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# Health in a multi-ethnic world

Symposium on migration, ethnicity, race and health  
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# Lecture contents

- Migration
  - Human species
  - Definitions of race and ethnicity
  - Assessing ethnicity and race
  - Relative and absolute approaches in interpreting variations-some examples
  - Forces generating inequalities and inequities
  - Challenges and potential
  - Conclusions and directions
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# Migration-key to understanding

- The driving force creating multi-ethnic societies
  - Fundamental human behaviour
  - Permitted humans to leave Africa
  - Reasons –
    - trade and commerce,
    - demand for work,
    - demand for workers,
    - education,
    - personal aspirations,
    - political refuge
    - curiosity
  - All are worthy and important
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# Human species



- What is a species?
  - Were there several human species on Earth at any point?
  - How many human species are there on the earth today?
  - How do we know?
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All humans on  
the earth now  
are Homo  
sapiens:-

race and  
ethnicity  
define  
subgroups.



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# Race

- The group a person belongs to, or is perceived to belong to because of-  
physical features reflecting ancestry
  - Increasingly concept emphasises a common social and political heritage
  - The concept is largely discredited in Europe, where it is displaced by ethnicity
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# Ethnicity

- The group a person belongs to, or is perceived to belong to, because of-  
culture, language, diet, religion, ancestry,  
and  
physical textures
  - Ethnicity subsumes race
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# Assessing ethnicity: three approaches

