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

TRACILEVEN RESEARCH



### Aims and Objectives

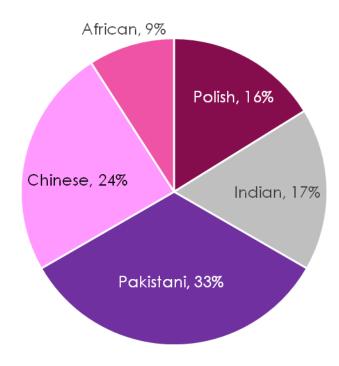
- Explore the views of adults aged 16 plus from the main Black and Minority Ethnic (BME) groups living in Glasgow City on their health and wellbeing.
- Enable comparisons with all Glasgow survey (2014)
- Understand the needs of BME people in relation to health services, health improvement, their communities 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



### Profile Differences

#### Proportion who live in the 15% most deprived areas



### Profile Differences

#### Age profile

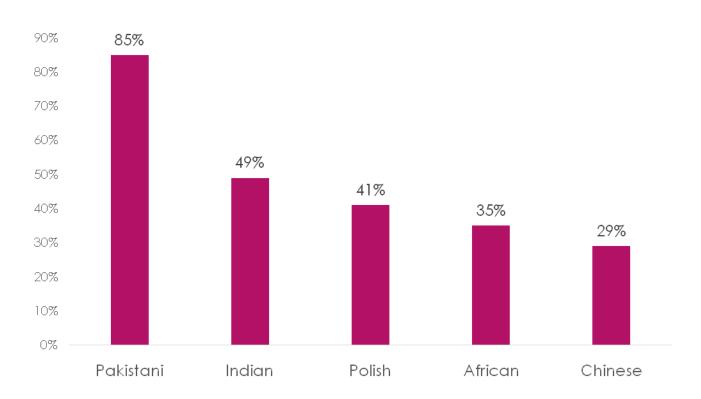


Pakistani group: 48% aged 16-34

Chinese group: 76% aged 16-34

### Profile Differences

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



Key Findings

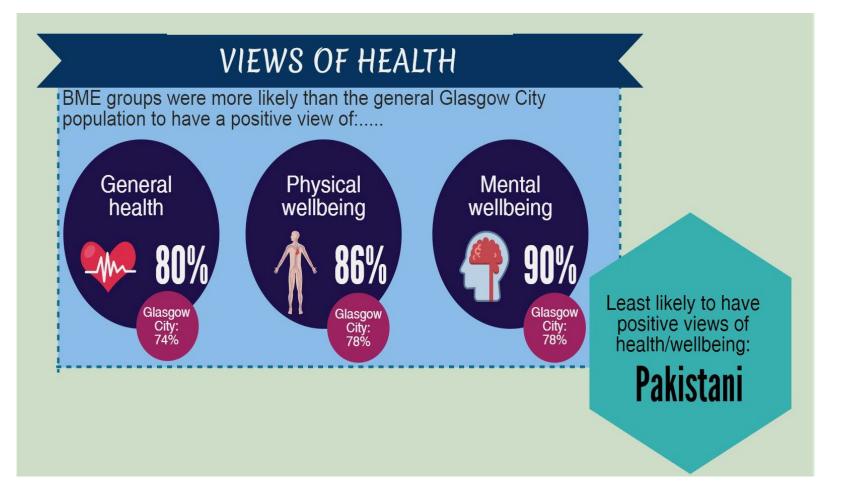
HEALTH AND ILLNESS
ACCESSING HEALTH
SERVICES

HEALTH BEHAVIOURS

**SOCIAL HEALTH** 

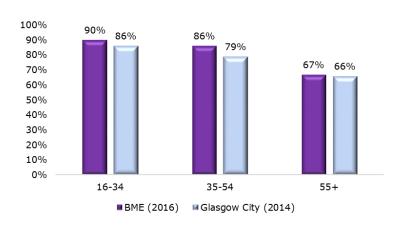
SOCIAL CAPITAL

### Health and Illness



### Health and Illness: Physical Wellbeing

#### Positive perception of physical wellbeing

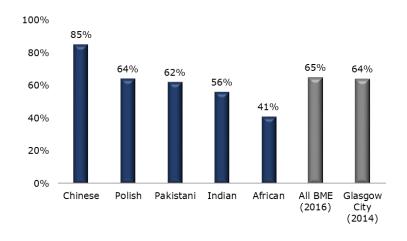


BME respondents aged 16-34 and 35-54 were more likely than those in Glasgow City to have a positive perception of their physical wellbeing.



