

# **Report on the Knowledge of the Know Who to Turn to Campaign among Ethnic Minorities in Aberdeen.**

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## **Content:**

<b>Executive Summary.....</b>	<b>2</b>
<b>Introduction.....</b>	<b>2</b>
<b>Methods.....</b>	<b>3</b>
<b>Reliability and Validity of Collected Data.....</b>	<b>3</b>
<b>Participants.....</b>	<b>3</b>
<b>Analysis.....</b>	<b>8</b>
<b>Ethnicity.....</b>	<b>9</b>
<b>Disability.....</b>	<b>17</b>
<b>Employment Status.....</b>	<b>17</b>
<b>Gender.....</b>	<b>18</b>
<b>Time of Residence in UK.....</b>	<b>19</b>
<b>Language Skills.....</b>	<b>19</b>
<b>Participation in Past NHS/GREC Consultation.....</b>	<b>20</b>
<b>Usage of NHS Services.....</b>	<b>20</b>
<b>Proposals for Future Research.....</b>	<b>21</b>
<b>Recommendations to Reach Aims of the Know Who Turn to Campaign among Ethnic Minorities.....</b>	<b>21</b>
<b>Appendix 1.....</b>	<b>22</b>

## Executive Summary

1. Consultations took place in October and November 2015. There were **106** participants from various ethnic backgrounds.
2. People's knowledge of the Know Who to Turn to Campaign was investigated.
3. 49% of answers offered by participants were correct.
4. Almost all participants **were not aware of what services pharmacy can provide.**
5. Answers differ among various ethnic minorities.
6. Gender and disability do not have an influence on knowledge of the campaign.
7. **There is an age effect** on the level of knowledge of the campaign.
8. Advanced English proficiency and longer length of residence have negative effect on knowledge of the campaign.
9. Longer length of residence **does not** improve knowledge of the campaign.

## Introduction

The report presents findings from the quiz (see attachment 1) which aimed to check participants' knowledge of the Know Who to Turn to Campaign organised and promoted by NHS Grampian. The campaign intends to explain to users the most appropriate service to go to when unwell. 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 NHS/GREC Feedback Day. Overall, 106 people took part in the research.

## **Methods**

Each participant was asked to answer who they would turn to if they had any of these issues: diarrhoea, athlete's foot, teething advice, blurred vision, ear pain, sore belly, eye infection, tooth infection, hangover, and vomiting. It was a closed quiz as they had seven options: GP, self-care, call 999, dentist, optician, and pharmacist.

The original questionnaire included all 26 different sickness presented in the NHS booklet and website on the Know Who to Turn to Campaign. It was used during the Health and Wellbeing Day in the Multicultural Centre and the One RGU Many Nations Carnival in the Robert Gordon University. Early feedback on the questionnaire was positive, but some participants did not like that there were so many questions and they got bored. After conducting the pilot, it was agreed to choose ten from the less obvious sicknesses from the original questionnaire and check participants' knowledge on a larger sample.

## **Reliability and Validity of Collected Data**

The sample is relatively small, so findings should not be generalised, as a small sample may cause a high statistical error. However, results show some interesting patterns which can be very informative and helpful for a future work or for the policymakers.

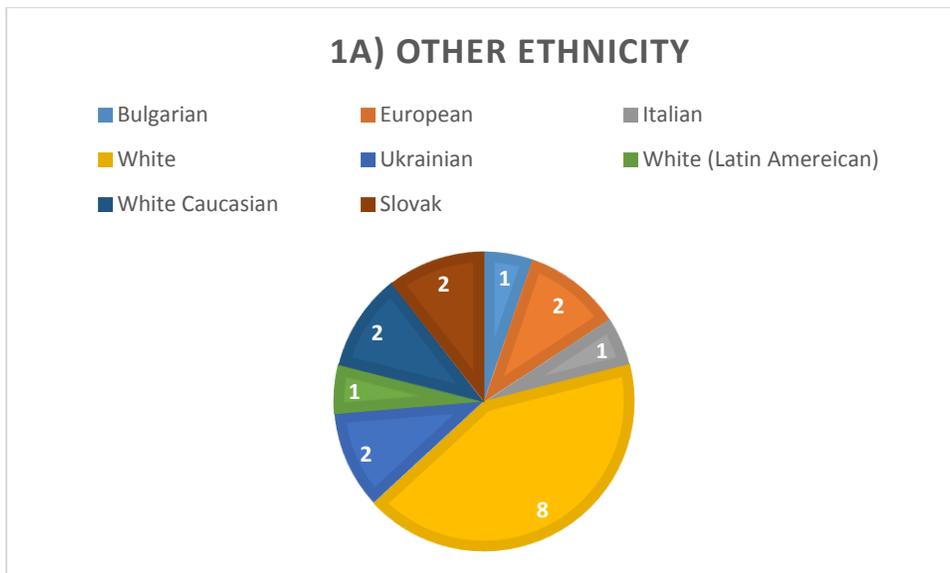
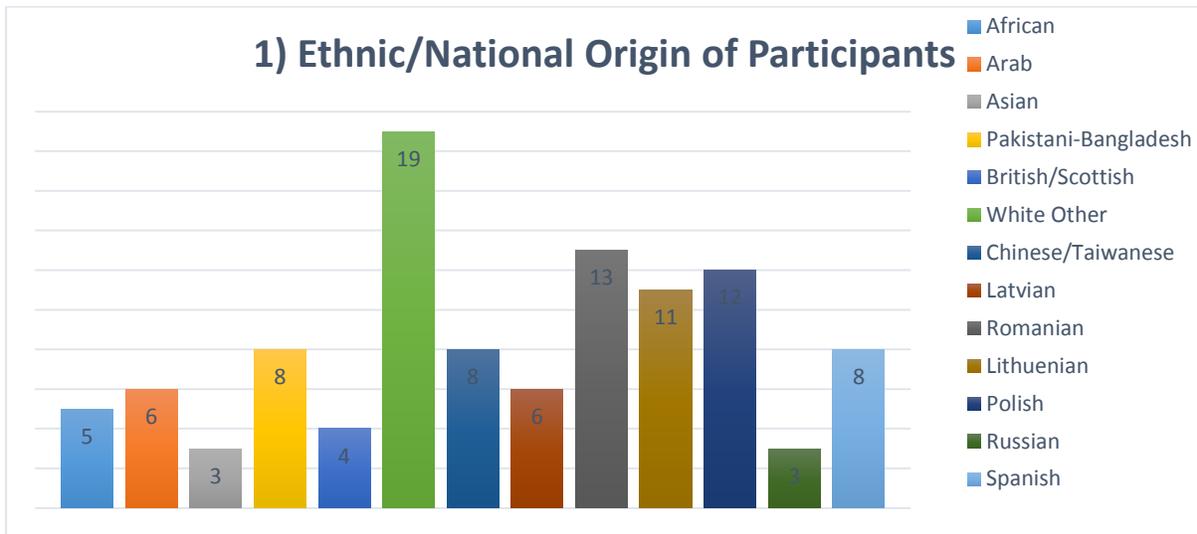
There is no issue with validity of the data as each participant was provided with a translated questionnaire or was assisted by an interpreter if required. Also, questionnaires were confidential, so everyone should have felt confident to answer truly.

