1. **PURPOSE**

1.1 To report to the CHCP Committee on the Smoking Cessation Needs Assessment of BME populations living in South East Glasgow.

2. **BACKGROUND**

2.1 Tobacco use remains the number one cause of preventable death and ill health in Scotland. In South East Glasgow it is estimated that 31.3% of the population smoke.

2.2 The South East CHCP has a very diverse population, and has the highest minority ethnic population in Scotland (11% of CHCP population). Although a high percentage of black and minority ethnic (BME) communities smoke, or use tobacco products, very few access local smoking cessation services.

2.3 The smoking cessation needs assessment was commissioned by the CHCP to examine whether our current stop smoking services was culturally sensitive, whether it met the needs of our diverse population, and to inform the CHCP about potential changes required to the future delivery of smoking cessation services.

2.4 At present there is limited data on smoking prevalence among BME communities within Scotland. Data from the World Health Organisation suggests that although smoking rates in BME communities are the same or slightly lower than in the general population, rates are high within certain groups, and in particular among Pakistani males (29%) and Eastern Europeans (40% males and 25% females).

3. **NEEDS ASSESSMENT METHODOLOGY**

3.1 The methodology used within the needs assessment was a combination of a literature review, case study development, one to one in depth interviews with CHCP staff and key people from the local BME community, and focus groups with tobacco users.

4. **KEY FINDINGS**

4.1 Key findings from the needs assessment suggested that only a small percentage of BME smokers appeared to engage with the current stop smoking service, and this was essentially due to:
• a lack of awareness of the existence of the local Stop Smoking Service;
• a concern that the service would not be culturally sensitive;
• consideration that other health issues were more important than smoking e.g. diabetes, stroke and stress.

4.2 Detailed key findings can be found within the Smoking Cessation Needs Assessment report. An executive summary of the report is attached. Copies of the full report are available on request and will be available at the CHCP Committee meeting.

5. WAY FORWARD

• In relation to the key findings and recommendations from the report these will be progressed by focusing on the key themes of:
  • Contact and engagement with service users to promote the service, and enhance links between the service and the local community;
  • Delivery model for stop smoking services and trying different ways of delivering services such as one-to-one consultations (as oppose to groups), telephone support and more flexible systems to encourage attendance e.g. a drop in service;
  • Service infrastructure including the location of services to preserve confidentiality, and the need to include other services as well as stop smoking services;
  • Workforce planning and development by considering the appointment of bi-lingual staff and cultural awareness training for frontline staff.

5.2 The recommendations from the report will be progressed by the smoking cessation service, in the CHCP’s Health Improvement Team. A newly developed Tobacco Alliance is also being progressed locally. This will build upon and encourage inter agency collaboration and assist in the delivery of the recommendations from the report, and Glasgow’s Tobacco Strategy launched by the City Council and the NHS Board in 2009.

5.3 The report will also be considered by the CHCP’s Equalities Action Group to share learning as many of the findings and recommendations from the report apply equally across the CHCP.

6. RECOMMENDATIONS

6.1 The Committee is asked to:
  • note the report and the action taken to implement the recommendations in the smoking cessation needs assessment.

Hamish Battye
Head of Planning & Health Improvement

17 August 2010
Smoking Cessation Needs Assessment Report  
of BME Population Living in South East Community Health & Care Partnership  
executive summary
Background

Population figures for the South East of Glasgow reveal a significant black and minority ethnic (BME) community in the area, predominantly of South Asian and Indian descent but with an increasing number of Eastern Europeans (Slovakian in particular).

Although smoking has reduced amongst Scottish adults to around 25% of the population, the number of smokers in deprived areas and amongst BME communities remains higher. UK Census information and anecdotal evidence from the Department of Communities, Local Government and studies by ASH, suggest that smoking is particularly high amongst Eastern European immigrants and Asian communities (around 29% - 40%).

In common with other areas in Glasgow, South East Glasgow CHCP (SE CHCP) offers a range of smoking cessation support including groups, one-to-one support and pharmacotherapy available in hospitals, GPs and community pharmacies. A service for pregnant smokers is also available. However, local data suggests that only 1.4% of clients using the community smoking cessation services in South East Glasgow are from the BME population.

