

Briefing Sheet

02

The Health of Scotland's Black and Minority Ethnic Communities



The Health of Scotland's Black and Minority Ethnic Communities

Morbidity and mortality rates are key indicators in assessing the health of Scotland's population. Whilst a number of surveys and data sources in Scotland provide information on the overall health status and health behaviour of the population, their ability to provide concrete data on the health of Scotland's BME population is limited by their failure to systematically collect and record information disaggregated by ethnicity.

Figures provided by the National Office for Statistics indicate that the average life expectancy for both men and women in Scotland has continued to rise. In the period 2006 – 2008 the average life expectancy for a male rose to 75 years and for a female to 79.9 years¹. Conversely, figures cited by a BBC News report² in 2002 indicate that BME people are dying younger than their White counterparts and that the gap is growing. According to the report, the average life expectancy for men and women of Pakistani origin is 62 and 65 years respectively falling to an average of 58 years for Indian men.

It is widely acknowledged that little is known about the health status of BME groups in Scotland, largely due to the absence of ethnic data on death certificates and health service records. A report produced by the Scottish Ethnicity and Health Research Strategy Working Group³ cited only 15% of hospital admission records and 18% of cancer registration data as currently having an ethnic code. Higher levels of ethnic coding at 60% were captured on the Scottish Diabetes Register. The authors of the report concluded that research to date has tended to focus on illnesses and conditions that are more prevalent in some minority ethnic populations such as coronary heart disease, rickets and diabetes with little commensurate attention paid to other major illnesses such as cancers and stroke. Similarly, the authors identified a prevalence of research into the health status of South Asian communities which was not replicated in the Chinese, African or other ethnic groups.

Given the lack of comprehensive Scottish data, this section has drawn on information from a variety of sources including national and local research in addition to a number of English studies.

Personal Perceptions of Health

Information drawn from the 2001 Census indicates that differences in self perceived health status are minimal below the age of 35 across all ethnic groups. However, as individuals age, marked differences begin to emerge with people of Pakistani origin rating their health as significantly worse than other ethnic groups. This is in direct contrast to Chinese people who rate their health as significantly better.

¹ Office for National Statistics 2009

² BBC News 7 August 2002 *Ethnic Minorities are dying younger* <http://news.bbc.co.uk/1/hi/Scotland/2178011/stm>

³ Scottish Ethnicity and Health Research Strategy Working Group (2009) *Health in our Multi-Ethnic Scotland: Future Research Priorities* NHS Health Scotland

Table 11: Self Perceived Health by Ethnic Group

	General Health by Ethnic Group all people		General Health by Ethnic Group all people 0 – 15 yrs		General Health by Ethnic Group all people 16 – 24 yrs		General Health by Ethnic Group all people 25 – 34 yrs		General Health by Ethnic Group all people 35 – 59 yrs		General Health by Ethnic Group all people 60 years +	
	Good or Fairly Good Health	Not Good Health	Good or Fairly Good Health	Not Good Health	Good or Fairly Good Health	Not Good Health	Good or Fairly Good Health	Not Good Health	Good or Fairly Good Health	Not Good Health	Good or Fairly Good Health	Not Good Health
White Scottish	90%	10%	98%	2%	96%	3%	95%	5%	88%	12%	28%	29%
Other White British	91%	8%	98%	2%	96%	3%	96%	4%	92%	9%	81%	20%
White Irish	87%	14%	98%	2%	97%	2%	96%	4%	87%	15%	72%	28%
Other White	92%	7%	98%	2%	96%	3%	97%	3%	91%	10%	76%	26%
Indian	92%	6%	98%	2%	97%	2%	96%	4%	88%	12%	67%	32%
Pakistani	90%	9%	97%	3%	96%	3%	95%	6%	81%	20%	60%	41%
Bangladeshi	93%	6%	99%	1%	95%	5%	96%	4%	85%	15%	80%	21%
Other South Asian	92%	8%	99%	1%	98%	2%	95%	6%	88%	12%	76%	25%
Chinese	96%	4%	99%	1%	99%	1%	98%	2%	95%	4%	80%	21%
Caribbean	92%	8%	98%	1%	95%	4%	95%	6%	91%	9%	76%	25%
African	95%	5%	97%	2%	96%	3%	97%	4%	95%	8%	72%	28%
Black Scottish or Other Black	89%	11%	96%	3%	95%	4%	91%	10%	85%	17%	70%	30%
Any mixed Background	93%	7%	98%	2%	96%	3%	92%	8%	86%	15%	77%	23%
Other Ethnic Group	96%	4%	99%	1%	97%	2%	96%	3%	92%	9%	80%	20%

