

# *Health Literacy in South Asian Communities, and the importance of Cultural Competency*

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let's talk  
Newcastle

# What is health literacy?



A term used to describe people having the skills, understanding, confidence and knowledge to use health information and to navigate the health & social care system (Nutbeam, 2000).

3 key types:

- **Functional** health literacy (basic skills of reading, writing, numeracy in a health context)
- **Interactive** health literacy (more advanced cognitive skills to derive meaning from different forms of communication)
- **Critical** health literacy (ability to critically analyse information and act upon this in life situations)

Health literacy is related to health outcomes and service use. Limited health literacy is linked with unhealthy lifestyle behaviours such as poor diet, tobacco use, a lack of physical activity and an increased risk of morbidity and premature death.

# Who is most affected?

People with limited English skills

Minoritised Ethnic Communities

People with limited education

People with disabilities

People with low socio-economic status

Older adults



(13)

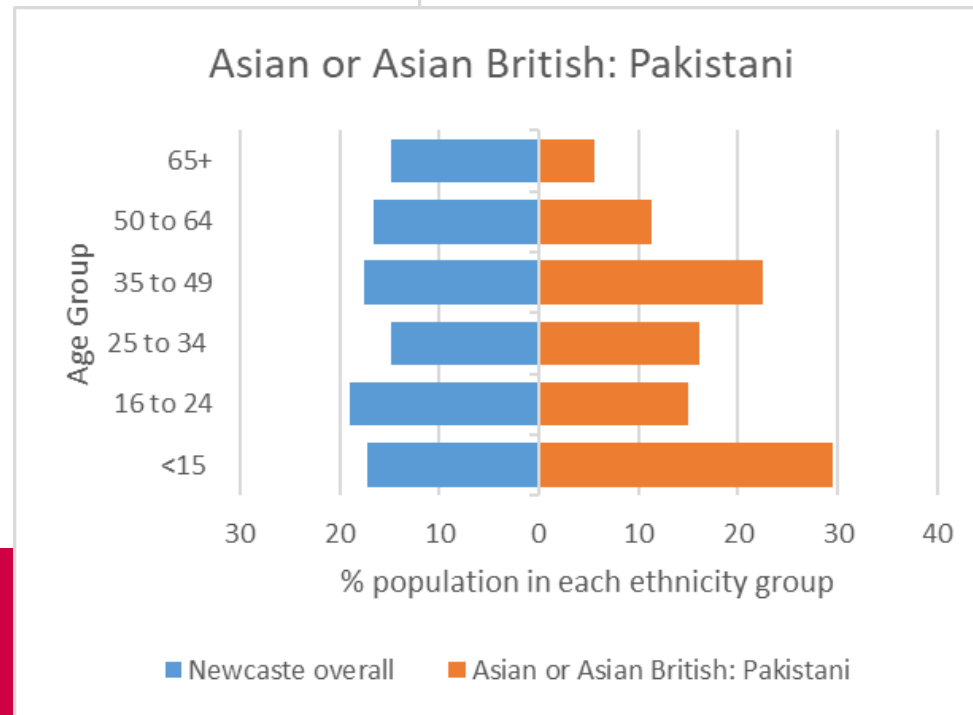
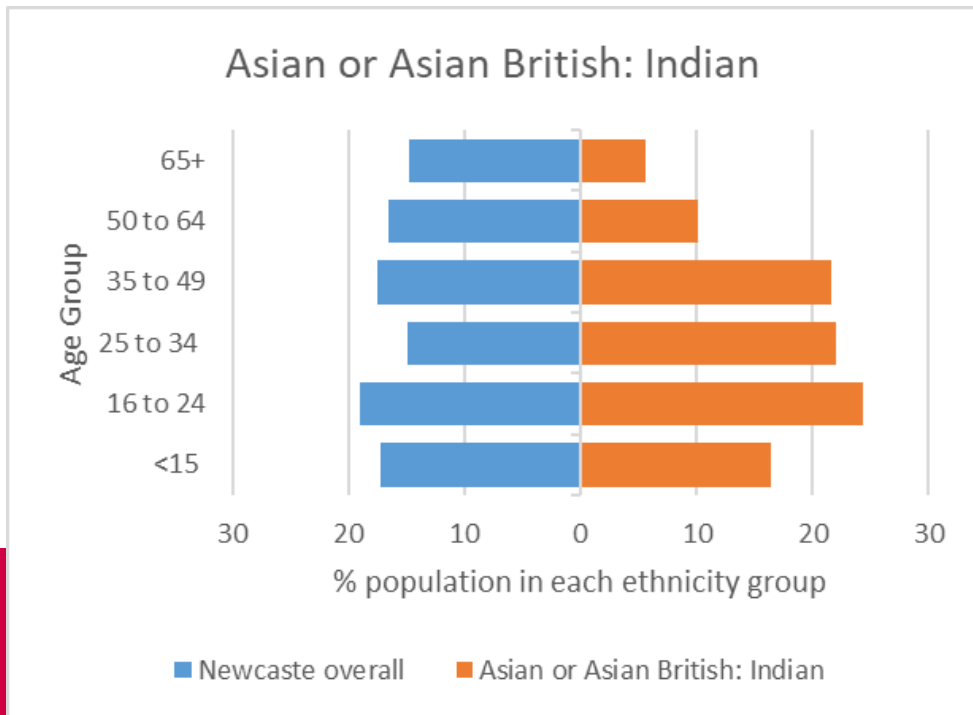
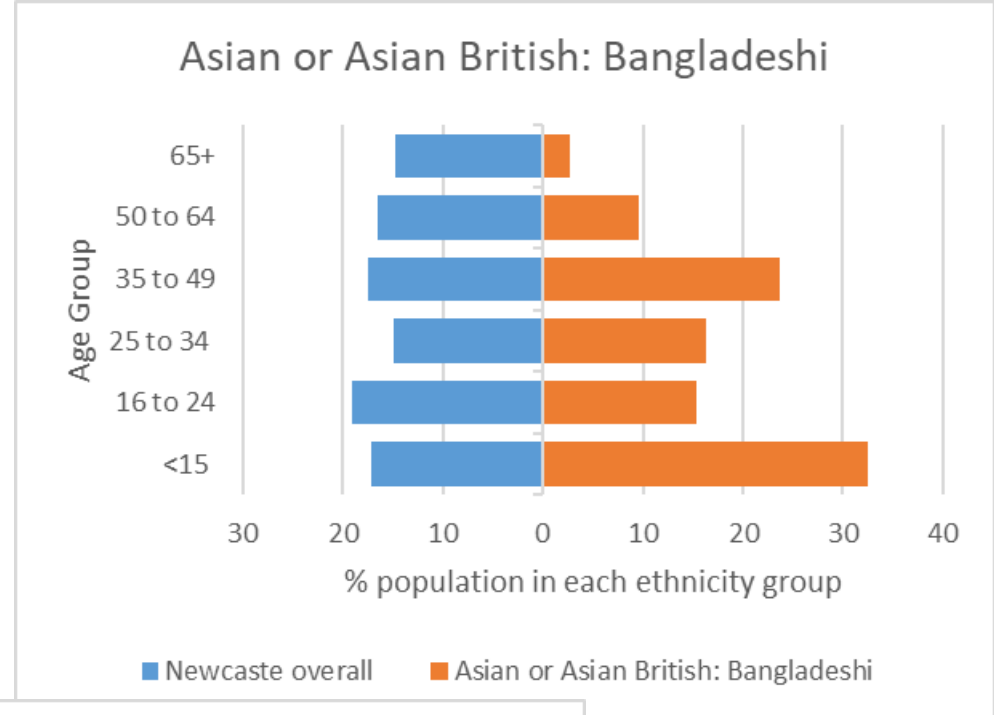


