

GREC

Ethnic Minority Health Link Project

6 month report (October 2015 – March 2016)

GREC Ethnic Minority Health Link Project

The aim of the GREC Ethnic Minority Health Link Project is to work in partnership to identify and address the health needs of migrant and ethnic minority communities in Aberdeen. The project, established in October 2015, is funded by the Aberdeen City Health Improvement Fund, and will run until March 2017.

In its first 6 months the project has focused on taking on the learning from previous GREC/public health projects; undertaking literature reviews to gain better understanding of what the key issues and barriers are and how they have been addressed elsewhere in the UK; engagement (including raising awareness, consultation, survey work, focus groups) with ethnic minority communities, including newly-arrived migrants; liaising with public health, NHS Grampian and other public sector staff to identify ways to take the project forward together and to address identified barriers. Therefore the project aims to take an evidence-based approach, to include and empower communities, and to ensure that changes are made to policies and procedures rather than ad hoc interventions which cease when funding ends (a mainstreaming approach).

As a starting point the project took forward issues that were highlighted by previous public health/GREC projects as well those agreed through discussion with the Public Health Co-ordinator. The areas covered initially have been the Know Who To Turn To Campaign, Blood Borne Viruses, and Health & Housing. Running through all these aspects has been an attempt to gain a better understanding of the different pathways and journeys newly arrived migrants take as they begin their lives in Aberdeen. With this increased understanding we hope to enable public health, NHS Grampian and other public sector services to better engage with those who have most recently arrived in the City and therefore are unfamiliar with services. The remainder of the report provides an overview of the 4 sections of work undertaken so far, followed by a short section on next steps.

In the initial 6 month period the project has engaged with 357 individuals from ethnic minority communities. This included individuals from the following national ethnic backgrounds: Polish, Romanians, Arabs, Africans, Indians, Bangladeshi, Lithuanians, Spanish. On the whole engagements have been undertaken at events that were already scheduled to take place, aimed at ethnic minority communities, and generally in a relaxed and welcoming atmosphere. The numbers and willingness of individuals to engage have justified this approach.

The community engagement work has been undertaken by the project worker who has made strong links with organisations and fora including: the Ethnic Minority Forum, the NHS Multi-ethnic Health & Well-being Forum, Aberdeen Multicultural Centre, Community Renewal, Time to Heal and the Polish Association Aberdeen amongst others. The project worker has also recruited a volunteer/intern from the University of Aberdeen who has ably supported literature reviews, research and community engagement. GREC's General Manager and Research & Policy Officer have also both been involved in project delivery. The input of the General Manager has been concentrated around engagement with NHS and public health staff (e.g. through the Aberdeen Anti-Tobacco Alliance), building relationships and identifying where joint working opportunities exist. The Research & Policy Officer has input into the research methodologies utilised, and the structure and planning of the project in order to maximise input.

Know who to Turn to Campaign

What we've done

Raising awareness and testing knowledge around the NHS Know Who To Turn To campaign was seen as a very relevant place to start so as to get a better understanding of where there may be patterns in the gaps in knowledge of newly arrived migrants to Aberdeen and other ethnic minority communities. We investigated how length of residence, age and knowledge of English influence awareness of the campaign and overall understanding of health services available in Aberdeen.

Consultations were run on three separate events in October and November 2015: Aberdeen Multi-Cultural Centre "Health and Wellbeing Day", "One RGU Many Nations" Carnival, and the NHS/GREC Feedback Day. Overall, 106 people took part in the research. Individuals were tested on their knowledge by presenting them with a list of illnesses and the option of whether they would turn to a GP, pharmacy, dentist, optician, self-care or call 999.

What we've learnt

Overall participants got 49% of the answers correct. In terms of different ethnic groups the one most likely to get the most answers correct were the Scottish/British group, whereas the Chinese and Arab groups were least likely to get answers correct (bearing in mind that numbers were relatively small).

The service which featured the most incorrect answers (at a rate of 86%) was pharmacy services. This raises the questions around: are individuals aware of the extent to which pharmacists are highly trained and knowledgeable; to what extent do individuals trust in pharmacists as opposed to a trained dentist, doctor or optician. From other research undertaken by GREC (NHS Grampian/GREC focus groups 2008-15) it is clear that those who do use pharmacy services are very happy with them, almost always scoring more highly than all other services. Moreover, the immediate accessibility of pharmacy services would, all else being equal, add to the motivation to use them.