Cardiovascular Disease (CVD)

Cardiovascular disease, which encompasses coronary heart disease (CHD) and stroke, is the leading cause of disability in the United Kingdom. CVD remains the leading cause of morbidity and mortality accounting for 40% of all deaths in the UK.⁴

- ▶ South Asian's living in Scotland have a 60 – 70% higher incidence of acute myocardial infarction (heart attack) than the general population⁵
- ▶ Compared with the non South Asian population, the incidence of heart attacks in Scottish South Asian men and women are respectively 45% and 80% higher⁶
- ▶ Compared with Europeans, individuals of South Asian ethnic origin have a 50% greater risk of premature death from CHD and stroke⁷
- ▶ The prevalence of CHD is highest in Indian (6%) and Pakistani (8%) men⁸
- ▶ South Asian men are 50% more likely to have ischaemic heart disease than the general population⁹
- ▶ UK based studies show that African Caribbean populations have higher levels of blood pressure and a higher prevalence of hypertension than their White counterparts¹⁰
- ▶ South Asian Indians from the Indian Subcontinent and East Africa have a much incidence of CHD¹¹
- ▶ South Asian living in the United Kingdom have a 50% greater risk of dying from CHD than the general population with Pakistani's and Bangladeshi's most at risk¹²
- ▶ Coronary heart disease is the most common single cause of death amongst Pakistani men¹³
- ▶ The British Heart Foundation calculates that South Asian men and women have an age standardised mortality rate from CHD that is approximately 40% and 51% respectively higher than the general population¹⁴
- ▶ South Asian men and women have a 40% better survival rate from a heart attack
- ▶ 4% of people from the Indian subcontinent have a genetic mutation which increases the risk of heart disease seven fold¹⁵
- ▶ Amongst people of African origin hypertension is 3 -4 times more prevalent than the general population¹⁶
- ▶ African Caribbean and Irish men have a much higher prevalence of stroke at 12% and 9% respectively compared with 6% in the general population
- ▶ Men born in the Caribbean have a 50% higher mortality rate from stroke than the general population¹⁷
- ▶ The prevalence of angina and stroke amongst Chinese man and women is lower than in the general population

⁴ Allender S, Foster C, Scarborough P & Raynor M (2007) *The Burden of Physical Activity Related Ill-health in the UK* Journal of Epidemiology and Community Health, 61, 4, pp 344-8

⁵ Fischbacher C, Bhopal R, Steiner M, Morris A & Chalmers J (2009) *Is there equity of service delivery and intermediate outcomes in South Asians with type 2 diabetes?* Journal of Public Health Medicine 31, pp 239 -49

⁶ Cited in *Equally Well: Report of the Ministerial Taskforce on Health Inequalities* (2008) Scottish Government

⁷ Fact file No. 5 (2007) *Ethnic Differences in Cardiovascular Risk* British Heart Foundation

⁸ British Heart Foundation Health Promotion Research Group (2010) *Ethnic Differences in Cardiovascular Disease* Department of Public Health University of Oxford BHF Statistics Database www.heartstats.org

⁹ Draper, R ((2009) *Ethnic Matters* Patient Plus article Patient UK

¹⁰ Fact file No. 5 (2007) *Ethnic Differences in Cardiovascular Risk* British Heart Foundation