## **Participants**

Each participant was asked to fill up a monitoring form, which included: 1) ethnic background, 2) religion/faith, 3) gender, 4) age group, 5) employment status, 6) time of residence in UK and 7) English proficiency. The results from the questionnaire are presented below. They show the diversity among participants.

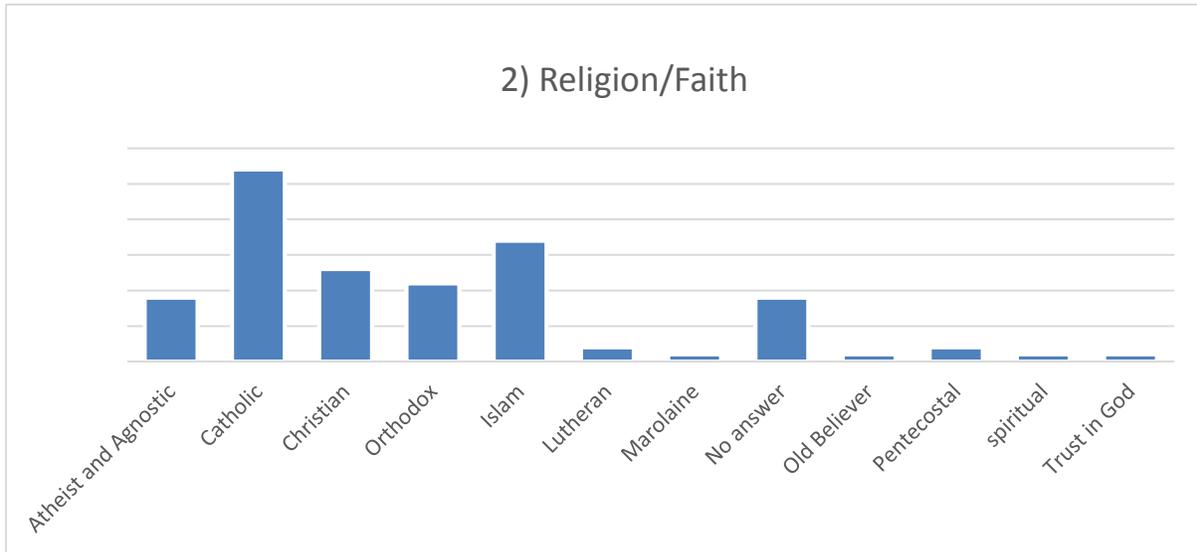
# 1. Ethnicity

There was a good mix of many various ethnicities, who live in Aberdeen. On the first graph, there is a large group called 'Other ethnicity'; in order to see the composition of this group, please look at chart 1A.



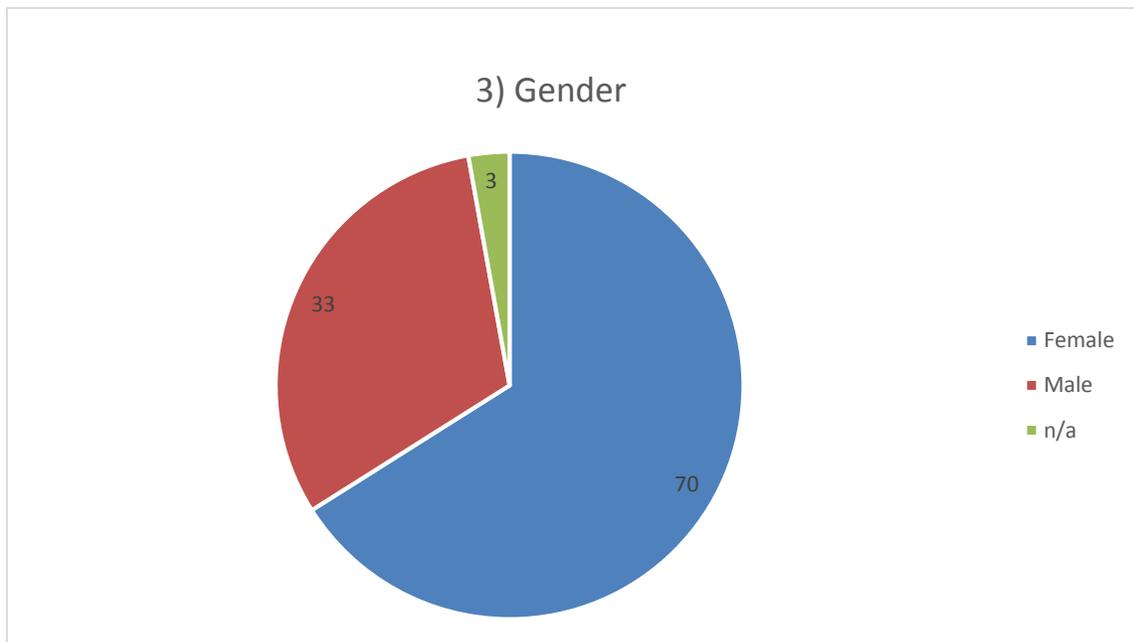
## 2. Religion and Faith

The majority of participants were Christian. The larger group of Christians were Catholics. The second large religious group is Islam and then Atheists and Agnostics. Some people did not answer this question.



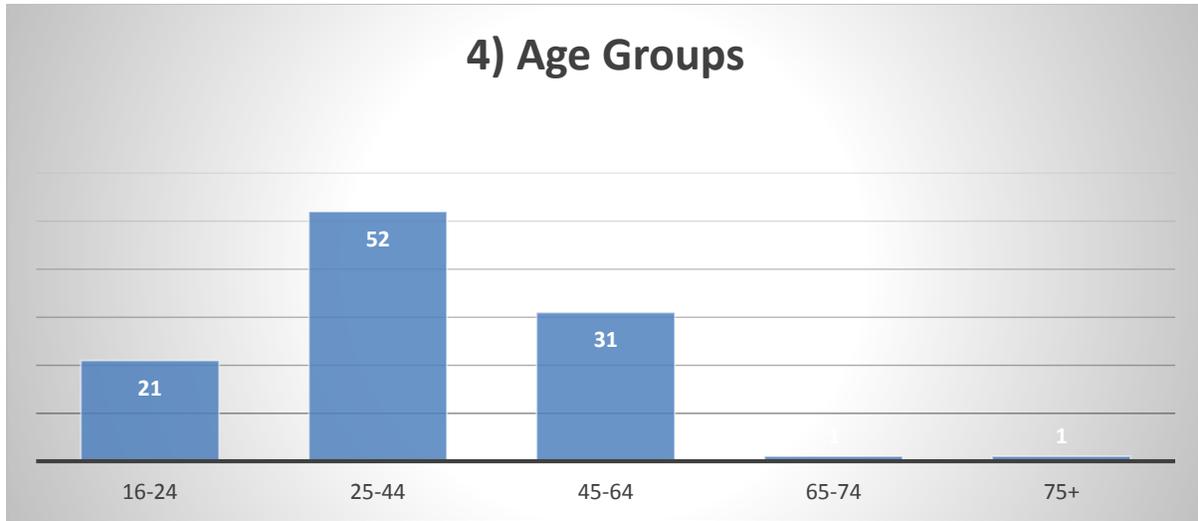
## 3. Gender

The majority of participants were females; only 3 people refused to answer this question.