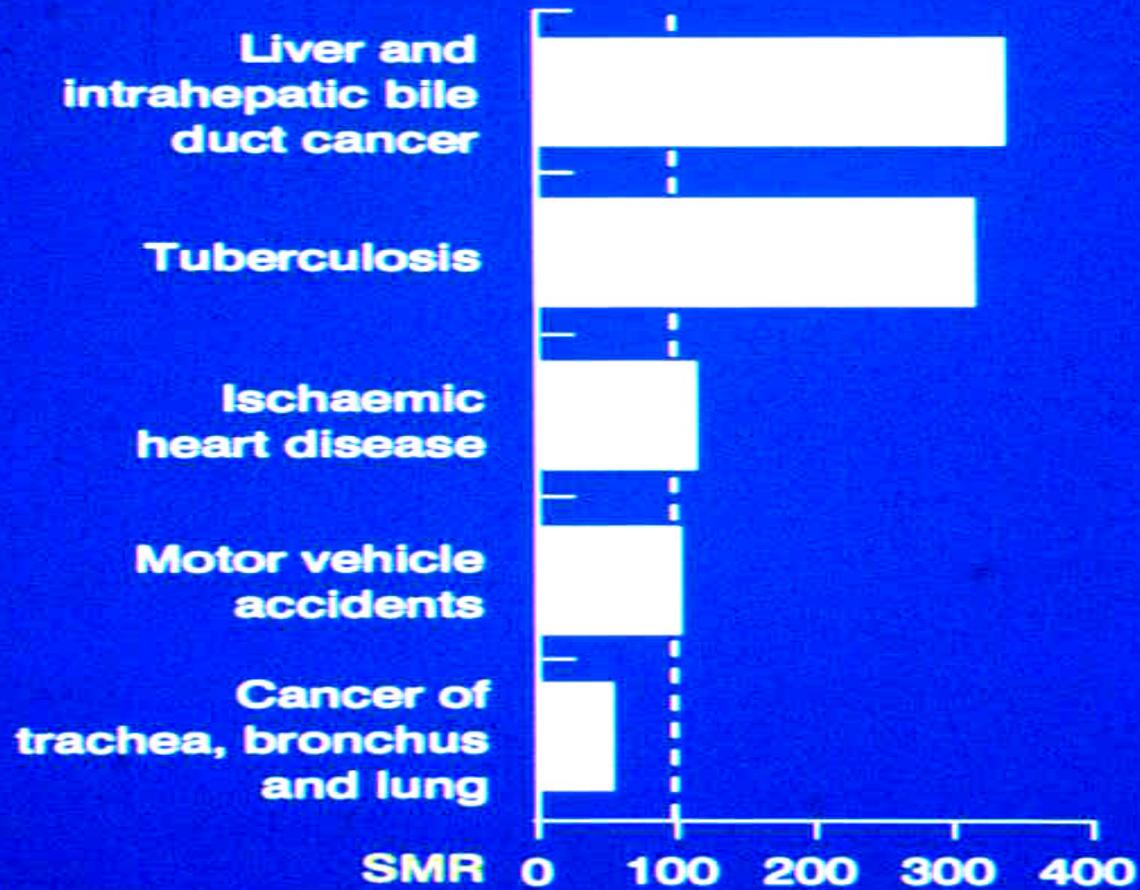
- 3 main approaches i.e.
    - self-assessment
    - assessment by another using data
    - assessment by another by observation.
  - However you do it, you need to create a classification-difficult