¹¹ Cited in Lip GYH, Barnett AH, Bradbury A, Cappuccio FP, Gill PS, Hughes E, Imray C, Jolly K & Patel K (2007) *Ethnicity and Cardiovascular Disease Prevention in the United Kingdom: A Practical Approach to Management* Journal of Human Hypertension 21, 183 – 211

¹² As above (11)

¹³ Bhopal R, Fischbacher CH, Steiner M, Chalmers J, Povey C, Jamieson J & Knowles D (2005) *Ethnicity and Health in Scotland: Can we fill the information gap?* Edinburgh University

¹⁴ Rull, G (2009) *Diseases and Different Ethnic Groups* Patient Plus article Patient UK

¹⁵ Dhandapany P S et al (2009) *Nature Genetics* 41 187 – 191

¹⁶ As above (11)

¹⁷ Draper, R ((2009) *Ethnic Matters* Patient Plus article Patient UK

Diabetes

People of South Asian ethnic origin are disproportionately at risk of developing diabetes. Diabetes UK cites being over 25 and of Black or South Asian origin as significant risk factors in developing the condition.

- ▶ The incidence of Type 2 diabetes is 6 times higher in the South Asian population than in the White population¹⁸
- ▶ According to the Health Survey for England 2004, doctor diagnosed diabetes is almost 4 times as prevalent in Bangladeshi men and almost 3 times as prevalent in Pakistani and Indian men compared with the general population¹⁹
- ▶ Amongst women, diabetes is more than 5 times as likely amongst Pakistani women, at least three times as likely in Bangladeshi and Black Caribbean women and two and a half times more likely in Indian women compared with women in the general population²⁰
- ▶ In the African Caribbean community Type 2 diabetes is up to five times more prevalent than in the White population²¹
- ▶ Recent figures suggest that 20% of the South Asian community and 17% of the African Caribbean community living in the UK have Type 2 diabetes in contrast to 3% of the general population²²
- ▶ Those of South Asian and African Caribbean ethnic origin tend to develop Type 2 diabetes earlier than the White population at 25 years compared to 40 years of age²³
- ▶ South Asian's and those of African Caribbean ethnic origin are susceptible to developing long-term complications 5 years sooner than those from the White population²⁴
- ▶ South Asian's have an increased risk of developing serious complications such as blindness, kidney disease and amputations due to poorer management of blood glucose levels than the general population²⁵
- ▶ Data specific to Scotland is provided by the Glasgow Diabetes Project:
- ▶ The prevalence of GP registered Type 2 diabetes amongst the elderly population was significantly higher in Minority Ethnic communities compared to their White counterparts²⁶
- ▶ The prevalence of Type 2 diabetes within the 70+ Pakistani population was 40% compared to 6% in the White population²⁷

Diabetes Prevalence by ethnic group and age %

Ethnicity/Age	White	Pakistani	Indian	Chinese	Others
30 – 49	0.5	3.6	1.9	0.9	1.9
50 – 69	3.5	22.7	13.3	10.7	12.9
70+	6.1	40.0	14.0	21.6	17.4

Source: National Resource Centre for Ethnic Minority Health and the Scottish Diabetes Group (2004)

¹⁸ National Resource Centre for Ethnic Minority Health & Diabetes UK Scotland (2007) *Focus on Diabetes: A Guide to Working with Black and Minority Ethnic Communities in Scotland living with Long-term Conditions* Health Scotland

¹⁹ *Diabetes in the UK 2010: Key Statistics on Diabetes* (2010) Diabetes UK

²⁰ *Diabetes in the UK 2010: Key Statistics on Diabetes* (2010) Diabetes UK

²¹ National Resource Centre for Ethnic Minority Health & Diabetes UK Scotland (2007) *ibid*

²² Fyfe S (2008) *Health Inequalities Inquiry* Diabetes UK Scotland

²³ National Resource Centre for Ethnic Minority Health & Diabetes UK Scotland (2007) *ibid*

