

## Scottish Parliament Cross Party Group on Diabetes

Minute of meeting: Tuesday 23<sup>rd</sup> May 2017

### Committee Room 5

#### Present:

Emma Harper MSP  
Brian Whittle MSP  
Richard Lochhead MSP  
Anas Sarwar MSP  
Billie Wealleans  
May Millward MBE  
Dave Duff  
Anne Duff  
Alastair Scott  
Paul Nelson

Graham Rowe  
Laura Scruton  
Alison Ballantyne  
Sheila Minty  
Nazim Ghouri  
Sheila Reith  
Gavin Thomson  
Claire Fleming  
Alia Gilani  
Mahfooz Gilani

#### Apologies

Dave Stewart MSP  
Brian Kennon  
Lorna Frew  
Conn O'Neill

Andrew Collier  
Morag Tunstall  
Marylin Boland

### 1. Welcome

Emma Harper MSP welcomed everyone to the meeting. Co-chair Dave Stewart MSP unfortunately cannot attend the meeting.

### 2. Minutes

The minutes of the previous meeting on 21st February were proposed by Alison Ballantyne (AB) and seconded by May Millward MBE (MM).

### 3. Presentations

This evening's discussion is on ethnic minority communities and diabetes. Alia Gilani (AG) is the presenter. Presentation embedded below. Double click to view.

# Managing The Challenges of Diabetes in South Asians

Alia Gilani  
Health Inequalities Pharmacist



THE SOUTH ASIAN HEALTH  
FOUNDATION (U.K.)  
*(Registered Charity No. 1073178)*

## 4. Discussion

Brian Whittle (BW) – I have a question on BMI and body-fat ratios. BMI isn't a good measurement because, by that metric, I'm fat.

AG – Not a good measure at all. You can be an athlete and be considered fat.

Nazim Ghouri, a Diabetologist at Gartnavel and Queen Elizabeth and the chair for the equality of access MCN for GGC, (NG) – We use waist circumference as an alternative. People should be screened if you think they're high-risk, due to other factors, not relying on BMI. BMI is not helpful, as Alia has explained. In addition, due to disparities in risk between different ethnic groups, if policy is set in relation to the BMI of white-European body type, the policy will miss South Asian people.

Alison Ballantyne (AB) – On the thin-fat body type in the presentation, how can you measure for body fat?

NG – There are full-body scans, with some radiation involved. Some scans can give you a body fat percentage. Or an MRI scan. Under-water weighing is the gold standard. Or a bod pod, which uses air displacement rather than water.

Richard Lochhead MSP (RL) – Is the South Asian diet healthy? And is the exercise barrier more present in older South Asian people?

AG – The South Asian diet is a very carb-rich diet, similar to the white British diet. Very little veg, and the veg can often be cooked to the extent it loses nutritious value. It's not healthy, unfortunately. As to the barriers of physical activity, we might find that 2<sup>nd</sup> or 3<sup>rd</sup> generation immigrants will be healthier or be less resistant to doing more physical activity. But even young people that I see are unhealthy.

Some of this is about work patterns, and types of work. Some younger people inherited businesses from their parents or grandparents, which might involve long hours and sedentary activity. Some young people use gyms out of hours to get more physically active.

Dave Duff (DD) – Many walking groups in my area are exclusively white, many of them are older and white.

NG – South Asian people at 32 or 34inch waist are at the same risk as a white British person who was a 38inch waist. This creates problems for health services because opening out services to anyone, for example, with 34inch waist would make many more people eligible and we couldn't meet that demand.

MM – I'm from the West Lothian Group. I've just been asked to do a talk to an Urdu-speaking group of Pakistani women. I'll be using slides that are visual, not many words. Do you have any tips for presenting?

AG – I have leaflets and resources I am happy to share with anyone.

MM - We have a physical activity group and the group I'll be speaking to all want to come. So this is really encouraging, if that's not the typical attitude, if there is typically little interest in physical activity from the South Asian population.

Alastair Scott (AS) – Do SIGN tools work for this population?

AG – QRisk accounts for South Asian populations separately.

EH – What could the Cross-Party group do to promote this best practice?

AG – I am keen to do more work with the South Asian Health Foundation (SAF), which is a voluntary operation. There are 6 of us across Scotland. To do that in a more concerted way, we would need funding.

DD – Are the risks the same for Afro-Caribbean people as for South Asians?

AG – Yes, Africans are at a higher risk of developing diabetes.

DD – How can your work translate across different communities?

AG – This has proved difficult to get right.

NG – The Afro Caribbean population is extremely heterogeneous, even more so than the South Asian community. But the numbers in Scotland are so small that it is difficult to extrapolate any usable intelligence.

One change that would make a huge difference is doubling the length of translation appointments. If a patient is using a translator to speak to their clinician, the discussion will take twice as long, so the appointment needs to be twice as long.

AG – Health Boards have to take a responsibility for the communities they serve. If an ethnic group is resident in that Health Board area, they need to be catered for, linguistically and culturally.

AB – To acknowledge the elephant in the room, we want to limit the number of people developing diabetes and prevent complications which would save money, but greater translation investment and doubling appointment times has a front end cost. So there is a decision there, possibly a political choice.

BW – Do your surroundings influence you?

AG – In the UK, we're more sedentary, we have more access to fast food and we're getting fatter as a consequence.

BW – So if you're South Asian, and move to the UK, your genetic make-up has been framed in a different environment. So the question then would be, are incidences of diabetes rising faster in the South Asian population in Scotland, than in the white Scottish population?

NG – It's rising more in the South Asian population. The population is younger and having more children than the broader population. The unhealthy trends affect all people, all communities.

Laura Scruton (LS) – This makes it clear that primary prevention for South Asian people, as mentioned in Alia's presentation, is even more important.

Graham Rowe (GR) – We're launching a phone service for healthcare, available in many languages, including Urdu, Punjabi, and Hindi. Technology can offer a solution here to some of the problems we've discussed.

Gavin Thomson (GT) - Diabetes Scotland has a wealth of resources, and many of them are available in South Asian languages. I'd encourage everyone to check our website to see if there are resources that would be useful for you. We have a leaflet on Diabetes and Ramadan which you're welcome to take away with you this evening.

EH – Any final thoughts?

Claire Fleming (CF) – We have ran a series of programmes engaging with the South Asian community. Most notably, our Chinikum Families project was very successful in reaching people. We found it was high impact, as people passed on their learning about diabetes to friends and family. But we lost funding, and there's always going to be that challenge.

AG – Thanks very much for giving me this opportunity to share my passion. I'm happy for anyone to contact me.

EH – Welcome to Anas Sarwar MSP, who came in during our discussion. Thanks everyone for coming. The next meeting is September 19<sup>th</sup>.