  - Many countries including UK - taken the task seriously only in the last 20 years or so (example in extra slides)
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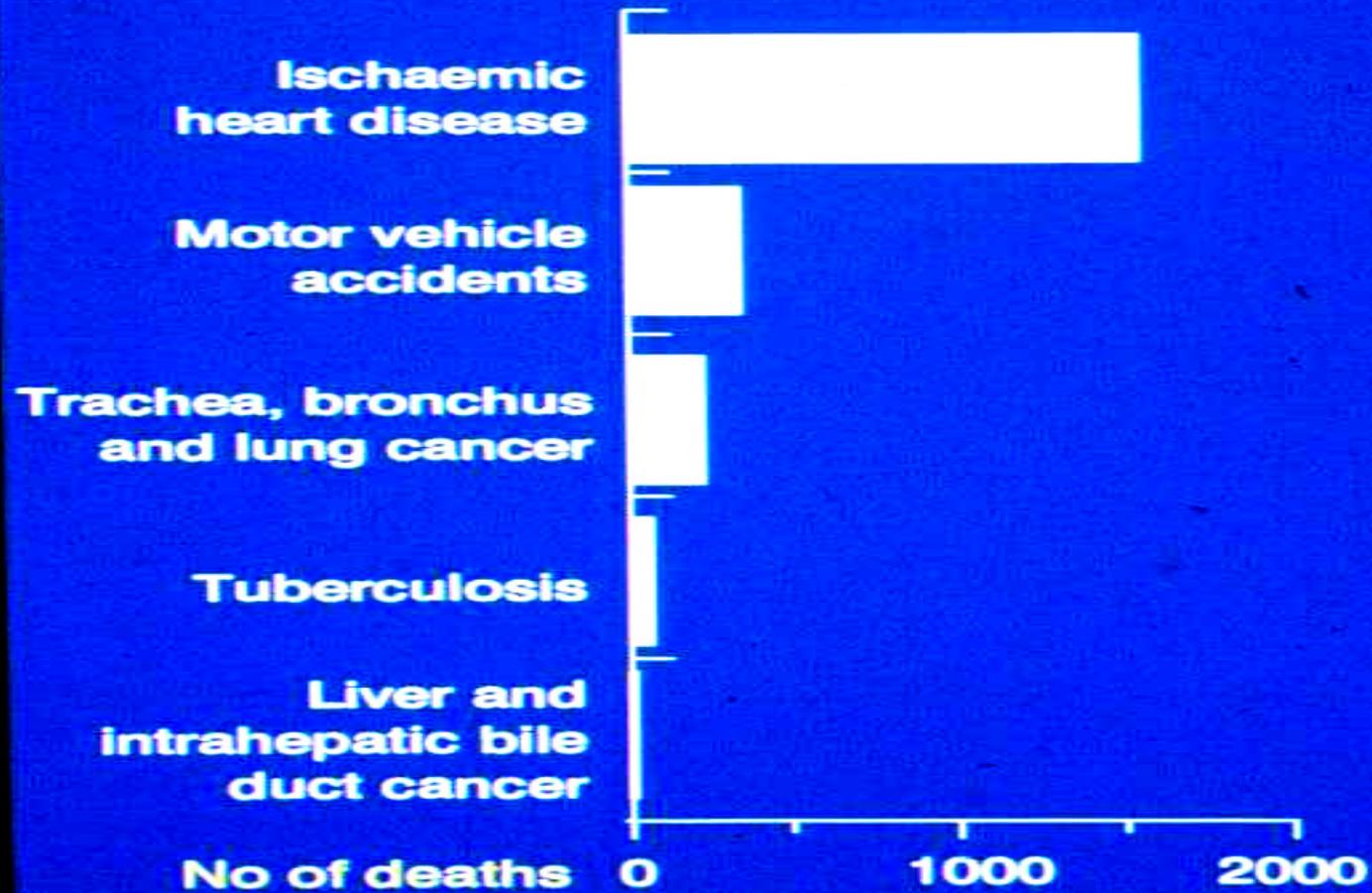
# Assessing variations by ethnic group