²⁴ National Resource Centre for Ethnic Minority Health & Diabetes UK Scotland (2007) *ibid*

²⁵ National Resource Centre for Ethnic Minority Health & Diabetes UK Scotland (2007) *ibid*

²⁶ National Resource Centre for Ethnic Minority Health & the Scottish Diabetes Group (2004) *Diabetes in Minority Ethnic Groups in Scotland* Health Scotland

²⁷ National Resource Centre for Ethnic Minority Health & the Scottish Diabetes Group (2004) *ibid*

Learning Disabilities

Figures compiled by the eSay²⁸ project in 2008 recorded an estimated 25,252 adults with a learning disability known to local authorities in Scotland. This equates to approximately 5.9 adults with a learning disability per 1000 head of the population. Amongst 18 – 20 year olds, the number of young adults with a learning disability corresponds to 9.9 per 1000. In the 65+ age group, 2000 adults with a learning disability were indentified. Data on ethnicity was collected by the eSAY project for the first time in 2008 and identified 176 adults as being from a Minority Ethnic background.

Ethnicity	Number of Adults	% of Total
Indian	25	15
Pakistani	87	54
Bangladeshi	8	5
Other Asian	15	9
Chinese	27	17
Total	162	100
Unknown	14	
Total	176	

Source: eSay Statistics Release: Adults with Learning Disabilities Implementation of ‘The same as you?’ Scotland 2008

There is no definitive research to date on the prevalence of learning disabilities amongst Minority Ethnic communities although research in Great Britain has found tentative evidence to suggest that there might be higher prevalence rates amongst certain ethnic groups.

- The prevalence of severe learning disabilities amongst South Asian between the ages of 5 – 32 may be up to 3 times higher than in the general population²⁹
- Genetic, biological, environmental and socio-economic factors have all been identified as possible contributory factors
- Life expectancy for people with learning disabilities is increasing but is still lower than the general population³⁰
- Respiratory disease is the leading cause of death for people with learning disabilities followed by cardiovascular disease as a result of congenital heart problems rather than ischaemia³¹
- One in three people with learning disabilities have mental health problems with a prevalence rate for schizophrenia 3 – 4 times more than in the general population³²
- 22% of people with learning disabilities are affected by epilepsy compared with approximately 1% in the general population³³
- Estimates of hearing impairment for people with learning disabilities varies from 12 – 47% and from 19 – 63% for a visual impairment³⁴

²⁸ The eSAY project collects annual statistical data on the number of people with learning disabilities and autistic spectrum disorder known to local authorities in Scotland. It is managed and delivered by the Scottish Consortium for Learning Disabilities and is part of the Scottish Government response to ‘The Same as You’ Report (2000)

²⁹ Emerson E, Azmi S, Hatton C, Caine A, Parrot R & Wolstenholme J (1997) *Is there an increased prevalence of severe learning disabilities among British South Asians* Ethnicity and Health Vol 2 (4) pp 317 – 321

³⁰ Cited in *Health Needs Assessment Report: People with Learning Disabilities in Scotland* (2004) NHS Health Scotland

³¹ NHS Health Scotland (2004) *ibid*

³² Cited in *Annual Report of the Director of Public Health 2007 – 2008* NHS Southwark

³³ NHS Health Scotland (2004) *ibid*

³⁴ NHS Health Scotland (2004) *ibid*

Cancer

In 2007, 27,500 new cases of cancer were diagnosed in Scotland³⁵. For males, the most common cancers were lung and colorectal cancers accounting for 53% of all cancers in men. For females, the most common forms of cancers were breast, lung and colorectal cancers accounting for 55% of cancers in women. Overall, lung cancer is still the most common form of cancer in Scotland accounting for 17% (4,600 new cases) of all cancers diagnosed in 2007. Failure to consistently capture ethnicity as part of cancer registration data in Scotland does not allow this information to be disaggregated by ethnicity.