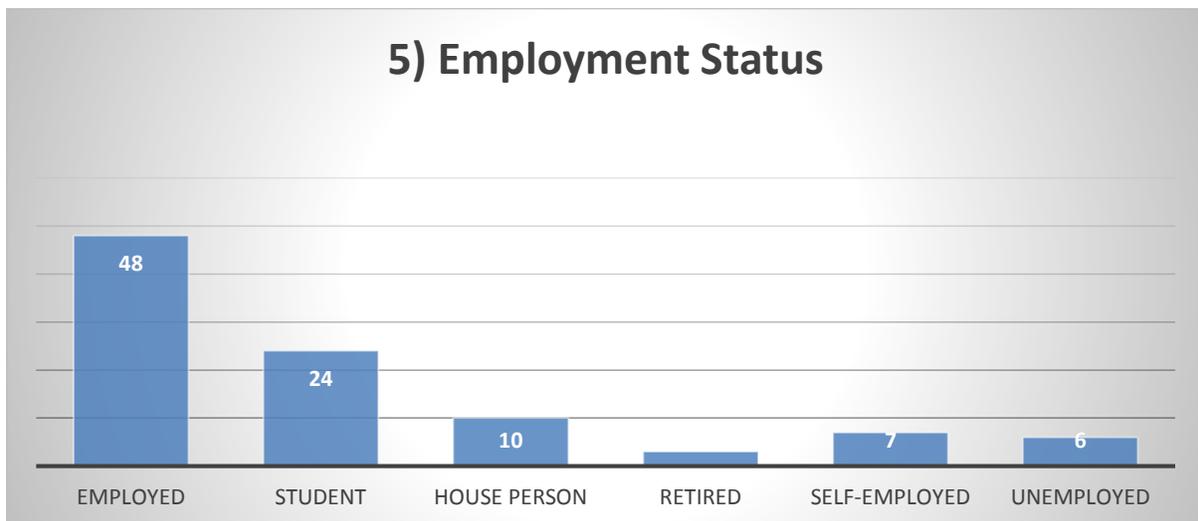
#### 4. Age Groups:

The largest group of participants was aged 25-44 years old. The second largest group was 45-64 years old and then young people (16 to 24 years old). There were only two people aged 65 and more. The majority of ethnic minorities come to Aberdeen to work or study and it is not surprising that there is a low number of older participants.



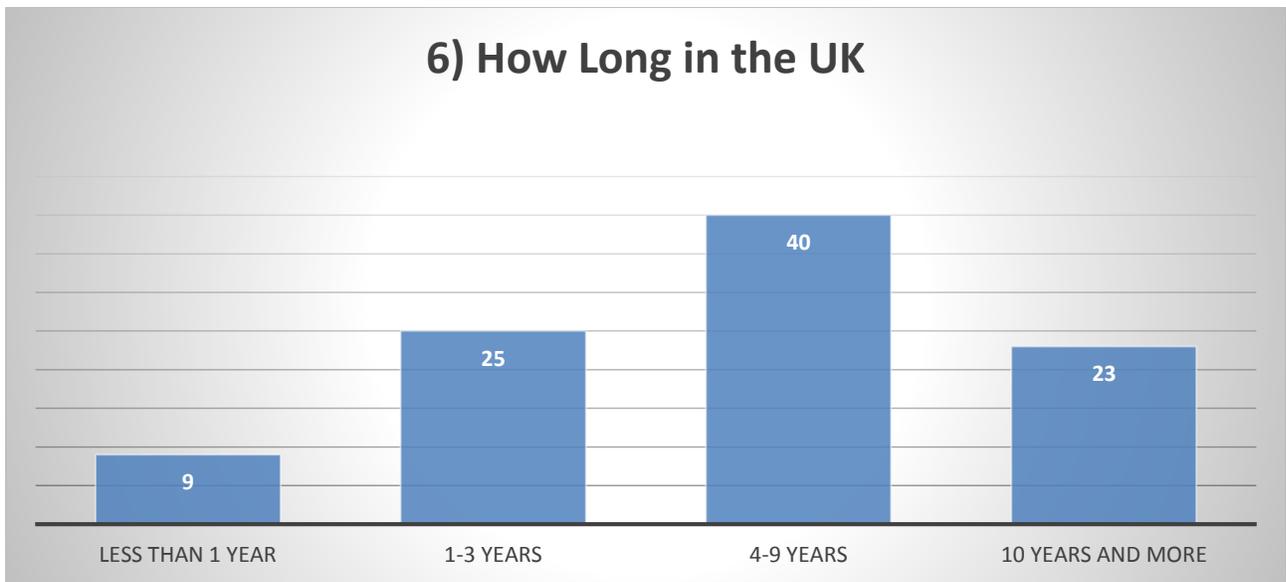
#### 5. Employment Status

The majority of participants were in employment. There were a significant number of students and a small amount of people who were house persons (i.e. house-wife, house-husband, etc.).



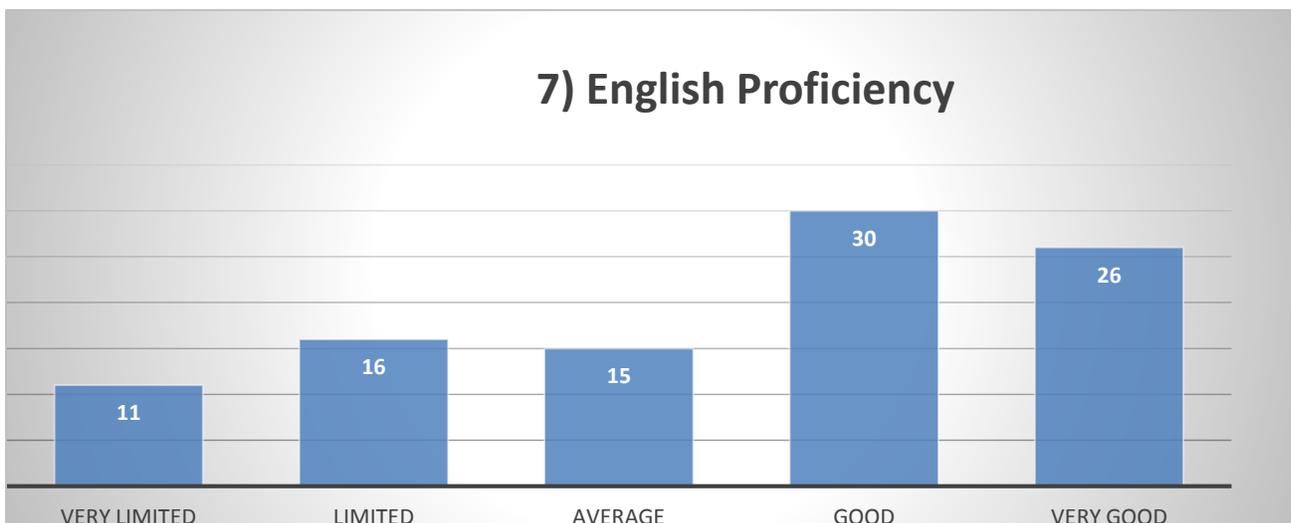
## 6. Time of Residence in UK

Participants were asked to specify for how long they had been living in the UK. This question was open. Each participant answered it in a different way, therefore all these answers were coded into: less than 1 year, 1-3 years 4-9 years, 10 and more. The majority of participants lived in the UK for 4 years and more.



## 7. English Proficiency

The majority of participants described their knowledge of English as good or very good. There is clearly a relationship between time of living in the UK and proficiency of English.