Further findings of interest were that older participants were less likely to know the appropriate service to turn to, whereas young people (in the 16-24 age range) did relatively well in the quiz. Time of residence didn't have the expected influence on right/wrong answers, as those who had arrived more recently tended to perform better than those who had been here for 4-9 years or 10 years and more. Similarly, those who rated their English proficiency as poor or very poor tended to perform better than those who stated their English to be good or very good.

What has changed?

The results of the research has been fed back to relevant NHS staff, for example those working on the Know Who to Turn To Campaign, and discussions are beginning with others such as the Head of Pharmacy Services as to how awareness can be raised regarding the extent of service provision available from pharmacies. We hope that the project will play a key part in this awareness raising process.

The project worker has shared literature and information about the Campaign, including translated materials, with ethnic minority communities at community engagement events. A presentation has also been provided to the Multi-ethnic Health & Well-being Forum and the African Women's Conference to raise awareness. The project worker has linked up with Community Renewal to raise the awareness of the campaign in Torry.

Blood Borne Viruses (BBV)

What we've done

The opportunity was taken at the 2015 NHS Grampian/GREC focus groups to discuss four questions regarding BBV with participants. The first two aimed to check participants' knowledge on the subject, while the other two allowed participants to discuss how they would suggest awareness could be raised around the issue.

What we've learnt

Participants were first asked if they were aware what blood-borne viruses are. The majority of participants knew what BBV were though there were issues of validity in that these questions were asked in a group setting. However, when particular diseases such as hepatitis and HIV were mentioned participants seemed to be much more aware and confident in their understanding, suggesting that the phrase "Blood Borne Virus" may not be readily understood, particular by those whose first language isn't English.

Secondly, participants were asked if they were aware how to get checks for BBV in Aberdeen. Only 15% of them answered that they knew where to get tested.

Although the sample group was fairly small, the least informed groups were Urdu, Russian and Chinese speakers, while the most informed groups were people who sat in mixed groups and Arabic speakers. Participants who knew little about BBV were from countries with a higher prevalence.

Most participants pointed out that more promotion of BBVs is needed. They recommended to raise awareness through media, internet, libraries, schools, universities, as well as GPs and pharmacies. Chinese participants suggested that translated leaflets would be more accessible for them. People said that they would accept testing if offered by their GP. However, they pointed out that they do not know if testing can be done without prescription from their GP or how much time testing takes.

What has changed?

Discussions are on-going with relevant NHS Grampian and public health staff as to how small changes can be made in order to increase the likelihood of people finding testing acceptable, e.g. being explicit about what testing involves and how long it takes.

The project worker has linked up with an NHS nurse to offer testing at various engagement events where consultation and survey work has also been undertaken. This has resulted in 11 individuals from ethnic minorities being tested for BBVs.

Next steps

The project worker continues to research how BBV testing can be more accessible and acceptable for ethnic minorities. A survey on how religion and culture influences ethnic minorities' health is currently being distributed. A focus group with community stakeholders has been conducted and in-depth interviews with members of ethnic minorities are being run. These results will be incorporated into the final report.

We are also exploring plans for some joint working on World Hepatitis Day with the project engaging with ethnic minority communities across the City

Migrant Journeys

What we've done

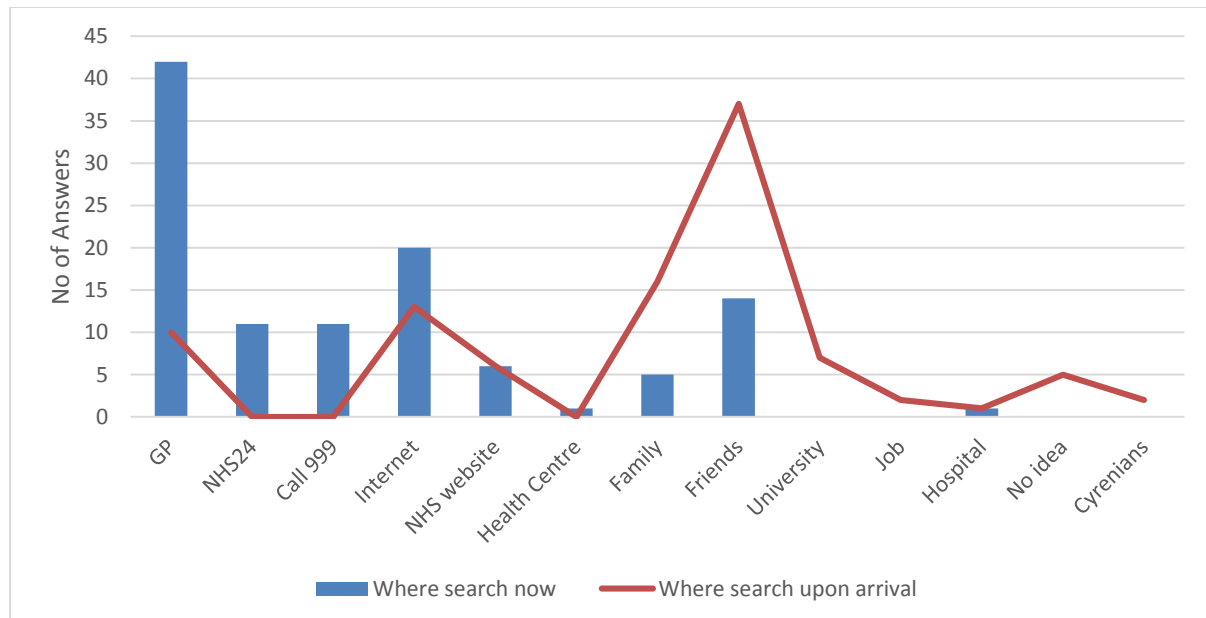
Consultation with ethnic minority communities took place during two events in November 2015: "One RGU Many Nations Carnival", and NHS/GREC Feedback Day. Overall, 106 people took part in this part of the study.