# Age Structure

The age structure of the populations identifying as South Asian (Indian, Bangladeshi and Pakistani) ethnicities at time of last Census are generally younger populations than that of Newcastle's population overall.

4.7% of people identifying as a South Asian ethnicity were aged 65+ years or older. This is a much smaller proportion than for Newcastle's population overall (14.8%).

Source: ONS Census, 2021





# Deprivation x ethnicity

Deprivation based on 4 indicators (education, employment, health, housing). Assigned on a household-level, whereas ethnicity is individual-level.

Deprivation varies by ethnicity group. Higher proportion of residents identifying as Bangladeshi (69%) and Pakistani (58%) deprived in 1+ dimension(s) than Newcastle overall (53%).

Lower proportion (36%) of Indian residents living in households deprived of 1+ dimensions than Newcastle overall.

Source: ONS Census, 2021

Ethnicity		Deprived in 1+ dimension, N (%)
Asian, Asian British	Bangladeshi	4992 (69%)
	Chinese	1668 (43%)
	Indian	2414 (36%)
	Other Asian	2853 (56%)
	Pakistani	4978 (58%)
Black, Black British, Black Welsh, Caribbean or African	African	4835 (59%)
	Caribbean	174 (59%)
	Other Black	608 (61%)
Mixed or multiple ethnic groups	White and Asian	1065 (44%)
	White and Black African	665 (50%)
	White and Black Caribbean	450 (57%)
	Other	897 (49%)
Other Ethnic group	Arab	2431 (61%)
	Any other ethnic group	3208 (67%)
White	English, Welsh, Scottish, Northern Irish, or British	111452 (53%)
	Gypsy or Irish Traveller	303 (92%)
	Irish	710 (41%)
	Other White	5969 (49%)
	Roma	818 (81%)
Newcastle overall		150490 (53%)

# Health inequalities - South Asian population



Researchers from Imperial's School of Public Health and NHLI have found that male South Asians are almost twice as likely to have **Coronary Heart Disease (CHD)** than White Europeans.