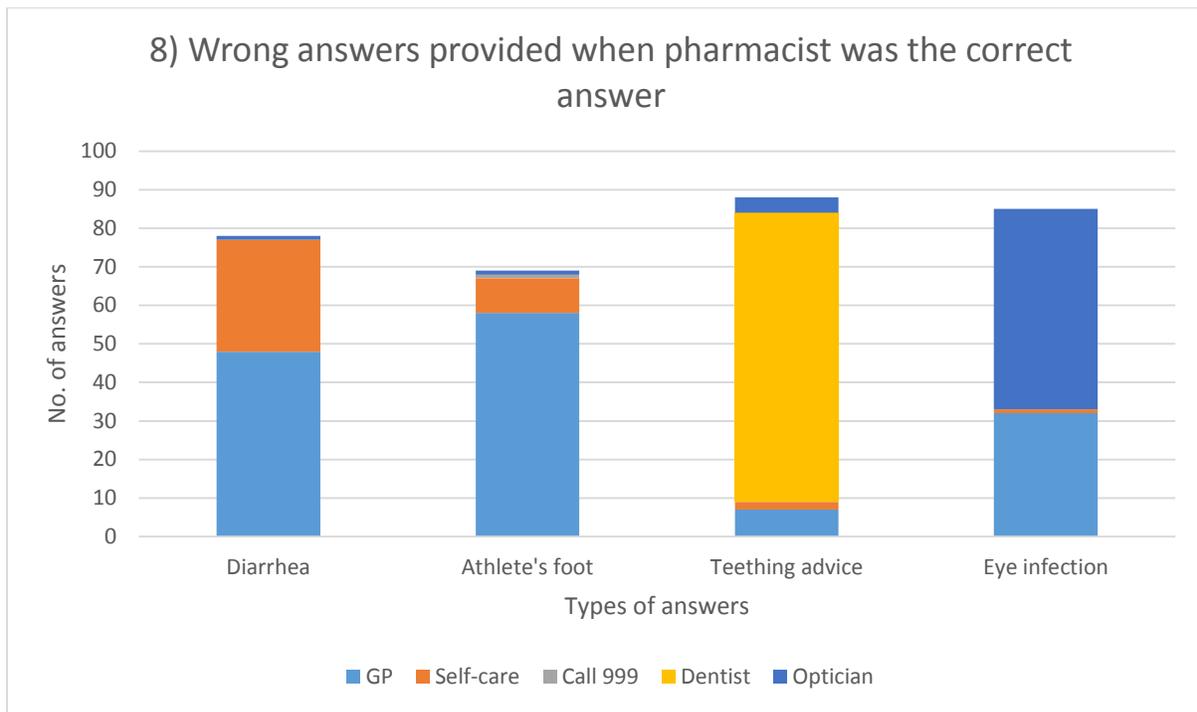
## Analysis

This section has been divided into ten parts. Firstly, general findings will be presented. Secondly, differences in responses from the various ethnic minority communities will be analysed. Another seven smaller parts will investigate the relationship between the several independent variables and one dependent variable. The dependent variable consists in right and wrong answers, whereas the independent variables are: disability, employment status, gender, age, language skills, time of residence in the UK, and participation in previous NHS/GREC consultations. Finally, the influence of the usage of GP and Dentist services on the participants' knowledge will be assessed.

### 1. General Findings

	Diarrhoea	Athlete's foot	Teething advice	Blurred Vision	Ear pain	Sore belly	Eye infection	Tooth infection	Hangover	Vomiting
Right answer	Pharmacist	Pharmacist	Pharmacist	Optician	GP	GP	Pharmacist	Dentist	Self-care	GP
Number of right answers	16%	26%	9%	80%	82%	57%	6%	89%	78%	50%

The rate of right answers was 49%. The most common mistakes were related to the use of pharmacies. Only 14% of the respondents provided a correct answer regarding the services provided in pharmacies. It clearly shows that participants were not aware what kind of services the pharmacy can provide.



However, the graph 8 shows that some of the participants thought that in certain cases, not even a visit to a pharmacy is necessary and self-care would be enough. It can be argued that those people already had an experience of dealing with this type of sickness, so they do not need advice, or their home medicine cabinet might already have the necessary medication. For future research it may be interesting to investigate what types of medicine people keep in their home cabinet and if there are significant difference depending on national and cultural backgrounds.

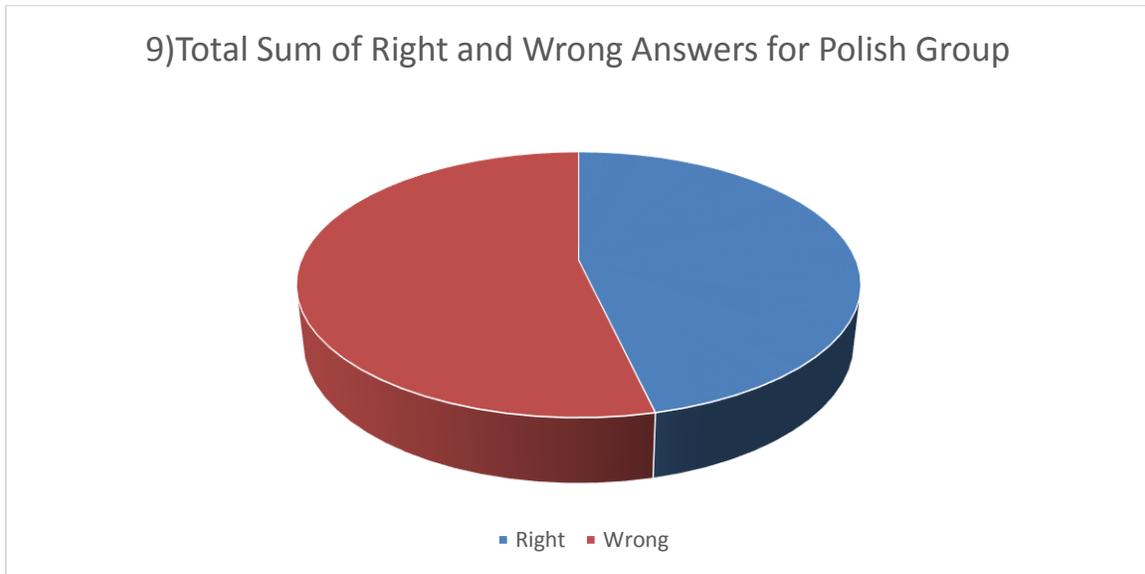
Another issue is to understand whether people trust their local pharmacist to provide basic advice, as the majority of wrong answers included visits to specialists like GP, dentist or optician. People may not have an appreciation for the extent to which pharmacists are highly trained and knowledgeable.

## 2. Findings Based on Ethnicity

As discussed above, there is a vast range of ethnicities which took part in the study. This study identified eight groups: Polish, Romanians, Lithuanians, Latvians. African, Arab, Chinese and Bangladesh-Pakistani, Spanish group was added as it is representative of West European migration. Finally, for a comparison, a British and Scottish group was added.