Methodology

Given the large BME population in the area, SE CHCP wished to ensure that their Stop Smoking services were culturally sensitive and met the needs of local ethnic smokers. They also wished to establish what factors would be important to encourage local BME smokers to use the service.

A combination of literature review, case study development and stakeholder engagement, using one-to-one depth interviews and focus groups, was adopted and the research was conducted in five waves as follows:

- A literature review to identify smoking prevalence amongst BME communities and to highlight examples of best practice in culturally sensitive Stop Smoking services elsewhere in the UK
- Development of case studies of 6 examples of best practice
- Interviews with 17 key partners of the current Stop Smoking Service in the SE CHCP area
- Interviews with 15 key informants from the local BME community
- 9 focus groups with representatives of Pakistani, Indian and Eastern European tobacco users from the local community.

Learning from others

The literature review combined searches in a range of journals and databases and reviews of national statistical sources and specialist organisations’ websites. The search was looking for Stop Smoking services specifically aimed at local BME populations in areas with similar demographic, socio-economic and deprivation profiles as the South East of Glasgow. It identified 9 Stop Smoking projects across the UK, from which 6 were selected and profiled as case studies.

Whilst each service was designed specifically to meet the needs of local BME communities, there were a number of common themes in their approach to delivering a culturally sensitive service, particularly in terms of:

- Contact and engagement:
  - The services were marketed specifically at the BME community using local community links.
- Service delivery:
  - Cessation services linked with other health issues appeared more
successful in encouraging engagement with, and attendance from, the local BME community.

- Confidentiality of service provision was critical to encourage attendance (particularly amongst female South Asian smokers).

- Services were delivered at times which suited the BME community. This often meant that services were provided in evenings or at weekends.

- Service infrastructure:
  - Services were delivered in locations which the BME community was familiar with and comfortable in.

- Workforce planning and development:
  - Engagement and attendance was most successful when the services were delivered by members from the BME communities targeted, overcoming potential issues with cultural sensitivity and language.
  - All staff providing the service had received specific training in both the service pathway and in smoking cessation.

These themes were explored in more detail with key partners, key informants and smokers from the South Asian and Eastern European communities in South East Glasgow to establish to what extent they impacted upon the local Stop Smoking service.

Attitudes to current service provision in South East Glasgow

Feedback from the key partners, key informants and representatives of the local BME community suggested that there were two key factors preventing members of the BME community using the current Stop Smoking services - cultural influence and lack of awareness of the local service. The research indicated that both issues impacted on the Stop Smoking service's ability to:

- Contact and engage with the BME community;
- Deliver effective stop smoking support to the BME community;
- Provide an effective infrastructure to support service delivery.

Contact and engagement

Whilst many of the barriers to effective contact and engagement are specific to each culture, two issues were common to both communities, namely:

- Lack of awareness of the service;
- Language barrier and literacy issues, particularly amongst older South Asians and the Slovakian community.

In addition to lack of awareness, South Asian tobacco users were concerned about anonymity and confidentiality. Keeping their habit hidden is of paramount importance to female smokers who go to considerable lengths to hide their smoking. Even male smokers suggested that they preferred not to smoke at home and did not smoke in their parents' house.

They suggested that, as a result, they would be unlikely to seek advice about stopping smoking from their community leaders and some female smokers would be reluctant to raise the matter with anyone, even their GP.

The Eastern European population, Polish and Slovakian, are fairly transient preventing regular contact with services and also creating more pressing problems with housing and employment, reducing their concern about, and
interest in, stopping smoking. Smoking is also an accepted pastime amongst Eastern Europeans, with whole families smoking in the community.

Service delivery
In both communities, key informants and smokers were aware that smoking was bad for people's health. However other health problems were considered to be of more importance than smoking, particularly diabetes, stroke and stress and smokers were more likely to attend these services than stop smoking services.

