and Minority Ethnic Health and Wellbeing Study in Glasgow

Executive Summary Report

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Executive Summary

Method

In total, 1,798 face-to-face in-home interviews were conducted in 2016 with adults (aged 16 or over) in Glasgow from the five largest minority ethnic groups – Polish, Indian, Pakistani, Chinese and African. The interviews were weighted to ensure the sample was as representative as possible of the known Black and Minority Ethnic (BME) population by ethnicity, age, gender and deprivation.

Comparisons have been made with the BME survey (2016) with the findings for Glasgow City as a whole from the NHSGGC Health and Wellbeing Survey (2014). The report for Glasgow City can be found at:

http://www.nhsggc.org.uk/media/234847/nhsggc_ph_health_and_wellbeing_survey_2014_glasgowcity_hscp_report.pdf

Health and Illness

Across all BME adults, 80% had a positive view of their general health, 86% had a positive view of their physical wellbeing and 90% had a positive view of their mental/emotional wellbeing. Those in the Pakistani group were the least likely to have positive views of each of these. Although BME groups were more likely than those in Glasgow City to have a positive view of each of these, this can largely be attributed to the younger age profile of the BME population (59% of the BME population was aged under 35, compared to 38% of the Glasgow City population).

Two in three (65%) BME adults said they definitely felt in control of the decisions affecting their daily life. The Chinese group was the most likely to feel in control, and the African group was the least likely. Overall, men were more likely than women to feel in control of the decisions affecting their life and African women were the least likely to feel in control. Those who did not speak English well were less likely than others to feel in control.

More than nine in ten (92%) BME adults overall had a positive perception of their quality of life, which was higher than Glasgow City. The Pakistani group were less likely than other ethnic groups to have a positive perception of their quality of life.

Fifteen percent of BME adults had an illness or condition that limited what they could do, and one in four (26%) were receiving treatment for at least one illness or condition. Overall, BME groups were less likely than those in Glasgow City to have a limiting condition or to be receiving treatment for any illness/condition.

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However, the Pakistani group were much more likely than other BME adults to have a limiting condition or illness or to be receiving treatment for a condition/illness. Those who did not speak English well and those who had lived in the UK for 10 years or more were more likely than others to have a limiting long-term condition or illness.

Health Screening and Access to Health Services

Three in five (58%) BME women aged 20-60 said they had been invited for cervical screening; of these, 87% had attended cervical screening. Four in five (79%) BME women aged 50-70 said they had been invited for breast screening; of these, 90% had attended breast screening. Two in three (64%) BME adults aged 50-74 said they had been invited for bowel screening; of these, 68% had completed the home test.

Among the target gender/age groups, Chinese people were among the least likely to say they had been invited for cervical, breast or bowel screening. African people were the most likely to say they had been invited for these.

One in eight (12%) BME adults had used the interpreting service for NHS appointments. Among those who did not speak English well, 44% had used the interpreting service.

Health Behaviours

Three in ten (29%) BME adults were exposed to second hand smoke most or some of the time. Sixteen percent were current smokers, and 9% had used e-cigarettes in the last year. Overall, BME groups were less likely than those in Glasgow City to be exposed to second hand smoke, to smoke or to use e-cigarettes. However, Polish people were the most likely to do each of these things.

Just over a third (36%) of BME adults ever drank alcohol. A small proportion exceeded recommended limits for alcohol consumption – 1.5% exceeded the recommended weekly limit of 14 units; 5.7% exceeded the recommended daily limit of four units for men or three units for women; 2.2% binge drank (eight units for men or six units for women). Overall, BME groups were much less likely than those in Glasgow City to ever drink alcohol (36% BME; 65% Glasgow City), and particularly much less likely to exceed any of the recommended limits for alcohol consumption.

There was much variation across ethnic groups. Hardly any (1%) Pakistani adults ever drank alcohol, and none of them exceeded any of the limits. Polish adults were more likely than those in Glasgow City to ever drink alcohol (80%). However, Polish people were much more likely to drink within recommended limits.

Seven in ten (71%) BME adults met the target of 150 minutes of physical activity per week. Those in the Indian group were much less likely than other BME groups to meet this target.

Four in ten (40%) BME adults met the target of consuming at least five portions of fruit/vegetables per week. Pakistani and African groups were less likely to meet this target.

Half (52%) of BME adults were overweight, and more than seven in ten of those aged 35 or over were overweight. BME adults in each age group were more likely than those in Glasgow City to be overweight.

Social Health

One in eight (12%) BME adults ever felt isolated from family/friends. Feelings of isolation were more common among African and Polish groups.

Seven in ten (72%) felt they belonged to their local area, six in ten (62%) felt valued as members of their community and seven in ten (72%) agreed that local people working together could influence local decisions. The Chinese group were the least likely to feel valued as a member of their community or to feel that local people could influence local decisions.

One in thirty (3.4%) BME adults felt that they had been discriminated against in the last year. Those in Pakistani and African groups were more likely to have experienced discrimination.

One in ten (10%) BME adults had been a victim of one of five types of crime in the last year. Overall, BME adults were less likely than those in Glasgow City to have been a victim of crime. Polish and African groups were more likely than other BME groups to have been victims of crime.

Nine in ten (89%) BME adults felt safe using public transport and two in three (67%) felt safe walking alone in their area even after dark. Polish groups were less likely to feel safe doing either of these things.

One in 20 (5%) BME adults had caring responsibilities. Pakistani adults were the most likely to be carers; caring responsibilities were least common among Polish and African groups.

One in nine (11%) BME adults had gambled in the last month. BME groups were overall much less likely than those in Glasgow City to spend money on gambling. Pakistani adults were the least likely to gamble.

Three in ten (29%) ever had difficulty meeting the costs of rent/mortgage, fuel bills, phone bills, council tax/insurance, food or clothes/shoes. African and Pakistani groups were more likely to have difficulty meeting these costs.

One in 11 (9%) said they would have difficulty meeting unexpected expenses of £20; 37% would have difficulty finding £100 and 74% would have difficulty finding £1,000. Three in four (74%) gave a positive perception of the adequacy of their income. The African group was the most likely to have difficulty finding these sums and the least likely to express a positive view of the adequacy of their income.

Half (48%) of BME adults were economically active. The Polish group was the most likely to be economically active and the Chinese group was the least likely to be economically active. Men were much more likely than women to be economically active.

A third (35%) of BME adults said that at least some of their household income came from state benefits. BME adults were much less likely than those in Glasgow City to receive all of their household income from benefits (7% compared to 20%).

Social Capital

Seven in ten (71%) BME adults had a positive view of reciprocity in their area and 59% had a positive view of trust. Just under three in four (73%) valued local friendships and 66% had a positive view of social support. The African group were the least likely to give positive views of each of these four measures.

Sixteen percent of BME adults had volunteered in the last year; 18% belonged to any clubs/associations/groups and 8% had engaged in social activism in the last year. The African groups were by far the most likely to belong to clubs etc, and were more likely than others to have volunteered or engaged in social activism in the last year.

BME adults' views on poverty differed compared to those in Glasgow City. BME adults were more likely to attribute poverty to laziness/lack of will power and less likely to attribute it to lack of jobs or injustices in society.