A short survey was used, intended to provide the answers on three research questions: firstly, to find out if new migrants have any networks when they arrive, such as, friends, family or established groups; secondly, to understand what the first institutions and organisations people turn to upon their arrival; finally, to see how sources around searching for health information is changing over time.

We investigated previous research which can provide more evidence for the project. Some of the examples include: a student dissertation on Experiences of Polish Migrants living in Aberdeen, research on the meaning of home for ethnic minorities in Aberdeen by Le Brige from the Elphinstone Institute and Experiences of Social Security and Prospects for Long Term Settlement in Scotland amongst Migrants from Central Eastern Europe and Former Soviet Union by Glasgow Refugee, Asylum and Migration Network.

What we've learnt

Participants were asked where they searched for health information upon their arrival (during their first 2-3 months of stay in the UK) and were also asked where they would search for information now (i.e. if they did not know which service to go to). The results and comparison are shown in the graph below.



The graphs above show that depending on how long people have been in the UK, the way in which they seek information about illness and services changes significantly. One notable difference is that people seem to increasingly rely on GPs the longer they have been in the UK compared to when they first arrive.

In terms of the organisations and locations participants said they'd accessed when they first arrived in Aberdeen, health services (such as GP), work related services (National Insurance numbers, Jobcentre), and housing services tended to be the most popular. Others were also named, such as banks, third sector organisations, community centres and cultural/national community groups.

Next steps

The above information is being used as part of discussions and planning with partners in public health and NHS Grampian. The information will also be presented in fora such as Integrate Grampian and the Inward Migration Working Group. It is hoped that the information relating to organisations and locations first accessed by migrants can be used to make an initial assessment of the quality of information available at each point, and look at how this can be improved moving forward.

More information is being collected to see what kind of networks people had upon their arrival and how they used them. Also, what kind of organisations they discovered later, but which they think it would be beneficial for newcomers to know upon their arrival.

Health and Housing

What we've done

As part of an earlier public health/GREC project, links between ill health and housing were identified as a key issue to ethnic minority communities living in Aberdeen. Housing in the City has long been identified as relatively unaffordable, particularly to those earning low wages. This makes it likely that migrant workers in low skilled jobs would be particularly affected.

The initial pieces of work have been to undertake a literature review looking at academic and other studies exploring links between housing and ill health, which has included contacting agencies such as the Chartered Institute of Housing and the Scottish Federation of Housing Associations. The project has also engaged with services such as Aberdeen Cyrenians, Shelter and the Minority Ethnic Housing Project.

Next Steps

The next step will be to ascertain how the local experience fits with the national picture and to gather more data through partnership working with the services mentioned above. It is hoped that this aspect of the project will provide useful information and data that can be fed into Aberdeen City's Local Housing Strategy over the coming years.

Next Steps

Several “next steps” have been described in the sections above. More broadly the next steps of the project are to follow up on the information and recommendations made through the initial research stage, which will take the shape of close partnership working with public health, NHS Grampian and other public sector workers.

Further issues and areas to research and explore will also be identified and we encourage all who are responsible for health service in Aberdeen City to consider the implications of migration on their particular services and to make contact with the project if you feel we can assist you.

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April 2016