Reading list

Ethnic health - an introduction to ethnic health issues

June 2015

Further copies

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The Information & Library service:
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▪ holds a database of over 110,000 bibliographic records, catalogued using an authoritative thesaurus of over 11,000 indexing terms

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Website: http://www.kingsfund.org.uk/library

BOOKS/REPORTS

Phung, Viet-Hai , et al.
Ethnicity and prehospital emergency care provided by ambulance services.
Better Health Briefing ; 37 (May 2015)
London : Race Equality Foundation, 2015   *Web publication*
This briefing paper aims to: identify the barriers and facilitators to prehospital
ambulance service care for minority ethnic groups; examine existing responses;
and identify challenges for future practice.
http://www.better-
health.org.uk/sites/default/files/briefings/downloads/Health%20Briefing%2037.pdf
Better Health Briefing papers http://www.better-health.org.uk/briefings

Owuro, John O. A. <u>and</u> Nake, Jane N.
Raced Equality Foundation
Internalised stigma as a barrier to access to health and social care services by minority ethnic groups in the UK.
Better Health Briefing ; 36 (May 2015)
London : Race Equality Foundation, 2015   *Web publication*
Most research and subsequent interventions into stigmatisation focus on tackling
external stigma, defined here as stigma directed towards individuals by external
players, for example, friends, family and members of the community or wider
society. This article rather examines the issue of internalised stigma, that is, the
individual's own sense of devaluation and discrimination. It is informed by existing
literature and findings from a pilot qualitative research study involving HIV positive
immigrant Black African men and their families living in London. The paper
concludes with policy and practice suggestions to tackle health issues relating to
stigma.
http://www.better-
health.org.uk/sites/default/files/briefings/downloads/Health%20Briefing%2036_1.pdf

Stevenson, Jacqui <u>and</u> Rao, Malo
University of East London. Institute of Health and Human Development
Explaining levels of wellbeing in BME populations in England.
London : University of East London, 2014   *Web publication*
This report investigates and summarises the disparities in levels of wellbeing
between black and minority ethnic (BME) groups and the general population in
England. People from BME communities consistently report lower levels of wellbeing
than their white counterparts. This discrepancy in wellbeing, which persists across
the social gradient, is recognised, but has not previously been researched in detail.
The report describes the findings of a research project conducted to investigate the
issue of ethnic disparities in wellbeing and possible drivers for this. The section on
pages 48-59 looks at the NHS workforce.
http://roar.uel.ac.uk/3867/7/2014_Stevenson_Rao-BME-wellbeing.pdf

ISBN: 9780199667864
Bhopal, Raj S.
Migration, ethnicity, race, and health in multicultural societies.
Oxford : Oxford University Press, 2014   *RLQ (Bho)*

Thompson, Rose
BME Cancer Communities
Hear me now : one year on.
Nottingham : BMECC, 2014   *Web publication*
This, the second Hear Me Now report, shares communities' experiences and
learnings in a call to action to address the burden of prostate cancer in black
African-Caribbean and black African men.
http://www.bmecancer.com/phocadownload/hearme_now_1year_on.pdf
Associated publication http://www.bmecancer.com/index.php/hmnreports/hear-me-now-reports

Constant, Amelia F. <u>and</u> García-Muñoz, Teresa
The Institute for the Study of Labor (IZA)
Micro and macro determinants of health : older immigrants in Europe.
IZA Discussion Paper ; 8754 (December 2014)
Bonn : IZA, 2014   *Web publication*
We study the health determinants of immigrant men and women over the age of fifty, in Europe, and compare them to natives. We utilize the unique Survey of Health Aging and Retirement (SHARE) and augmented it with macroeconomic information on the 22 home countries and 16 host countries.
http://ftp.iza.org/dp8754.pdf

Psarros, Annah
Maternity Action <u>and</u> Women's Health and Equality Consortium
Women's voices on health : addressing barriers to accessing primary care.
[London] : WHEC, 2014   *Web publication*
This project examines the accessibility of primary care for women in the UK. For the first part of the project, personal accounts of accessing GP services were collected, using an online survey promoted to all UK women regardless of social or ethnic group. The second part of the research involved holding a series of focus groups for women with comparatively poor health outcomes. The research draws on findings from a survey with 300 women as well as focus groups with BME women, refugee and asylum seeking women, women living with HIV, LGBT women, and women with learning disabilities.
http://www.maternityaction.org.uk/wp/wp-content/uploads/2014/05/Access-to-Primary-Care-report-FINAL.pdf
Associated podcast:
https://audioboo.fm/boos/2200449-women-s-voices-on-health-addressing-barriers-to-accessing-primary-care