- Absolute risk approach: examine patterns within each group (primary).
  - Then compare with other ethnic groups-the relative risk approach (secondary).
  - The interpretation will be different.
  - Maximise value by doing both.
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**Pattern of death for a population  
using standardised mortality ratios.  
(Men, 15-74 years, 1970-1972)**



**Pattern of death for a population  
using numbers of cases  
(Men, 15-74 years, 1970-1972)**

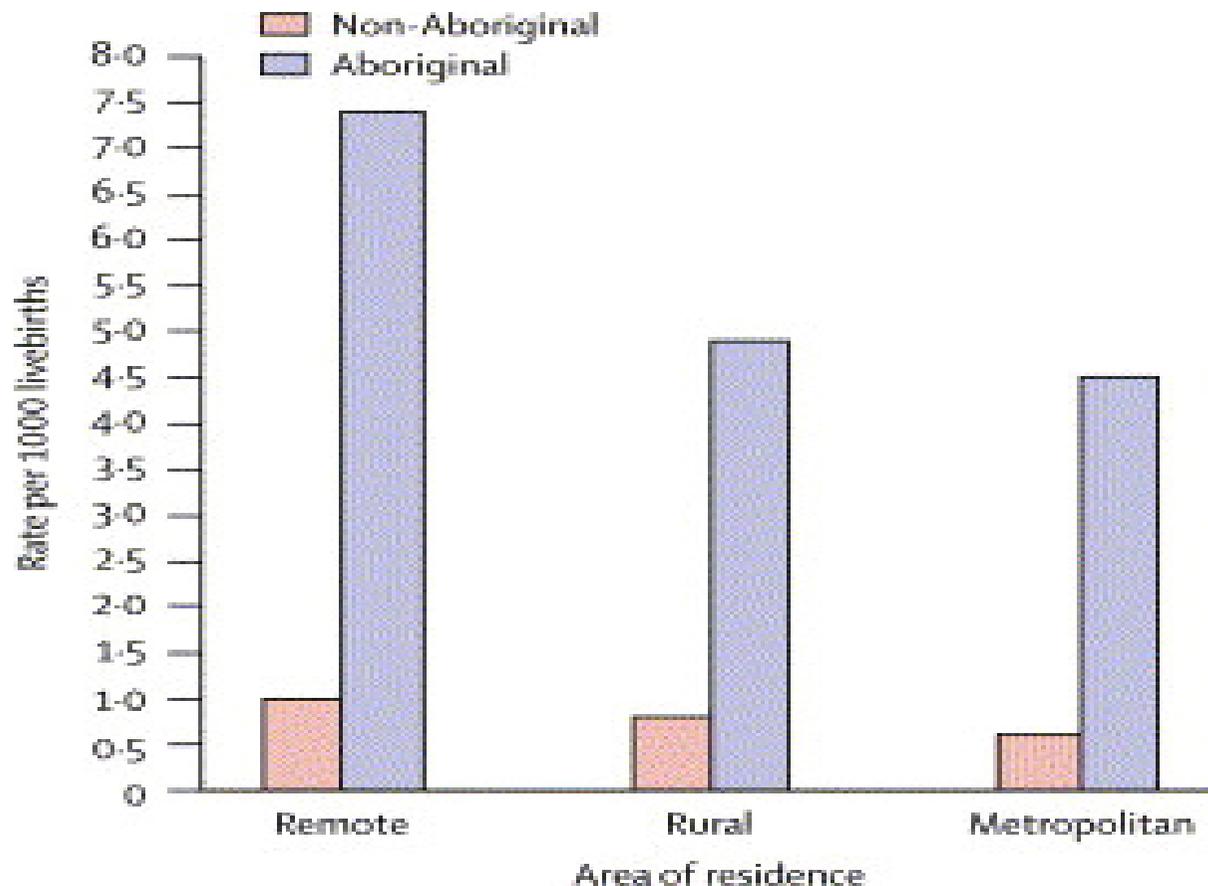


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## Newcastle Heart Project: Smoking prevalence (%)

	<b>Indian</b>	<b>Pakistani</b>	<b>Bangladeshi</b>	<b>European</b>
<b>Men</b>  <b>(S. Asian combined, 33%)</b>	14	32	57	33
<b>Women</b>  <b>(S. Asian combined, 3%)</b>	1	5	2	31

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**Death rates from infection for Aboriginal and non-Aboriginal infants born in Western Australia according to geographical area of mother's residence at time of infant's birth, 1980–2001. (from the Lancet, 2006)**

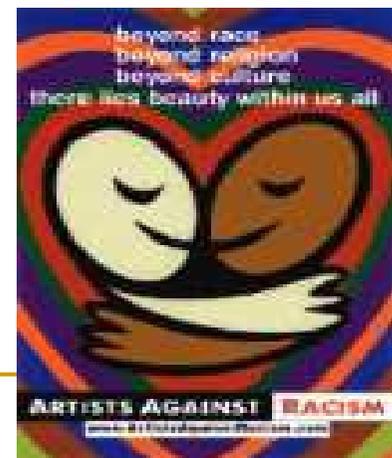
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# Forces generating ethnic health inequalities

- Culture and lifestyle
  - Social, educational and economic status
  - Environment before and after migration
  
  - Early life development
  - Generational effects
  - Genetics
  
  - Access to and concordance with health care advice
  
  - *Question: Are ethnic inequalities inequities i.e. injustices?*
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# Equity and inequality

- Consider whether the following are inequities:
  - ❑ The lower prevalence of smoking in Chinese women compared to White women
  - ❑ The higher rate of colo-rectal cancer in White people compared to S. Asians
  - ❑ The lower life expectancy of African Americans compared to White Americans
  
- ❑ What do you think?
- ❑ One deep problem is racism.



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# The continuing promotion of Hitlerian Views

- TABERNACLE OF THE PHINEHAS PRIESTHOOD / ARYAN NATIONS
- PLEDGE: I will conduct myself at all times as a gentleman (or woman) reflecting the superiority of the Aryan Race.

<http://www.aryan-nations.org/about.htm> (accessed 24th of Feb. 2005)

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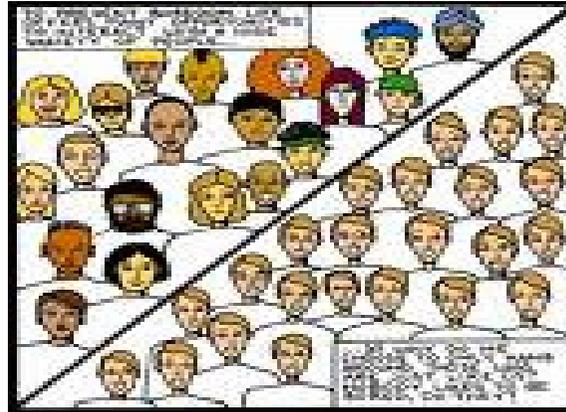
# Health-care challenges for a multi-ethnic world

