Ethnicity, migration and health in Scotland: overview

Presentation to inequality seminar, 26th November 2014

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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
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.
- In Scotland law is based on race (but data collection on ethnicity)-this is interpreted broadly, including migration status and ethnicity.
- Scotland has long-collected country of birth data at Census, and has collected ethnicity data since 1991.
Census 2011

What is your ethnic group? Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or background

- **A** White
  - ☐ Scottish
  - ☐ Other British
  - ☐ Irish
  - ☐ Gypsy / Traveller
  - ☐ Polish
  - ☐ Other white ethnic group, please write in
Actions needed: 1999 perspective

- 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
- Policies, strategies, Information systems and healthcare plans not available to incorporate the ethnic dimension
- Equitable high-quality healthcare presumed, but not verifiable
- Research base miniscule
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
The ethnic health policy of NHS Scotland

- The Five Fair For All Areas:
  - Energising the Organisation
  - Demographics
  - Access and Service Delivery
  - Human Resources
  - Community Development
Major achievements in Scotland (Bhopal, Quest for Culturally Sensitive Services, JPH 2012)

- Fair for All policy-2002
- 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
Practical activities at service delivery level

- Interpreting and translation NHS funded
- Spiritual services in hospital - multi-faith spaces and facilities
- Food in hospitals – appropriate choices
- Trained staff support minority patients and communities (e.g. NHS Lothian’s Minority Ethnic Health Inclusion Service-MEHIS)
- Several community organisations supported to provide appropriate services
- Ideas tested out using specific projects
Principles and practice: Scotland’s ethnicity research strategy

Health in our Multi-ethnic Scotland: Future Research Priorities

Newly released update
Scottish Migrant and Ethnic Health Research Strategy Group (SMEHRS) report
Six priorities for research-first Scottish strategy (2\textsuperscript{nd} one just out)

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
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
ETHNICITY

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

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