In addition, the South Asian community's desire to keep their smoking confidential and to retain anonymity meant that these smokers were highly unlikely to attend any service which was recognisable as a purely Stop Smoking Service.

Service infrastructure
The length of commitment required to attend Stop Smoking services was a potential deterrent for both communities. Long working hours and more pressing family commitments were found to prevent participation in local activities. Local groups supporting the BME community suggested that any service needed:

• Regular contact with participants;
• Personal contact with the individual attending rather than relying on messages being left with other family contacts;
• A reminder system to contact participants on the day of the event;
• Flexibility in service hours to accommodate evenings and weekends;
• The ability to drop in and out of the service to accommodate other family commitments.

Smoking is a highly sensitive topic in the South Asian community. Key informants providing group support in other equally sensitive health areas such as mental health and domestic violence emphasised the need for the service infrastructure to support:

• Long lead-in times to encourage people to engage with the service;
• Single sex groups;
• Participants to be from the same community to allow them to share meaningful experiences;
• Advice to be reflective of the community and their cultural experiences;
• Advice to be repeated over a period of time before smokers will act on it.

Eastern Europeans find it difficult to understand a system which requires attendance at a specific time. Their transient lifestyle also means that they cannot attend services regularly.

They also tend to reside in large family groups and attend services with the entire family. As a result, the key partners and key informants have developed support services which adopt a drop in approach, allowing more flexibility in attendance and which can address multiple health issues and deal with multiple patients at any one time.

Workforce planning and development
Credibility of the service provider and their understanding of the cultural implications of smoking are of vital importance to the BME smokers, particularly the South Asians. It is important to them that they are being asked to give up smoking for genuine health reasons and not for religious or cultural reasons and that the advice given is achievable within their own
cultural and religious requirements.

However, the need for cultural awareness requires to be balanced with the need for confidentiality in the South Asian community. Many of the smokers expressed concern that using local members of their community to deliver the services would result in their families and friends finding out about their smoking. These smokers would prefer an adviser who understood their culture without necessarily living in their local community.

Many of the BME smokers suggested they would approach their GP for stop smoking advice in the first instance. Discussions with practice staff indicated differences in attitudes to raising smoking issues amongst health professionals, and also suggested varying degrees of cultural awareness. The interviews highlighted some misconceptions about smoking in the BME community, the most common being that it is banned in Muslim and Sikh religions and that South Asian women do not smoke.

The interviews with the primary care staff also suggested varying degrees of awareness of the current service pathway and a reluctance to refer BME smokers to the Stop Smoking service.

Conclusions and Recommendations

Conclusions
Feedback from the key partners, key informants and from representatives of the local South Asian and Eastern Europeans suggested that smoking was very prevalent in both communities. However, service usage data indicates that only a small proportion of the BME smokers appear to engage with the current Stop Smoking Service.

Key informants and BME smokers suggested that low uptake might be a result of:
- A lack of awareness of the existence of a local Stop Smoking Service in both communities;
- A greater focus on health issues other than smoking;
- A concern that the service would not take account of cultural influences in its delivery, particularly in terms of:
  - Confidentiality
  - Anonymity
  - Methods of contact – impacting on confidentiality and anonymity
  - Family commitments and the need to prioritise these over other appointments
  - Providing advice which fits into their lifestyles.

Recommendations

It has been highlighted from the key partners, key informants and a sample of BME smokers in South East Glasgow, that the four factors identified from the case studies are indeed vital to providing culturally sensitive Stop Smoking services, namely:

- Contact and engagement
- Service delivery
- Service infrastructure
- Workforce planning and development.

It has been suggested that some changes to the current Stop Smoking service would be beneficial and would provide a more culturally sensitive service for BME tobacco users.

Contact and engagement
Lack of awareness was a key barrier to
contacting and engaging with BME smokers. This could be addressed through:

- Enhancing the links between the Stop Smoking service and local community groups with service representatives attending local group meetings as key speakers.
- Raising key informant awareness of the service pathway. Service representatives could deliver sessions directly to the management and staff in local organisations which support the BME community to improve their understanding of the service and what it can offer.
- Promoting the service in locations which are well used by the BME community and are not associated with a Stop Smoking service such as ethnic foodstores, workplaces and religious centres.
- Promoting the service in local health centres, clinics and GPs, given that many BME smokers regard their GP as their first port of call in seeking stopping smoking support.