National Inclusion Health Board
Promising practice : enabling better access to primary care for vulnerable populations : examples of good practice.
London : DH, 2014   *Web publication*
The National Inclusion Board report includes examples of good primary care that improves registration and access to care. It says what makes good practice and explains why the chosen approaches are successful in improving access to primary care.
https://www.gov.uk/government/publications/good-practice-in-improving-care-for-vulnerable-groups

ISBN: 9781473104242
National Institute for Health and Care Excellence
Body mass index thresholds for intervening to prevent ill health among black, Asian and other minority ethnic groups.
NICE local government briefings.
[Manchester] : NICE, 2014   *Web publication*
This briefing summarises NICE's recommendations for local authorities and partner organisations on the use of body mass index (BMI) as a signal for preventive action against long-term medical conditions. The focus is on people from black, Asian and other minority ethnic groups. It is particularly relevant to health and wellbeing boards.
http://publications.nice.org.uk/body-mass-index-thresholds-for-intervening-to-prevent-ill-health-among-black-asian-and-other-lgb13

Office for National Statistics
Adult health in Great Britain, 2012.
Statistical bulletin ; 1 April 2014
London : ONS, 2014   *Web publication*
Unemployed people (those out of work but looking for work) were almost twice as likely as those in employment to have a limiting long-standing illness or disability (17 per cent compared with 9 per cent). People with higher incomes were less likely than those on lower incomes to have a limiting longstanding illness or disability. In 2012, just 6 per cent of those with an income of £50,000 or more had a limiting long-standing illness or disability, compared with 30 per cent of those with an income of up to £10,000. As expected, health was strongly associated with age. In 2012, 67 per cent of those aged 75 and over had a long-standing illness or disability. This compared with 14 per cent of those aged 16 to 24. People from white ethnic groups were almost twice as likely as those from non-white ethnic groups to have a limiting long-standing illness or disability (20 per cent compared with 11 per cent). People living in Wales (26 per cent) were most likely to have a limiting long-standing illness or disability, when compared with other regions of Great Britain.
http://www.ons.gov.uk/ons/dcp171778_355938.pdf

Sunak, Rishi <u>and</u> Rajeswaran, Saratha
Policy Exchange
A portrait of modern Britain.
London : Policy Exchange, 2014   *Web publication*
The handbook draws on an extensive set of survey, census, academic and polling data to build up a detailed picture of the five largest minority groups in the UK - Indians, Pakistanis, Bangladeshis, Black Africans and Black Caribbeans. The paper outlines the demographics, geography, life experiences, attitudes and socioeconomic status of each of these major ethnic groups. The purpose of the research is to show that there are clear and meaningful differences between each of these communities, which need to be fully understood by policymakers and politicians. Chapter 8 (pages 56-59) looks at "Health".
http://www.policyexchange.org.uk/images/publications/a%20portrait%20of%20modern%20britain.pdf
Associated documentation:
http://www.policyexchange.org.uk/publications/item/a-portrait-of-modern-britain?category_id=24

ISBN: 9781873912300
McFarlane, Megan
Race Equality Foundation
Ethnicity, health and the private rented sector.
Better housing briefing ; 25 (November 2014)
London : Race Equality Foundation, 2014   *Web publication*
This paper looks at the relationship between poor housing and health for black and minority ethnic communities and also considers recent policy responses and practical developments.
http://www.better-housing.org.uk/sites/default/files/briefings/downloads/housing-brief19.pdf
Associated documentation:
http://www.better-housing.org.uk/briefings/ethnicity-health-and-private-rented-sector

Moriarty, Jo
Race Equality Foundation
Personalisation for people from black and minority ethnic groups.
Better Health Briefing ; 34 (July 2014)
London : Race Equality Foundation, 2014   *Web publication*
The term "personalisation" means different things to different people but, as used both by the previous Labour and current coalition governments, it is about tailoring services to people's own circumstances and giving them more control over the amount and type of support they receive. This briefing looks at how personalisation can increase access to healthcare for people from black and minority ethnic communities, but also considers some of the challenges that it may bring.
http://www.better-health.org.uk/sites/default/files/briefings/downloads/Health%20Briefing%2034.pdf

Aspinall, Peter J.