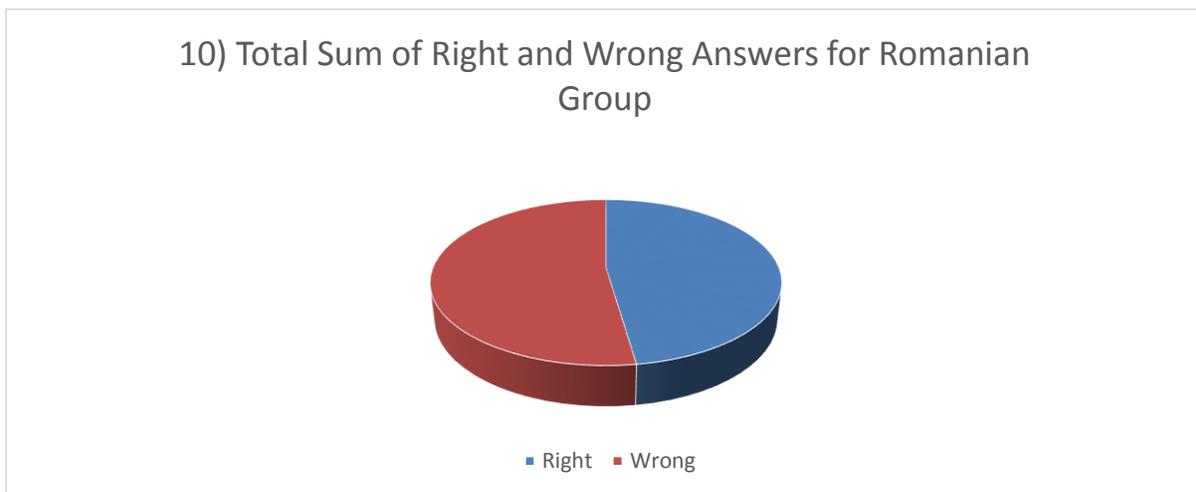
Under each graph, there is a discussion about where the majority of mistakes were made. The common patterns for these ethnic groups will be discussed at the end.

### A. Polish



Participants with Polish ethnic background are keen to use pharmacy or turn to self-care, but that happens often when a sickness is more serious, for example vomiting. On the other hand, they would turn to their GP to ask for more basic information, such as teething advice or athlete's foot.

### B. Romanians



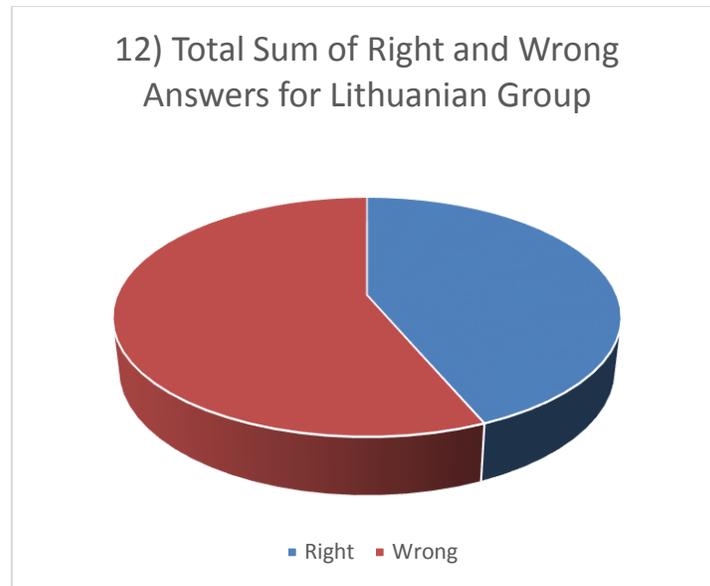
Participants from the Romanian group were another which heavily relies on the GP service. The majority of members of this group would go to their GP regarding diarrhoea, athlete's foot and some of them, even for teething advice and eye infection. Moreover, two of them would call 999 in the case of vomiting.

### C. Latvians



Contributors with a Latvian background were confused about what services pharmacies offer. They would not go with diarrhoea or for teething advice, but instead they would turn to their local pharmacist if they vomit. Participants would ask their dentist regarding teething advice.

## D. Lithuanians



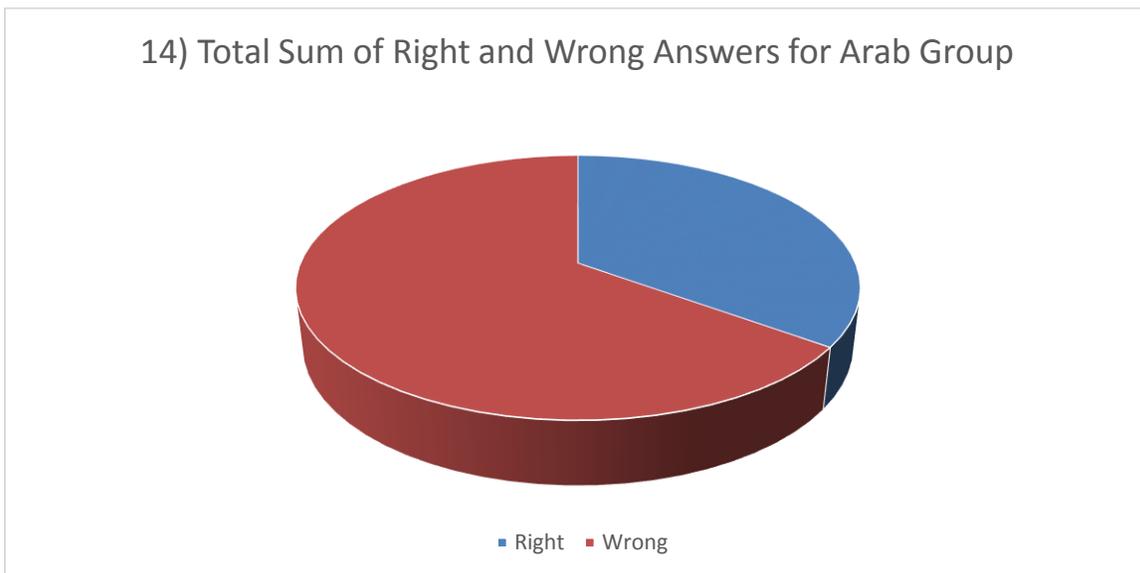
Participants from Lithuanian ethnic background were not aware of services offered by the pharmacy as they would not ask their pharmacist for teething advice or regarding athlete's foot. Moreover, if having athlete's foot, all of them would turn to their GP. If having a sore belly, they prefer to take care of themselves. Interestingly, they have mixed opinions regarding vomiting: half of them would turn to self-care, whereas the other half prefers to call 999 or get advices from the GP.