Statistical analysis of cancer incidence and survival by major ethnic groups has been compiled by the National Cancer Intelligence Network and Cancer Research UK³⁶. The following information has been taken from this report.

- Men and women of South Asian, Chinese and mixed ethnic groups have a significantly lower risk of getting cancer than the White majority population
- Individuals from these groups were between 20% and 60% less likely to get cancer than the White ethnic group
- South Asians have significantly higher rates for 3 specific cancer sites in comparison with the White ethnic group
- South Asian men and women are between 1.5 and 3 times more likely to develop liver cancer than the White ethnic group
- Higher rates of cancer of the mouth were recorded for South Asian women aged 65+
- South Asian and Black women aged 65+ also had a significantly higher risk of cervical cancer
- Younger South Asian women (those under 65) had a significantly lower risk of cervical cancer relative to the White ethnic group
- South Asians had significantly lower risk of developing any of the four major cancers (breast, prostate, lung and colorectal)
- Black males of all ages are significantly more likely to have a diagnosis of prostate cancer than White males
- Black men with prostate cancer tend to be diagnosed up to five years earlier than White men³⁷
- Black men and women had higher rates of cancers of the stomach
- Black men and women have a significantly lower risk of getting three of the four major cancers (breast, lung and colorectal)
- Chinese and the mixed ethnic group have lower incidence rates than the White ethnic group for each of the four major cancers
- The mortality rate for South Asian women with breast cancer is up to 18% lower than women of non-South Asian ethnic origin³⁸
- The risk of breast cancer amongst South Asian women in the UK differs according to their specific ethnic sub group³⁹
- US and British research suggests that Black women develop breast cancer at a much younger age and at a more advanced stage⁴⁰
- Those with darker skin have a lower incidence of skin cancer but are at greater risk of dying from skin cancer and associated complications than Caucasians due to late detection⁴¹

³⁵ Information Services Division (2009) *Cancer in Scotland* NHS National Services Scotland

³⁶ National Cancer Intelligence Network & Cancer Research UK (2009) *Cancer Incidence and Survival by Major Ethnic Group England 2002-2006*

³⁷ Cancer Research UK Press Release (October 2008) *Black men face higher prostate cancer risk*

³⁸ Cancer Research UK Press Release (July 2003) *South Asian women have higher survival from breast cancer*

³⁹ Cancer Research UK Press Release (January 2004) *Differences in breast cancer risk in South Asian women*

⁴⁰ Cancer Research UK Press Release (January 2008) *Black women get breast cancer two decades earlier than White women*

⁴¹ Cancer Research UK Press Release (July 2006) *Darker skin associated with later skin cancer detection and higher mortality*

Mental Health

To date, little information is available on the prevalence of mental illhealth or mental illness amongst BME communities in Scotland⁴² ⁴³. The difficulties in collecting data are compounded by a number of factors including differing cultural perceptions of mental health⁴⁴, differing attitudes towards disclosure particularly related to perceived stigma and differing presentation of symptoms. These differences may account for the apparently lower levels of mental illhealth amongst the South Asian and Chinese populations.

Information taken from national (Great Britain) and England based studies indicate:

- ▶ A higher rate of psychotic disorders amongst Africa Caribbean communities
- ▶ The prevalence of common mental health problems such as depression and anxiety is equivalent to and may be higher than the general population⁴⁵
- ▶ Depression amongst Black and Minority Ethnic older people has been linked with chronic longterm health problems, subjective illhealth, functional disability, ageing, poor socio-economic status, low family support and female gender in addition to a range of wider socio-economic factors such as poor housing and lower levels of access to services⁴⁶
- ▶ Figures taken from a 2004 study⁴⁷ suggest that women born in India and East Africa have a 40% higher suicide rate than women born in England and Wales and is particularly high amongst 15 – 24 year olds
- ▶ The incidence of self harm and eating disorders is also believed to be higher amongst teenage South Asian young women
- ▶ A study conducted in 2008 found that suicide rates amongst South Asian older women aged 65+ have increased markedly⁴⁸

