

Food & Health in Minority Ethnic Communities

The National Context

Peter Faassen de Heer

Scottish Government



Overview

- The relevance of diversity
- What is our national policy?
- Challenges – information and action
- Shaping national policy to local need



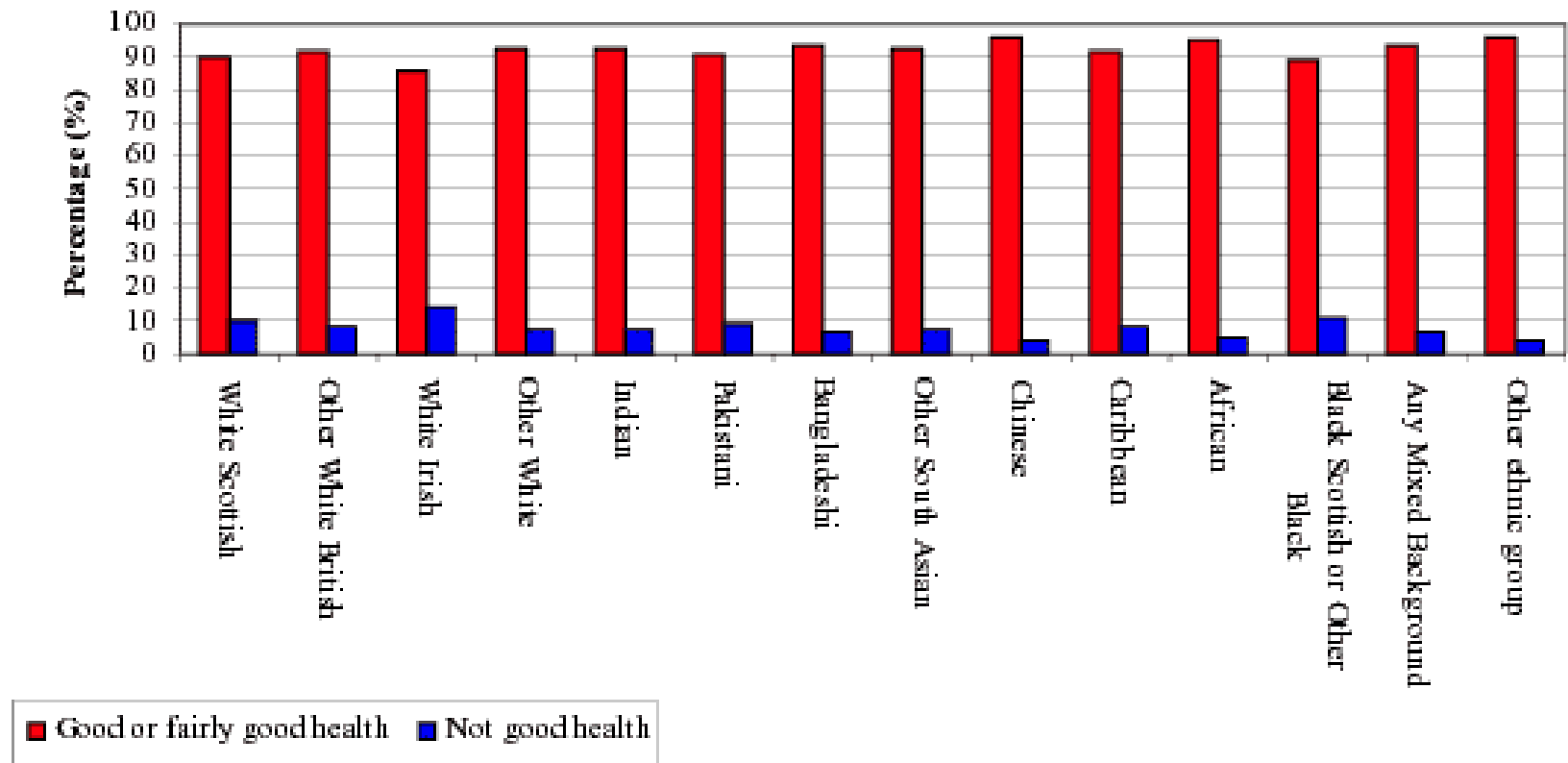
Relevance of Diversity to Health





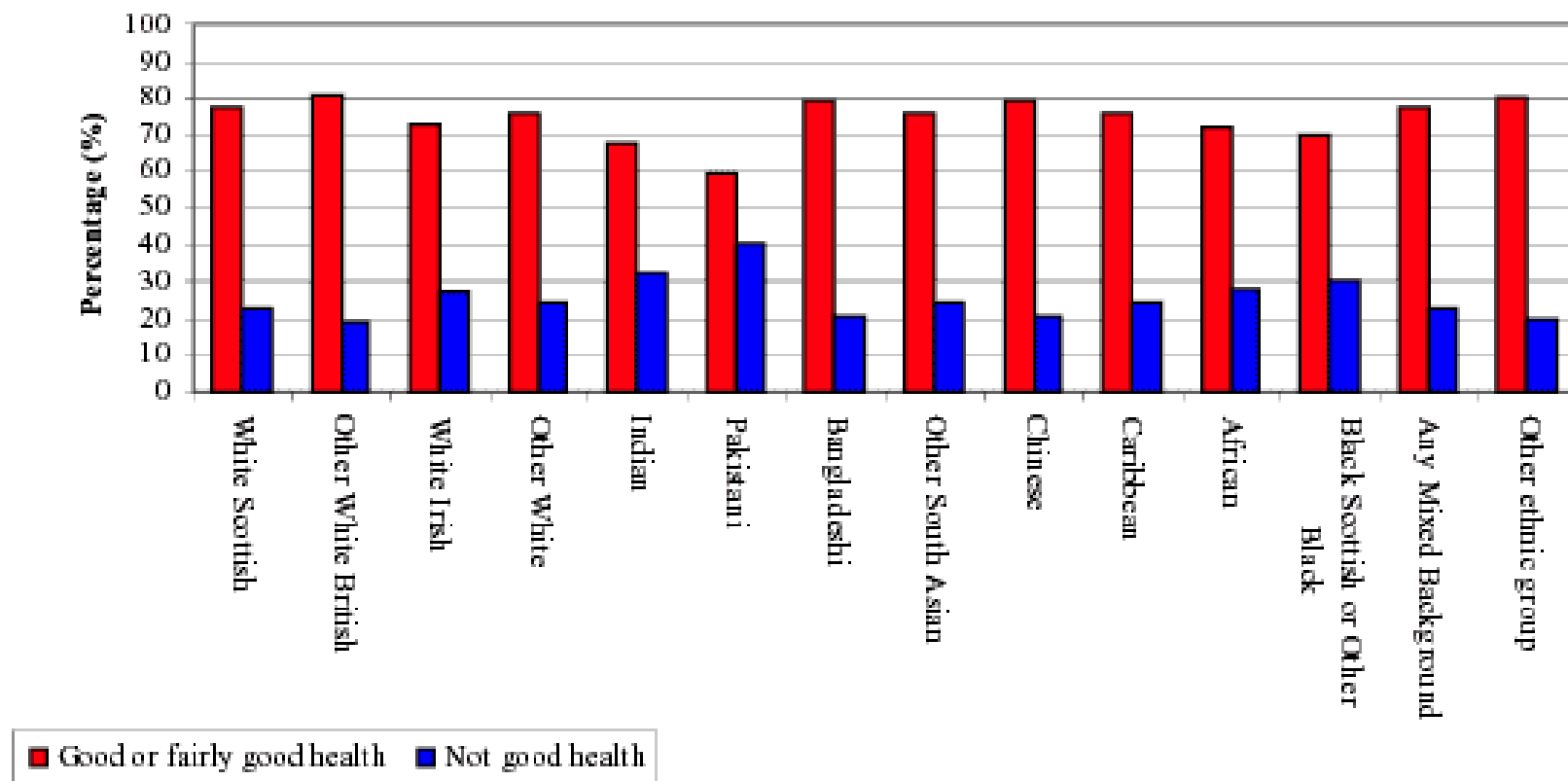
Relevance of Diversity to Health

General Health by Ethnic Group



Relevance of Diversity to Health

General Health by Ethnic Group – People Aged 60 Years and over





Relevance of Diversity to Health

Highest Rates of Disability and Long term Illness

Age 0-15: Even

Age 16-24: Bangladeshi & Black Scottish/ Other Black

Age 25-34: Black Scottish/ Other Black

Age 35-59: Pakistanis

Age 60+: All White Groups



Relevance of Diversity to Health

Elements of Diversity – Very complex issues

Characteristic	No. of Categories
Age	6
Gender	3 or 8
Disability	3 or 9
Ethnicity	5 or 21
Sexual Orientation	3
Religion	11
Socio-economic status	9