## E. Africans



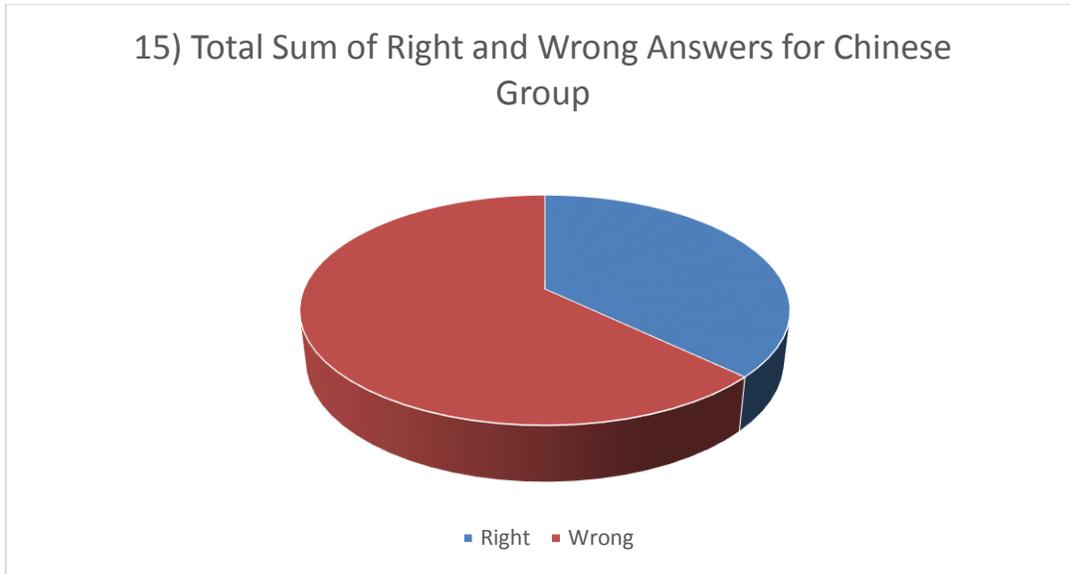
Half of people who described themselves as Africans would turn to their GP with diarrhoea. Regarding teething advice, they would go their GP or dentist.

## F. Arabs



Participants from the Arab group often turn to their local GP services as they would go with diarrhoea, eye infection or hangover to the GP. Similarly, they would go for teething advice to dentist.

### G. Chinese



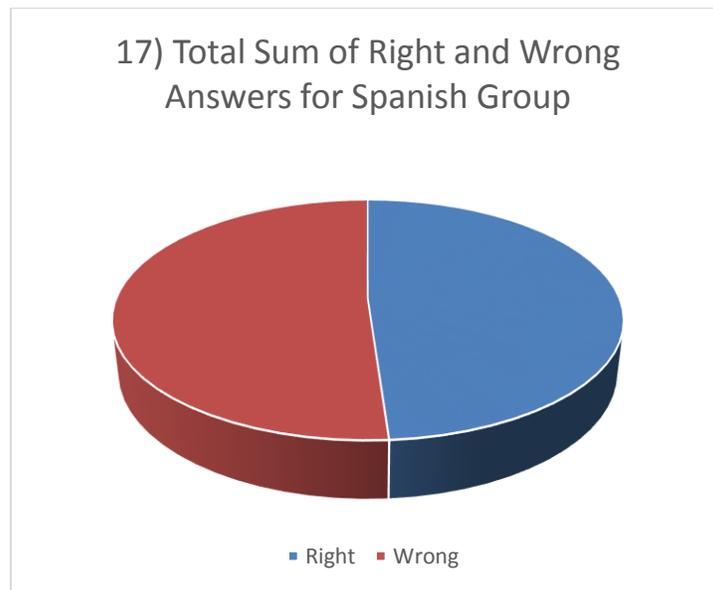
Members of the Chinese group did not give any right answer regarding when to use pharmacy. Moreover, when there were supposed to turn to the GP, they preferred to turn to self-care. It needs to be investigated if Chinese people often prefer to treat themselves at home or use other unconventional methods rather than go to their local doctor or other formal service.

### H. Pakistani and Bangladesh



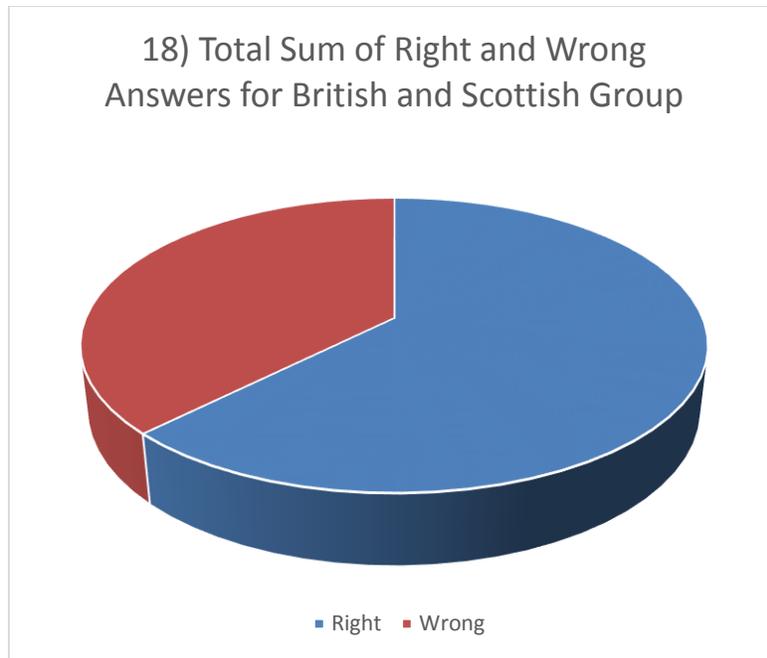
It appears that contributors from the Pakistani-Bangladesh group are not aware what the pharmacy services are. However, they often turn to self-care, so it is possible that they have enough experience to deal with those sicknesses on their own. They also choose self-care over situations when GP services are recommended. This can be explained also by a different factor: half of them stated that they have some medical condition that require regular contact with the medical profession.

## I. Spanish



Participants who described their ethnicity as Spanish can be seen as part of the Western European sample. They have slightly better results than the rest of the investigated groups. What is more, they tend to turn more often to the pharmacist than the GP.

## J. British and Scottish



The British and Scottish partakers represent the only group which has more than half of the answers right. There is a possibility that they were exposed to regular NHS campaigns or they are more familiar with the services because they used them all their lives.