Data taken from 'Count me in 2009'⁴⁹ showed lower than the national average hospital admission rates for the White British, Indian and Chinese populations, average rates of admission for Pakistani and Bangladeshi groups and higher than average rates for other Minority Ethnic groups, particularly within the Black Caribbean, Black African, White/Black Caribbean Mixed and White/Black African Mixed ethnic groups. Admission rates were 3 times higher than the national average for Black African and Black Caribbean groups and 9 times higher for Other Black group. Patterns of admission were similar to those observed in previous census's with no evidence of a decrease in admission rates amongst BME people affected by mental illhealth. The recently published 2010 Census records 22% of the 30,500 people receiving in-patient care in England and Wales were from a BME group.

Despite growing evidence from England that BME people are more likely to be detained under mental health legislation, over medicated and restrained whilst in mental health care services, as of September 2007, 32.4% of detentions under the Mental Health Act had not recorded ethnicity.

⁴² Public Health Observatory for Scotland (January 2010) *Dimensions of Diversity: Population Differences and Health Improvement Opportunities* NHS Health Scotland

⁴³ Scottish Development Centre for Mental Health (2005) *Equal Minds* Scottish Executive

⁴⁴ Newbigging K, Dr. Bola M, Prof. Shah A (2008) *Scoping Exercise with Black and Minority Ethnic Groups on Perceptions of Mental Wellbeing in Scotland* NHS Health Scotland

⁴⁵ Shah A. (2004) *Ethnicity and the Common Mental Disorders*, in D Melzer, T Fryers and R Jenkins *Social Inequalities and the Distribution of the Common Mental Disorders*, Hove: Psychology Press

⁴⁶ Cited in *Psychiatric Services for Black and Minority Ethnic Older People* (2009) Royal College of Psychiatrists College Report CR156

⁴⁷ Cited in *Equal Minds* (2005) *ibid*

⁴⁸ McKenzie K, Bhui K, Nanchahal K & Blizard B (2008) *Suicide Rates in People of South Asian Origin in England and Wales: 1993 – 2003* The British Journal of Psychiatry 193, 406 – 409

⁴⁹ 'Count me in 2009': *Results of the 2009 national census of inpatients in mental health and learning disability services in England and Wales* Healthcare Commission

Detentions Under the Mental Health Act by Ethnicity	Percentage %	Number
Not Recorded	32.4	1,971
White Scottish	41.3	2,512
White British	3.3	198
White Irish	0.5	28
Other White	1.0	63
Indian	0.2	12
Pakistani	0.4	27
Other Asian	0.2	10
Chinese	0.2	13
African	0.6	34
African Caribbean	0.1	4
Other Black	0.1	9
Mixed Ethnicity	0.1	9
Other Ethnic Background	0.2	10
Not Provided	19.5	1,189
Total	100.00	6,076

Source: National Resource Centre for Ethnic Minority Health (2007)

Dementia

Current estimates of Black and Minority Ethnic people with dementia in Scotland range from 110 – 690. A more definitive approximation is provided by Alzheimer’s Scotland Action on Dementia at 288⁵⁰. This compares with a UK figure of 11,392. Approximately 6.1% of BME people with dementia are early/young onset compared with 2.2% in the UK general population⁵¹. There is evidence to support the increased prevalence of dementia sub-types in specific ethnic groups. For example, there is a higher prevalence of vascular dementia in South East Asian’s and African Caribbean’s.

Coronary heart disease, stroke, diabetes (those with Type 2 diabetes have a two to five fold increased risk of having a stroke) and hypertension are amongst the major disease risk factors in the development of vascular dementia and its subtypes. The prevalence of these risk factors in the BME population must be considered in this context.

⁵⁰ Alzheimer’s Scotland Action on Dementia *Signposts to Support: Understanding the Special Needs of Carers of People with Dementia*

⁵¹ Personal Social Services Research Unit (2007) *The Rising Cost of Dementia in the UK* Alzheimer’s Society