Responding to

- varying health behaviours, beliefs and attitudes
  - differences in the pattern of diseases
  - differences in diagnosis, treatment, intervention and outcomes
  - language and cultural barriers
  - need for a service sensitive to cultural differences
  - personal biases, stereotyped views, individual racism, and institutional racism
  - laws requiring equal opportunities in employment and promotion
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# Medicine and diversity



- In an increasingly diverse society, which serves to enrich our lives and experiences, doctors must learn to value ethnic diversity to deliver effective health care. In doing so, they will bring mutual benefits for their patients and themselves.

J Kai et al. Medical Education 1999 p622

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# The future for health professionals

My vision of a future health professional:

- *learns about the unity yet diversity of humanity.*
  - *engages in studies emphasising ethnicity, religion and language that includes bedside teaching.*
  - *Grasps opportunities for learning about ethnic diversity with a strong focus on how people maintain their health in different cultures.*
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## The future 2

- *takes special interest in the health beliefs and attitudes of one or more ethnic minority populations*
  - *integrates relevant ideas into the advice on healthy living for **all** patients and populations.*
  - *makes sure that there is a reason for mentioning the patient's ethnic group, and explains it.*
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## The future 3

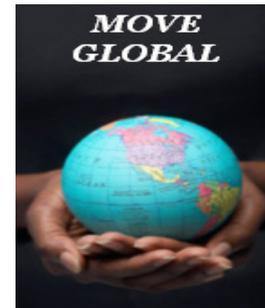
- *takes pride that the health service's policy makers and peers seek his/her advice on improving services for ethnic minorities.*
- *finds that these roles and skills are appropriately recognised in the awards and promotions committees.*



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# Conclusions

- International migration and exchange are creating multi-ethnic global societies.
- The concept of ethnicity can improve, for the whole population,
  - public health,
  - health care,
  - clinical care, and
  - science
- The greatest goal is that people should be long-lived, free of disease and disability, brimming with energy, creative and full of ideas.
- Ethnicity can contribute to this goal.
- The future of health care in multi-ethnic societies-  
challenging, interesting with potential for great advances.







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## Further reading

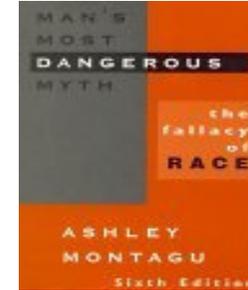
- Gill PS, Kai J, Bhopal RS, Wild SH. Health Needs Assessment for Black and Ethnic Minority Groups 2002 (book chapter - in press, available online at <http://hcna.radcliffe-oxford.com/bemgframe.htm>)
  - Bhopal RS. Ethnicity, race, and health in multicultural societies; foundations for better epidemiology, public health, and health care. Oxford: Oxford University Press, 2007, pp 357.  
<http://www.oup.com/uk/catalogue/?ci=9780198568179>
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## England: Comparison of the 1991 and 2001 Census ethnic groupings

<u>1991 Census</u>	<u>2001 Census</u>
White	British, Irish, Any other white background
Black Caribbean, Black African, Black other	Caribbean, African, Any other Black background
Indian, Pakistani, Bangladeshi	Indian, Pakistani, Bangladeshi any other Asian background
Chinese	Chinese
Any other ethnic group	Any other ethnic group
No 'Mixed' category	White and Black Caribbean, White and Black African, White and Asian, Any other mixed background

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# Race: Ashley Montagu



“.... the race problem.. seems to have grown more troubling than ever....”

- his formula and analysis of the problem: “race” = the physical appearance (genetic) of the individual + intelligence of the individual + ability of the group to which the individual belongs to achieve a high civilization.
- *“Nothing could be more unsound, for there is no genetic linkage whatever between these three variables.”*