## K. Patterns Appearing when comparing different ethnic groups.

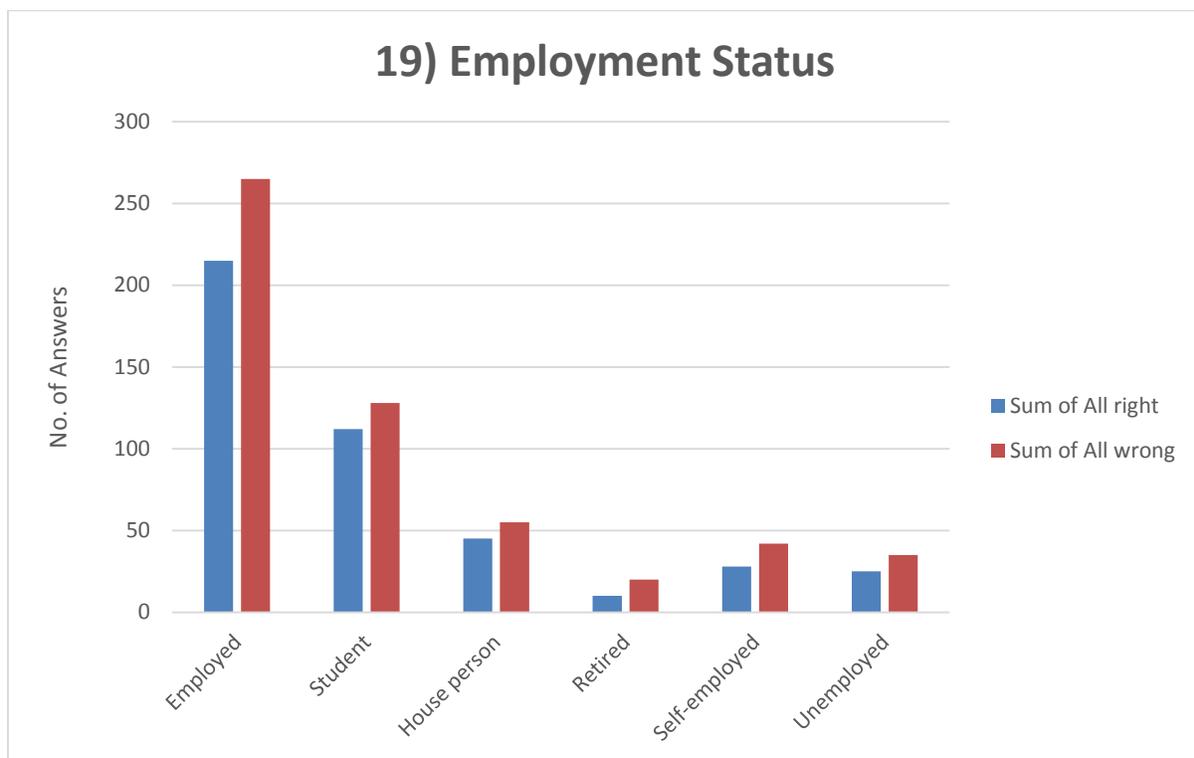
It seems that ethnicity has an influence over perception of GP services. Those participating with an Eastern European or Arab background tend to turn to their GP almost any time they can. On the other hand, Chinese and Pakistani-Bangladesh groups turn to self-care when they should rather go to their GP. The role of Dentist is similar to GP in terms of perceiving them as specialists. People rarely would turn to pharmacist to ask for any advice. Also, there is not awareness about what services pharmacies can offer. Finally, another pattern is visible, the closer the culture or a state of origin of a participant to Scotland, the more right answers they gave: Pakistani-Bangladesh and Chinese groups had the lowest results, Polish and Romanians in the middle, with Spanish good and Scottish-British group having the highest score.

### 3. Disability

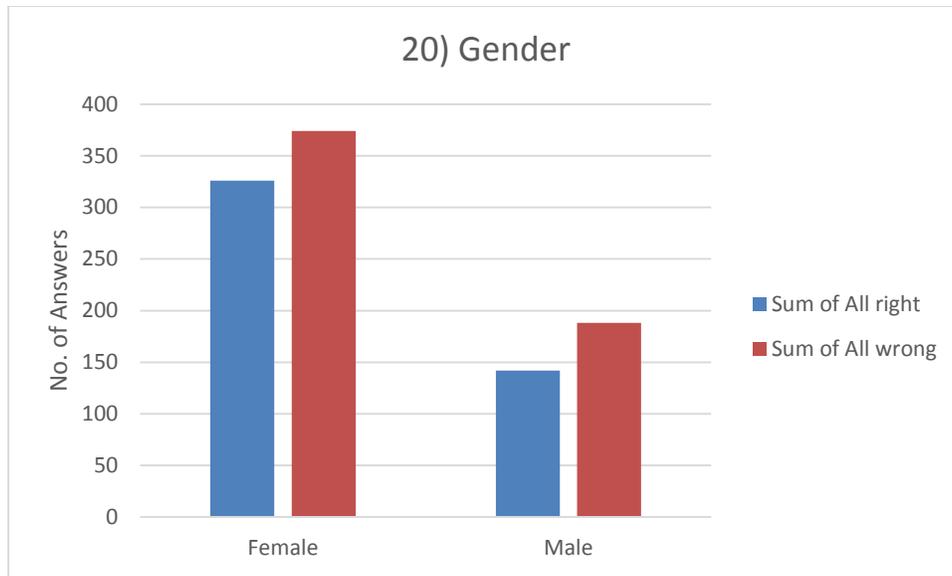
There were only five people who stated that they have some sort of disability. One may predict that their knowledge is higher than the others, but it appears that their knowledge is similar to those with no disability.

### Employment Status

There is not such a big difference but it appears that students are slightly more aware of what services are available. When British and Scottish people are excluded from the sample, participants who described themselves as retired seem to have the least knowledge of NHS campaign.

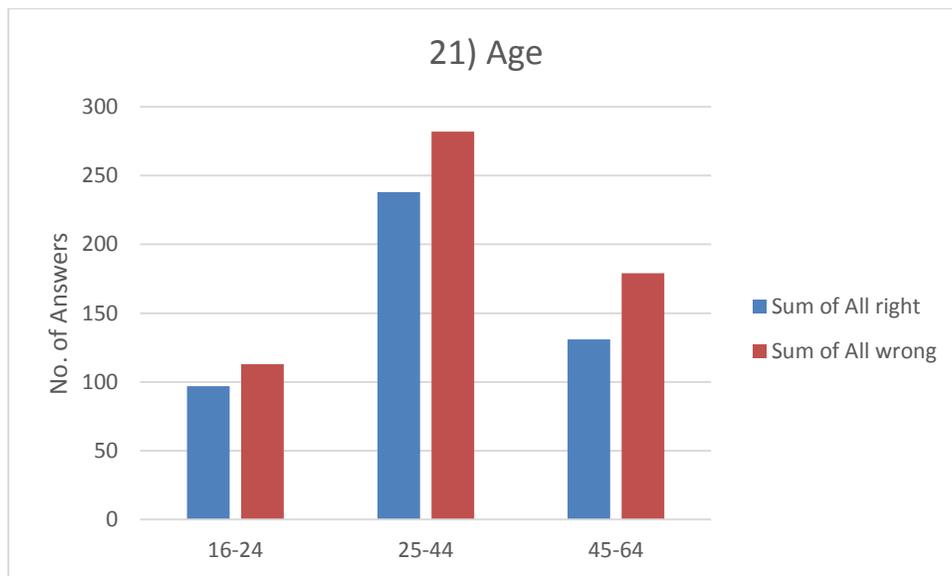


#### 4. Gender:



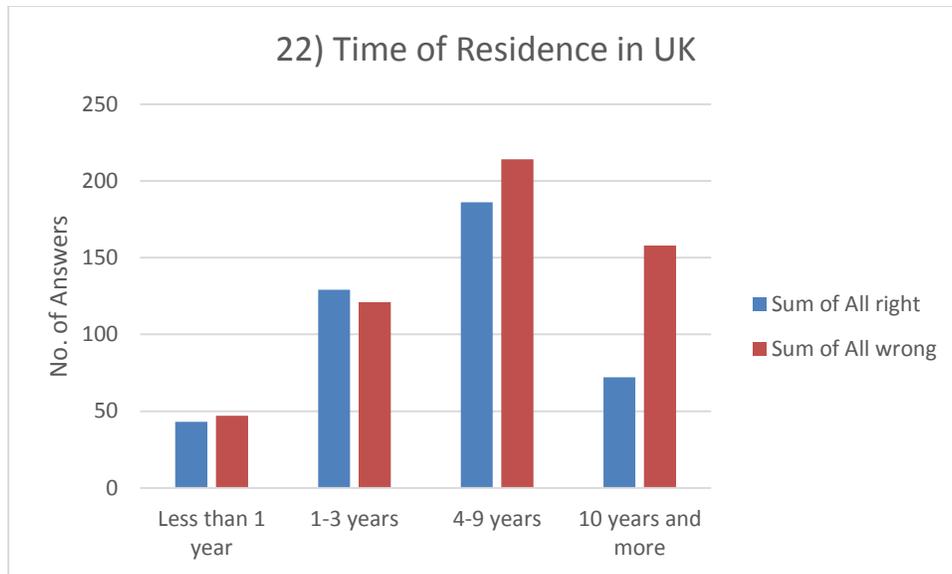
There is no difference in answers between women and men.