Up to 2.7 million combinations

National Performance Framework

THE GOVERNMENT'S PURPOSE

TO FOCUS GOVERNMENT AND PUBLIC SERVICES ON CREATING A MORE SUCCESSFUL COUNTRY, WITH OPPORTUNITIES FOR ALL OF SCOTLAND TO FLOURISH, THROUGH INCREASING SUSTAINABLE ECONOMIC GROWTH.

STRATEGIC OBJECTIVES

**WEALTHIER
& FAIRER**

SMARTER

HEALTHIER

**SAFER &
STRONGER**

GREENER

National Performance Framework

- We live longer, healthier lives.
- We have tackled the significant inequalities in Scottish society
- We have improved the life chances for children, young people and families at risk
- Our children have the best start in life and are ready to succeed
- *Our young people are successful learners, confident individuals, effective contributors and responsible citizens.*

National Policies

- Recipe for Success, Scotland's National Food and Drink Policy.
- Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight.





National Policies – What we will do (1)

Preventative actions we need to take over the next 20 years under the following four areas:

1. Energy consumption – controlling exposure to, demand for and consumption of excessive quantities of high calorific foods and drinks

2. Energy expenditure – increasing opportunities for and uptake of physical activity in our daily lives and minimising sedentary behaviour



What we will do (2)

Preventative actions we need to take over the next 20 years under the following four areas:

3. Early years – establishing life-long habits and skills for positive health behaviour through early life interventions

4. Working lives – increasing responsibility of organisations for the health and wellbeing of their employees

National Policies - Highlights

Working with:

- Industry to reformulate foods.
- Voluntary Sector to improve access to vulnerable groups
- Retailers and caterers to improve food preparation, provision and presentation
- Local authorities to increase uptake of healthy school lunches
- NHS to make healthier food more widely available in hospitals

National Policies

– Policy & Practice

Food and Health
Policy is
population-wide

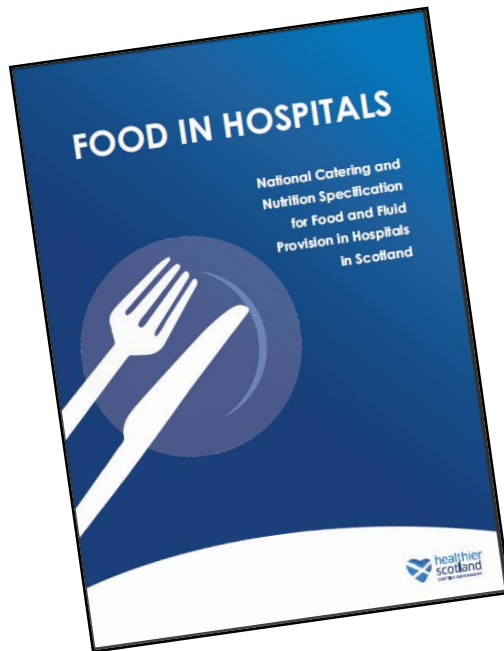


BUT We perform an Equality Impact Assessment
on all policies – this is a legal requirement.

National Policies

– Policy & Practice

Food and Health **Practice** is more targeted, taking specific groups into account



- E.g. - **Food in Hospitals** contains a section on Special and Personal Diets;
- **Healthy Weight Communities** make targeted interventions



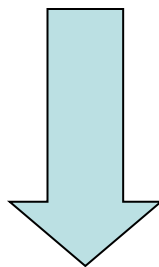
Challenges

- Need systemic and far-reaching change in infrastructure, environments, culture and social norms.
- Need more information to inform best practice and ensure that health outcomes are met.
- Impact of mental health (due to collective discrimination and structural exclusion) on dietary health.



Shaping National Policy to Local Need

Shared Interests



Shared solutions



Shaping National Policy to Local Need

Feeding Back