University of Kent at Canterbury. Centre for Health Services Studies

Hidden needs : identifying key vulnerable groups in data collection : vulnerable migrants, gypsies and travellers, homeless people, and sex workers.

London : DH, 2014   *Web publication*

This report, from the Data and Research Working Group of the National Inclusion Health Board (NIHB) identifies where to find good data and the gaps in information and data where the burdens of ill health and untimely death are greatest for vulnerable groups (vulnerable migrants, gypsies and travellers, homeless people, and sex workers). The report concludes that: it is impossible to obtain a comprehensive picture of the vulnerable groups' health; the health needs of some of the most vulnerable people in society continue to be invisible to health commissioners and the wider health system planners; the health needs of the vulnerable groups sometimes place heavy and unpredictable demands on the health service, which may result in multiple avoidable visits to hospital; and the data gaps prevent effective monitoring of health care use and seriously undermine local efforts by NHS and local government to understand and prioritise the local needs of the vulnerable groups.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287805/vulnerable_groups_data_collections.pdf

Victor, Christina R.

University of Sheffield. Department of Sociological Studies. New Dynamics of Ageing

Families and caring in South Asian communities.

NDA Findings ; 25

Sheffield : University of Sheffield, 2014   *Web publication*

Over the next 20 years the proportion of older people living within Bangladeshi and Pakistani communities in the UK will significantly increase. However, there is limited empirical evidence about the lived experiences, social networks and family lives of people growing older within these transnational communities. In particular, we understand little about the interconnections between gender, ethnicity, "place" and ageing.

http://www.newdynamics.group.shef.ac.uk/assets/files/NDA%20Findings%2025.pdf

NDA Findings: http://www.newdynamics.group.shef.ac.uk/view-all-findings.html

Greengross, Sally, Chair

All-Party Parliamentary Group on Dementia

Dementia does not discriminate : the experiences of black, Asian and minority ethnic communities.

[London] : All-Party Parliamentary Group on Dementia, 2013   *Web publication*

This report brings together evidence and understanding about the experience of people with dementia from BAME communities. It also sought good practice examples where services have been tailored to people with dementia from BAME communities, so that these examples can be shared.

http://www.alzheimers.org.uk/site/scripts/download.php?fileID=1857

Thompson, Rose

BME Cancer Communities

Hear me now : the uncomfortable reality of prostate cancer in black African-Caribbean men.

Nottingham : BMECC, 2013   *Web publication*

In addition to a three-fold increased risk of developing prostate cancer at younger ages (about five years younger than expected), black men are 30 per cent more likely to die from prostate cancer than their UK White counterparts. The evidence based report, aimed at policy makers, health professionals, cancer support groups, community leaders, and anyone with an interest in influencing positive change, is a call for action for all men , including seldom heard less visible ethnic groups, like the Turkish community, and Irish travelers.

http://www.bmecancer.com/index.php/downloads?download=1:hear-me-now-the-report

ISBN: 9781873912293
Marshman, Zoe
Race Equality Foundation
Black and minority ethnic communities and dementia : where are we now?
Better Health Briefing ; 30
London : Race Equality Foundation, 2013   *Web publication*
This briefing looks at developments in the UK since the launch of the National
Dementia Strategy in 2009. It considers the extent to which the Strategy is
addressing the information, support and care needs of those in black and minority
ethnic communities and ensuring that they are supported in 'living well' with
dementia.
http://www.better-health.org.uk/sites/default/files/briefings/downloads/health-30.pdf

ISBN: 9781873912242
Marshman, Zoe
Race Equality Foundation
**Oral health and access to dental services for people from black and
minority ethnic groups.**
Better Health Briefing ; 29
London : Race Equality Foundation, 2013   *Web publication*
This briefing considers differences in dental diseases and in the utilisation of dental
services between black and minority ethnic groups and the general population in
the UK. It highlights ways to improve their oral health and dental service
experiences and makes recommendations for future research.
http://www.better-
health.org.uk/sites/default/files/briefings/downloads/health_briefing_29%20%281%29_0.pdf