#### 5. Age



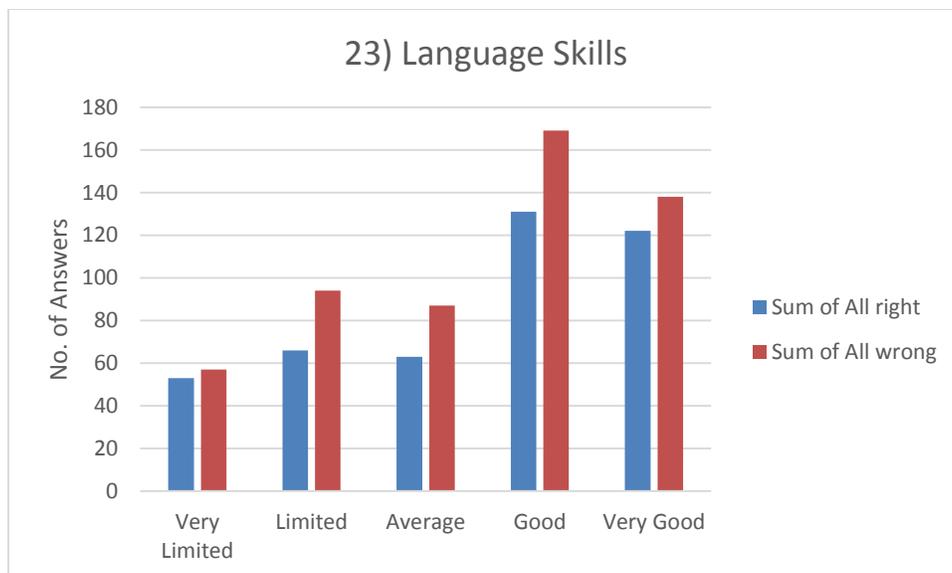
Clearly age is a significant factor of knowledge, as younger participants had a higher knowledge than 25-44 or 45-64 age groups.

## 6. Time of Residence in the UK



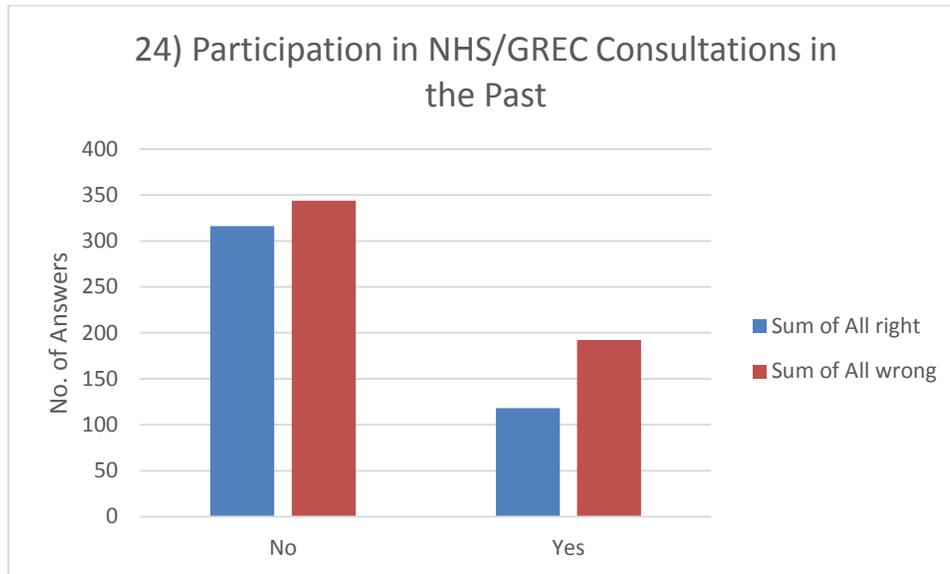
It should be logical to claim that the longer one lives in the UK, their knowledge of NHS services should be higher. However, it appears that if one lives longer in UK, they made more mistakes in the quiz. This could be because people are now receiving better information when they first arrive in the UK compared to when people migrated 5-10 years ago. It is certainly an interesting finding and warrants further exploration.

## 7. Language Skills



Another interesting result appeared from the question on the knowledge of English language. People who chose that their level of English is very limited have the highest score in proportion of right and wrong answers.

## 8. Participation in Past NHS/GREC Consultation



As NHS/GREC consultations were organised in previous years, participants were asked if they took part in them in the past. However, this quiz was introduced only this year. People who came at least once in the past for these consultations made more mistakes than those who attended for the first time.

## 9. Usage of NHS Services

Participants were also asked if they ever used GP or dentist services in Scotland. People who did not use GP services tend to make mistakes more often regarding the Know Who To Turn To campaign. It is similar with dentists, right answers were given only by people who used dentists in the past, so they knew that teething advice can be given by pharmacists. On the other hand, everyone who had never used a dentist chose a wrong answer on the teething advice question.

“Call 999” was offered as an option, however was not the right answer in any of the questions. It was used only 13 times and that represents 1.5% of all answers, so it seems that participants tend to avoid calling 999 in above cases which is a positive result.

### **Proposals for Future Research:**

1. To gain a better understanding of what self-care means to different people, and different national and cultural groups. For example, are there differing views in terms of fatalism and acceptance of ill health; what types of medicines do people keep in their homes; do people purchase medicines from places other than traditional pharmacy outlets.
2. To investigate ethnic minorities' views on the role of pharmacies as the first contact. It would be useful to see if the opinions are formed based on experience in the UK or from home countries.
3. To understand why ethnic minorities seem not to trust or value some services over others. Especially, it is interesting to note that the Spanish and British-Scottish groups tended to trust the pharmacists more than the other groups.
4. Investigate among Chinese people in Aberdeen what kind of medicines they use. Chinese participants tended to use their home cabinet more often than other minorities.

### **Recommendations to Reach Aims of the Know Who Turn to Campaign among Ethnic Minorities:**

1. To promote pharmacy services among ethnic minorities in the city.
2. To target groups 25 years old and more as their knowledge of services is lower than that of young people.
3. To target not only new comers, but also long-time residents as well. Time of residence does not improve the knowledge of services.
4. Maintain the number of translated leaflets and materials as they have a strong educational impact on ethnic minorities who do not have a high command of English.

## Appendix 1

### If you had this illness where would you go?

- |                    |                   |                    |
|--------------------|-------------------|--------------------|
| 1. Red Eyes        | 5. Blurred Vision | 9. Tooth infection |
| 2. Diarrhea        | 6. Ear pain       | 10. Hangover       |
| 3. Athlete's foot  | 7. Sore belly     | 11. Red Eyes       |
| 4. Teething advice | 8. Eye infection  | 12. Vomiting       |

GP.....

Self-care.....

Call 999.....

Dentist.....

Optician/Optomtrist.....1.....

Pharmacist.....