### Health and Illness: Feeling in Control

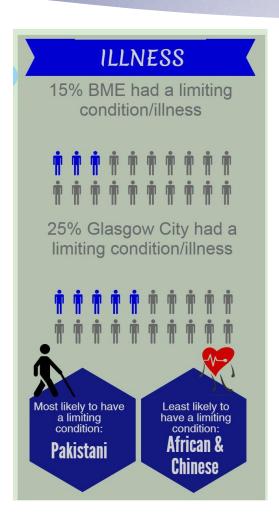
'Definitely' feel in control of decisions affecting daily life



- Significant variation acrossBME 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:

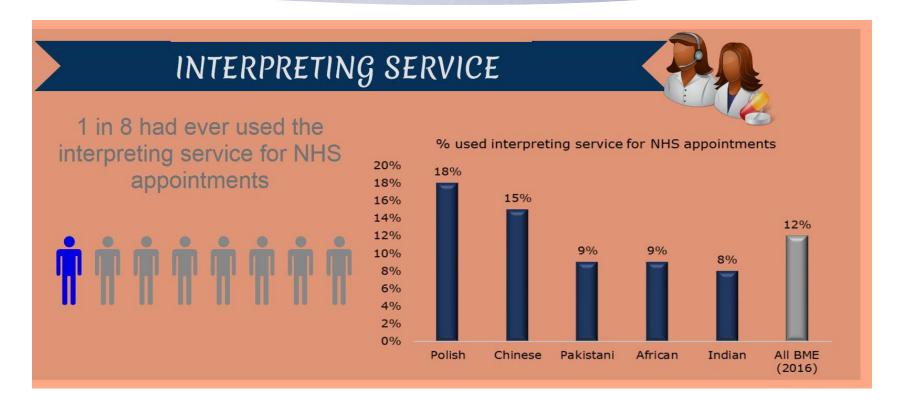
49% attended cervical screening 67% attended breast screening 42% completed home test for bowel screening





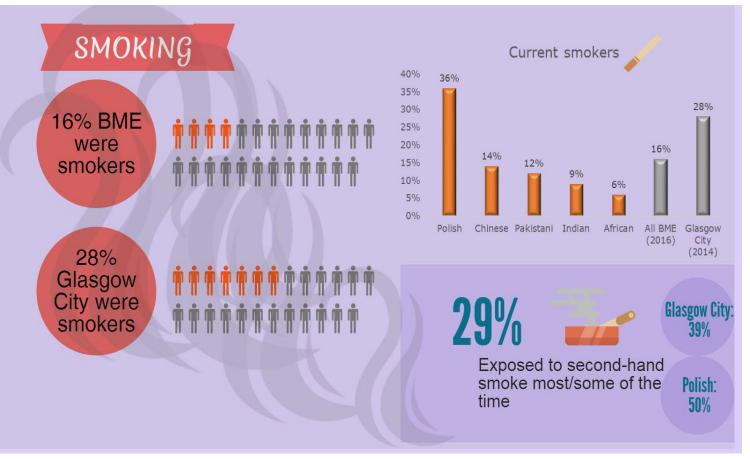


# Access to Health Services: Interpreting Service



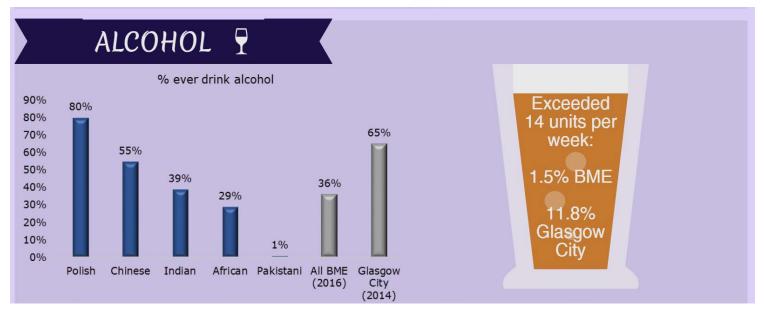
44% of those who did not speak English well had used the interpreting service