However, the incidence of CHD in South Asian women was similar to that of European men, all at a younger age (1).

The South Asian community have increased risk factors, increasing the overall risk of CHD:

- **Diabetes** - People from South Asian communities are known to be up to 6 times more likely to have Type-2 diabetes than the general population. In addition, South Asians tend to have poorer diabetes management, putting them at higher risk of serious health complications. Diagnosis is generally at a younger age, lower BMI and lower waist circumference than European counterparts (2).
- **High cholesterol** - Cholesterol problems are very common among South Asians due to genetic risk, lower physical activity, and dietary differences. South Asians tend to have low HDL (good cholesterol) levels, which puts them at markedly increased risk for heart disease (3).

# Lifestyle factors – South Asian population

**Lower physical activity levels** – Are influenced by a range of opinions, attitudes and beliefs about physical activity. Most believed they were sufficiently active. Women talked about restrictive social and cultural norms that discouraged uptake of exercise (4 & 5).

**Smoking(including shisha and chewing tobacco)** – In Great Britain, smokeless tobacco products are consumed most frequently by minority ethnic groups, predominantly South Asians of Bangladeshi, Indian and Pakistani origin. Research suggests a significantly higher risk of oral and pharyngeal cancers among South Asian ethnic groups, compared to the general population (6 & 7).

**Obesity** – British South Asians and socioeconomically deprived populations have higher rates of obesity compared to the general population. South Asian populations store more excess fat in their abdominal region compared with White European populations, which is associated with elevated disease risk (8 & 9).

**Mental Health** – South Asian immigrants in North America and the UK exhibit a higher susceptibility to various mental disorders, particularly depression and anxiety, than their non-immigrant counterparts in the host countries (10).