Understanding English was also raised as a potential barrier to some older Asian smokers and Slovenian smokers engaging with the service. Both groups felt that their command of English was not sufficient for them to participate fully in, and benefit from, the Stop Smoking discussions. A potential solution to this issue is addressed further below in Workforce Development and Planning.

Service infrastructure
Key factors for consideration are:

- Location: The need for confidentiality suggests that the service should be offered from premises which are recognised locally as having another function (i.e. not specific to Stop Smoking). Similarly, smokers’ desire for the support to cover other health issues as well as smoking cessation might allow the opportunity to offer services from recognised health service sites currently used by the BME community such as clinics and GP practices, as well as the Health Shop which currently offers a range of advice, including stop smoking services.
- Administration: The need for...
confidentiality means that consideration requires to be given to how contact is made and maintained with smokers. Written communication to the home or telephone contact to the home telephone number would create considerable anxiety amongst female smokers. Other, more direct means of contact with the service user, should be considered such as mobile phones or emails.

- **Flexible hours:** Long working hours and family commitments suggest that providing a service where access times were more flexible might encourage uptake.
- **Personal contact methods:** Neither culture responds well to the appointment system. A reminder system on the day of the appointment was considered useful. The service needs to provide a reminder system which maintains regular contact with the service user (particularly important for people dropping in and out of the service over time and also for transient populations). Experience from the key informants suggests that this reminder needs to be on the day of the service delivery to secure attendance.

**Workforce planning and development**

Information from the key informants and BME smokers suggest that service planners need to consider the following:

- **Credibility:** The majority of smokers would only access a service if they felt that the people delivering it were specialist in the subject. For many of the smokers, this meant that the service should either be delivered by advisers from the indigenous Scottish population, as they are perceived as having more credibility, or from highly trained health professionals from the BME community.
- **Language:** All participants felt that it would be beneficial if advisers were bilingual. Supporting material should also be translated for Eastern European smokers. Many South Asian smokers, whilst speaking Punjabi or Urdu, have difficulty in understanding it in written text, and therefore were not as concerned with translated material.
- **Cultural awareness:** The feedback from the BME smokers indicates that some key partners may not fully appreciate BME culture and that they do not understand the context in which they are giving them advice. Also, misconceptions regarding BME smokers willingness to receive support may also be preventing primary care staff from referring smokers to the service. There may, therefore, be benefit in developing awareness raising or training sessions on cultural awareness for key frontline community staff.
- **Awareness of the service pathway:** The feedback from key partners suggests a lack of awareness of the Stop Smoking Service pathway. There may be benefit in scoping out the pathway for the culturally sensitive Stop Smoking Service. Providing a clear demonstration of the service pathway should allow those referring to the service, as well as those delivering the service, to provide clients with their optimal service journey, thereby enhancing their service experience. The pathway should include:
  - Entry points
  - Current service providers
  - New/alternative service provision
  - Potential client journeys through the range of services offered
  - Referral options
  - Awareness raising sessions: Once the
pathway has been scoped it may also be beneficial to develop awareness raising sessions for individuals involved in referring to the service or in providing the service itself. These sessions would:

- Improve staff understanding of the services offered, the entry points and referral options;
- Ensure a consistent understanding of the service pathway and optimum client journey;
- Allow key partners, particularly in primary care, to provide effective information on Stop Smoking services and to appropriately refer smokers for support, if approached.

**Summing up**

South East CHCP will now take forward the recommendations from this needs assessment, and develop an action plan which will include short, medium and long term outcomes.

For further information about this report, or about the work which will be undertaken, please contact Heather Bath, Health Improvement Senior, Tobacco Control on 0800 028 5208 or heather.bath@ggc.scot.nhs.uk.