### Health Behaviours: Smoking



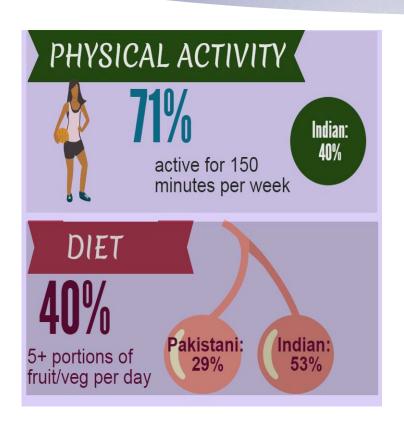
- Overall BME groups less likely to smoke
- Polish most like to smoke
- Men more likely than women to smoke (especially in Chinese and Pakistani groups)
- Pakistani group most likely to use shisha (17% Pakistani men; 6% Pakistani women)

### Health Behaviours: Alcohol



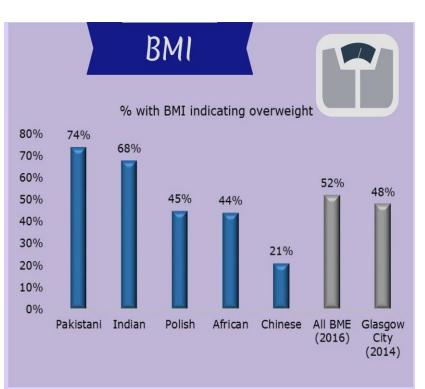
- Overall, BME groups much less likely than Glasgow to drink alcohol, but very significant variation across groups
- Polish much more likely to drink alcohol, but much more likely to drink within recommended limits
- Drinking more common among those aged under 55 and men. Gender difference was most pronounced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

### Health Behaviours: Physical Activity and Diet



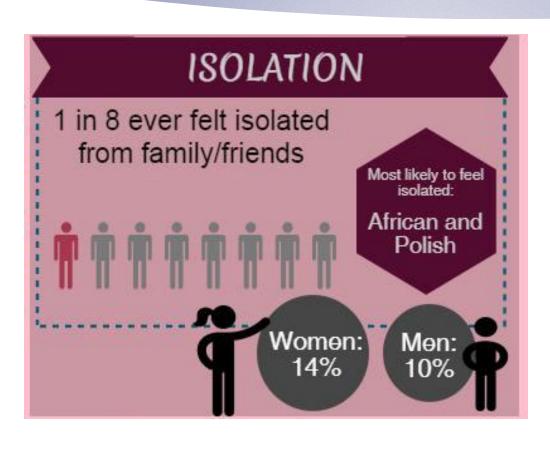
- Indian group much less likely than others to meet physical activity target
- Others more likely to meet physical activity target:
  - Aged under 55
  - Spoke English well
- Those less likely to meet the fruit/veg target:
  - Pakistani and African
  - Men
  - Most deprived areas

### Health Behaviours: BMI



- 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</p>

### Social Health: Discrimination



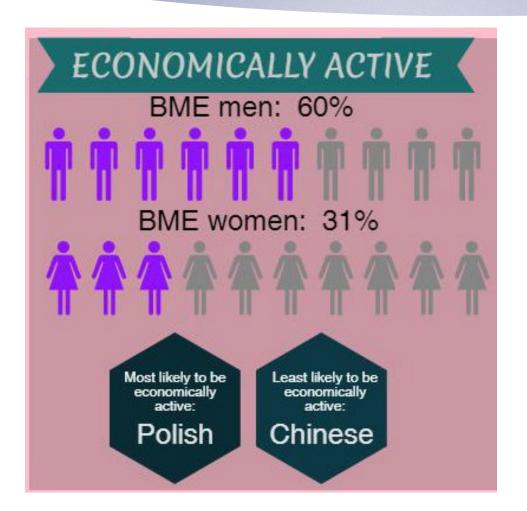
- Overall, BME groups were as likely as those in Glasgow City to experience discrimination
  - But among 16-34 year olds, BME groups were LESS likely to experience discrimination
- Most likely to experience discrimination:
  - Pakistani
  - Aged 35+
  - Most deprived areas
  - ▶ Lived in the UK for 10+ years
- Most common reasons for discrimination
  - Ethnic background (91%)
  - Religion/faith/belied (36%)
  - Appearance (15%)
  - Accent (10%)