ISBN: 9781873912986
Salway, Sarah, et al.
Race Equality Foundation
**High quality healthcare commissioning : obstacles and opportunities for
progress on race equality.**
Better Health Briefing ; 28
London : Race Equality Foundation, 2013   *Web publication*
This paper draws on findings from the Evidence and Ethnicity in Commissioning
(EEiC) project, together with practice experience and other research, to highlight
obstacles and opportunities for healthcare commissioning to enhance access,
experiences and outcomes for minority ethnic people. The aim of the paper is to
describe typical elements of commissioning work and to point out a range of actions
that clinical commissioners, commissioning managers and other stakeholders can
and should take to improve healthcare commissioning for multi-ethnic populations.
http://www.better-health.org.uk/sites/default/files/briefings/downloads/briefing%2028%20final.pdf

Costa, Beverly
Race Equality Foundation
**Language support : challenges and benefits for users and providers of health
and social care services.**
Better health briefing ; 26
London : Race Equality Foundation, 2013   *Web publication*
This briefing paper identifies and discusses different approaches to language
support in health and social care, by comparing the use of professional and
volunteer interpreters. It identifies key implications for policy and practice from
both a patient and a provider perspective, and offers an understanding of how
interpreting can reduce health inequalities.
http://www.better-health.org.uk/sites/default/files/briefings/downloads/Language%20Support-
%20formatted.pdf

Gill, Paramjit, et al.
Royal College of General Practitioners
Improving access to health care for gypsies and travellers, homeless people and sex workers : an evidence-based commissioning guide for clinical commissioning groups and health and wellbeing boards.
London : RCGP, 2013   *Web publication*
This document is aimed at widening access to health services and contributing to improving the health outcomes of marginalised groups, by looking specifically at homeless people, Gypsies and Travellers, and sex workers, given their particularly poor health outcomes.
http://www.rcgp.org.uk/news/2013/december/~/media/Files/Policy/A-Z-policy/RCGP-Social-Inclusion-Commissioning-Guide.ashx

University of Birmingham. Birmingham Policy Commission on Healthy Ageing
Healthy ageing in the 21st century : the best is yet to come.
Birmingham Policy Commission on Healthy Ageing
Birmingham : University of Birmingham, 2013   *Web publication*
This policy commission is exploring how good ageing in a multi-cultural society is defined. It is looking in particular at how good health in later life can be promoted. This report presents the commission's key findings and sets out recommendations for healthy ageing in a diverse society. It makes recommendations towards the creation of a statutory post of Commissioner for Older People; it highlights the importance of human rights within health and social care policy; and emphasises the need for recognising the voice of older people.
http://www.birmingham.ac.uk/Documents/research/policycommission/healthy-ageing/Healthy-Ageing-Policy-Commission-Report.pdf
Summary:
http://www.birmingham.ac.uk/Documents/research/policycommission/healthy-ageing/Healthy-Ageing-Policy-Commission-Summary.pdf
Healthy Ageing in the 21st Century Commission:
http://www.birmingham.ac.uk/research/impact/policy-commissions/healthy-ageing/index.aspx

ISBN: 9781859358559
Lane, Pauline <u>and</u> McCready, Muzelley
Joseph Rowntree Foundation
Perspectives on ageing in gypsy families.
Perspectives on Ageing
York : JRF, 2012   *Web publication*
This Perspectives paper explores the views of a range of older Gypsies as they reflect on their past and experiences of ageing.
http://www.jrf.org.uk/sites/files/jrf/ageing-in-gypsy-families-summary.pdf

Langley, Christopher A., et al.
Aston University. Life & Health Sciences
Birmingham University
Establishing the extent of patient non-adherence to prescribed medication in the Heart of Birmingham teaching Primary Care Trust (HoBtPCT).
Birmingham : Aston University, 2012   *Web publication*
The aim of this project was to examine non-adherence to prescribed medicines within the area covered by the Heart of Birmingham teaching Primary Care Trust (HoBtPCT). HoBtPCT provides healthcare services for approximately 300,000 people in the geographical centre of Birmingham. The population served by HoBtPCT is disproportionately young with almost a third of the resident population under 19 years of age. Seventy per cent of people in HoBtPCT are from black and minority ethnic groups - the highest proportion of people from BME groups of any PCT in England. A review of the literature has highlighted the paucity of research examining medication adherence in large populations in the UK. In its geographical setting, population size and diversity, this project may be unique.
http://www1.aston.ac.uk/EasySiteWeb/GatewayLink.aspx?alId=132682
Executive summary http://www1.aston.ac.uk/EasySiteWeb/GatewayLink.aspx?alId=132683
Aston Medication Adherence Study:
http://www1.aston.ac.uk/lhs/research/health/pharmacy/adherence/