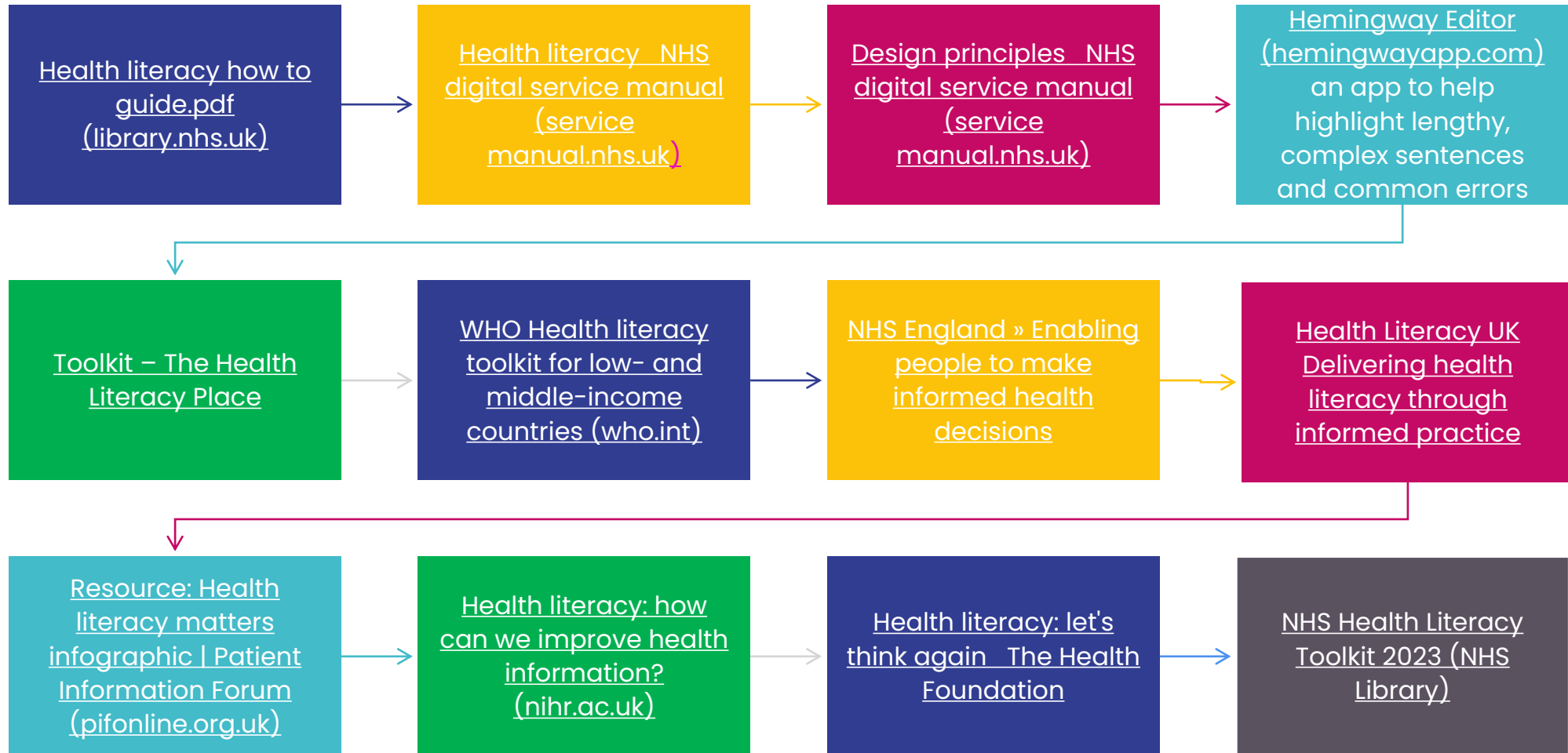
# Cultural Competency training

- Public Health have commissioned the delivery of Cultural Competency training within the city since 2018.
- Delivered by Connect Voice/Haref, the project aims to deliver Ethnically Marginalised Health and Wellbeing Development Support and training to organisations providing services in the public, private and third sector.
- Free for health and wellbeing practitioners delivering services in Newcastle upon Tyne who wish to improve their reach of services with ethnically marginalised communities.
- Over 200 people trained since 1 August 2023 – 30 April 2024, including health, adult & children's social care, housing, VCSE, education staff.
- [www.connectedvoice.org.uk/services/haref/cultural-competency](http://www.connectedvoice.org.uk/services/haref/cultural-competency)

# What else is happening in Newcastle?

- Development of wider, free to access Health Literacy training within ICS (NHS-focussed) and NCC (LA/VCSE focussed) – e-learning plus remote/face to face options
- Coordinated approach to Public Health campaigns across the city to support internal and external partners and improve consistency of messages and communications
- Relaunch of Community Health Champions network across Newcastle – wider access to training plus funding to support more targeted campaigns, events and activities within communities
- Exploring funding opportunities to pilot specific health literacy interventions in Primary Care and early years settings
- Creation of a strategy to become a more Health Literate organisation

# Helpful resources and toolkits



# References

1. <https://www.bhf.org.uk/what-we-do/news-from-the-bhf/news-archive/2024/june/south-asians-almost-twice-as-likely-to-develop-coronary-heart-disease-than-white-europeans#:~:text=In%20the%20largest%20forward%2Dlooking,to%20that%20of%20European%20men.>
2. <https://www.diabetes.co.uk/south-asian/#:~:text=People%20from%20South%20Asian%20communities,risk%20of%20serious%20health%20complications>
3. <https://indianheartassociation.org/cholesterol-and-south-Asians/>
4. Mahmood B, Tang TS, Afshar R, Ashe MC. Objective measurement of physical activity and sedentary behavior among South Asian adults: A systematic review. PLoS One. 2020 Aug 5;15(8):e0236573. doi: 10.1371/journal.pone.0236573. PMID: 32756595; PMCID: PMC7406035.
5. Mahmood B, Cox S, Ashe MC, Nettlefold L, Deo N, Puyat JH, Tang TS. 'We just don't have this in us...': Understanding factors behind low levels of physical activity in South Asian immigrants in Metro-Vancouver, Canada. PLoS One. 2022 Aug 25;17(8):e0273266. doi: 10.1371/journal.pone.0273266. PMID: 36007081; PMCID: PMC9410550.
6. Gupta AK, Kanaan M, Siddiqi K, Sinha DN, Mehrotra R. Oral Cancer Risk Assessment for Different Types of Smokeless Tobacco Products Sold Worldwide: A Review of Reviews and Meta-analyses. Cancer Prev Res (Phila). 2022 Nov 1;15(11):733-746. doi: 10.1158/1940-6207.CAPR-21-0567. PMID: 36095092.
7. Aslam MH, et al. Harmful effects of shisha: literature review. BMC Public Health. 2014; 7: 16. doi: 10.1186/1755-7682-7-16
8. Tang JW, Mason M, Kushner RF, Tirodkar MA, Khurana N, Kandula NR. South Asian American perspectives on overweight, obesity, and the relationship between weight and health. Prev Chronic Dis. 2012;9:E107.
9. Lee JJ, Pedley A, Hoffmann U, Massaro JM, Fox CS. Association of changes in abdominal fat quantity and quality with incident cardiovascular disease risk factors. J Am Coll Cardiol. 2016;68(14):1509-1521.
10. Time to address the mental health challenges of the South Asian diaspora. MH Shah, S Roy, A Ahluwalia. The Lancet Psychiatry 10 (6), 381-382, 2023. 2, 2023.

# Thank you

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