### Social Health: Experience of Crime



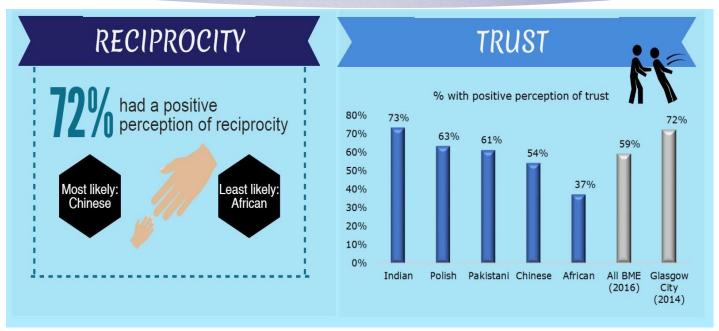
- Overall BME groups were less likely than Glasgow City to have been a victim of crime
  - particularly among those aged under 35, and those in the most deprived areas
- Experience of crime was highest among:
  - Polish (18%) and African (15%) groups
  - Age 35-54
  - Women (particularly African women)
  - Lived in the UK for 10+ years

### Social Health: Economic Activity



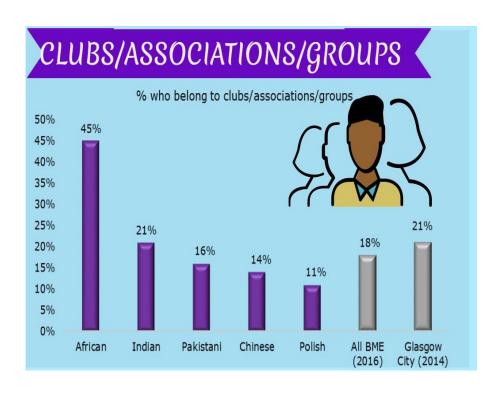
- Overall Half (51%) of BME adults were economically active.
- ► Economic activity highest among Polish (77%) and lowest among Chinese (22%).
- Men were twice as likely as women to be economically active. Largest gender difference among Pakistani and Chinese groups
  - Pakistani: 59% men; 22% women
  - Chinese: 32% men; 13% women

### Social Capital: Reciprocity and Trust



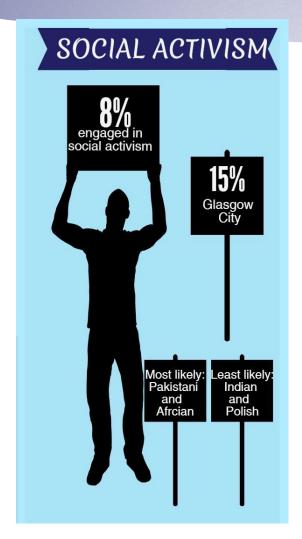
- 7 in 10 BME adults had a positive view of reciprocity; 6 in 10 had a positive view of trust.
- BME groups overall less likely than Glasgow City to have a positive view of trust
- African groups much less likely than others to have positive views of reciprocity or trust (also least likely to have positive 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

Perceived reasons for poverty	BME (2016)	Glasgow City (2014)
Laziness or lack of willpower	36%	18%
Lack of jobs	26%	40%
There is no-one living in poverty in this area	20%	14%
An inevitable part of modern life	5%	5%
Because of injustice in society	2%	11%
Because they have been unlucky	2%	4%
Other	1%	2%
None of the above	6%	6%

### Multitude of other significant findings

For full details see the written report

Available now from NHSGGC

http://hdl.handle.net/11289/579514

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Mental wellbeing



Conditions being treated



Feeling valued



Feeling safe on public transport



Caring responsibilities



Income and benefits