

Changing Cultures:
Health and Inequality in Edinburgh –
Commentary

Dr. Gina Netto

Heriot Watt University

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Structure of Commentary

- What this research adds
- Consistency of findings in relation to limitations of place-based approaches for equality groups
- Implications for policy making and resource allocation

What this research adds

- Provides nuanced insights into lives of South Asian women who use NKS (and many others)
 - Multi-dimensional; complex, dynamic and fluid
 - Negotiation of (cultural) identity at level of family, community and societal levels
 - Ways in which social and cultural milieu affect health-related behaviour
- Vividly illustrates kind of resource needed through use of NKS services
- Provides insights into what a 'culturally sensitive' health service (eg NKS) looks like
 - Holistic view of health and wellbeing
 - Responsive to language use; respectful of religious beliefs
 - Sensitive to degrees of cultural integration/assimilation
 - Provides services which recognise socio-economic disadvantage and routes out of poverty (Netto et al, 2010)
- Evidences the limitations of standard indicators for resource allocation *and* of mainstream health services

Consistency of findings with other research

- Place-based policy responses to socio-economic inequality have been, and continue to be, a feature of Scotland's public sector
- EHRC commissioned report on effectiveness of place-based approaches on equality groups (Matthews, Netto and Besemer, 2012) revealed:
 - Place-based approaches provide some benefits for those living in deprived neighbourhoods
 - However, the extent to which equality groups (gender, ethnicity, disabled people, LGBT) benefit from these approaches is not clear
 - Many from equality groups do not live in the most deprived neighbourhoods
 - Specific needs of individuals in equality groups often not met
- Targeting poor areas would appear more successful in reducing poverty among equality groups only when it is combined with robust equality impact assessment and appropriately tailored services'
- Even then, a place-based policy alone will not comprehensively tackle poverty and inequality in Scotland.

Implications of the research I

- Need for greater awareness among policy makers of specific needs of:
 - South Asian women
 - Other ethnic and equality groups which are not revealed by standard indicators
- Mainstreaming needs to be supplemented by specific approaches in order for NHS/Lothian Health to meet its obligations under the new Public Sector Equalities Duties
- Important to continue to engage with community groups as part of process of carrying out Equality Impact assessments at health board level

Implications of the research II

- Need to continue to consider how mainstream services can work more closely and consistently with specific services (eg routes of referral, discharge procedures)
- Need for:
 - Continued focus on improving data on equalities groups
 - Evaluation of the usefulness of standard indicators for other equality groups

References

- Matthews, P, Netto, G and Besemer, K (2012) *'Hard to reach or easy to ignore' : a rapid review of place-based policies and equality* Equality and Human Rights Commission: Edinburgh
- Netto, G, Bhopal, R, Lederle, N, Khatoon, J and Jackson, A (2010) "How can health promotion interventions be adapted for minority ethnic communities? Five principles for guiding the development of behavioural interventions." *Health Promotion International* [Vol 25, Issue 2](#) Pp. 248-257.

Thank you

Gina Netto

g.netto@hw.ac.uk