ISBN: 9781859358566
Kaur Nijjar, Manjit
Joseph Rowntree Foundation
Perspectives on ageing in South Asian families.
Perspectives on Ageing
York : JRF, 2012   *Web publication*
This Perspectives paper explores the experiences and views of South Asian elders
and their families living in Wolverhampton, highlighting cultural expectations and
the challenges this community faces in terms of ageing and support needs.
http://www.jrf.org.uk/sites/files/jrf/ageing-south-asian-families-summary.pdf

Calanzani, Natalia, et al.
Marie Curie Cancer Care, et al.
**Palliative and end of life care for Black, Asian and Minority Ethnic groups in
the UK : demographic profile and the current state of palliative and end of
life care provision.**
London : Marie Curie Cancer Centre, 2012   *Web publication*
This Public Health England commissioned report highlights the growing need to
make end of life care more accessible and appropriate for minority ethnic groups. It
highlights that the end of life care needs of BAME communities are varied, growing,
and despite examples of good practice, overall not adequately met.
http://www.mariecurie.org.uk/Documents/WHO-WE-
ARE/Diversity/Palliative%20care%20BAME%20report%20June%202013.pdf

NHS Confederation. Mental Health Network
Race equality in mental health.
London : NHS Confederation, 2012   *Web publication*
This Briefing summarises the findings and recommendations from a recent report,
commissioned by the Department of Health, into race equality in mental health. The
report is based on a series of interviews with NHS and local authority leaders.
http://www.nhsconfed.org/Publications/Documents/Race_equality_in_mental_health_final_for_webs
ite_8_May.pdf

Tonkiss, Katherine and Staite, Catherine
University of Birmingham. School of Government & Society. Institute of Local
Government Studies (INLOCGOV)
Learning disabilities and BME communities : principles for best practice.
INLOGOV Briefing (June 2012)
Birmingham : University of Birmingham, 2012   *Web publication*
http://www.birmingham.ac.uk/Documents/college-social-sciences/government-
society/inlogov/briefing-papers/learning-disabilities-bme-communities.pdf

Sims, Jessica Mai , et al.
Race Equality Foundation
**Overcoming barriers to registration as an organ donor among minority
ethnic groups.**
Better health briefing ; 25 (November 2012)
London : Race Equality Foundation, 2012   *Web publication*
This paper explores the reasons for the lower rates of organ donor registration
among black and minority ethnic groups by reviewing relevant UK literature and
drawing on findings from a community study of the Donation, Ethnicity and
Transplantation (DonaTE) Programme.
http://www.nbta-uk.org.uk/wp-content/uploads/2013/04/health-brief25.pdf

Folkes, Liz <u>and</u> Saltus, Roiyah
Wales Ethnicity Research Collaboration
'In their own words' : voices of African-Caribbean and Black Welsh men and women.
Pontypridd, Wales : WERC, 2012   *RLQ (Fos)*
The aim of the study was to: explore older people's experiences of care in order to bring conceptual and practical clarity to the concept of dignity (and associated indicators); test methods of accessing the views and experiences of older people from BME communities.
http://www.werconline.org.uk/pdf/publications/itow_final_report.pdf
'In their own words' web pages http://www.werconline.org.uk/itow/index.php

Carers UK
Half a million voices : improving support for BAME carers.
London : Carers UK, 2011   *Web publication*
This report is designed to build on previous work and provide a baseline for local authorities, health and wellbeing boards, primary care trusts, and GP consortia, on which to improve services and support to improve the lives of Black, Asian and Minority Ethnic (BAME) carers and their families. The report has examples of good practice that we can learn from and new opportunities for developing new services and forms of support which will work for different communities.
http://www.devon.gov.uk/contrast/bame_report_-_half_a_million_voices.pdf

Widger, Tom, et al.
Focus Consultancy
The performance of the health sector in meeting the public sector equality duties : moving towards effective equality outcomes.
A Focus Consultancy Report ; July 2011
London : EHRC, 2011   *Web publication*
The Commission undertook a study assessing the performance of a sample of strategic health authorities and primary care trusts in England with regard to the race, gender and disability equality duties. It found that many bodies were not taking sufficient action to address the diverse needs of people in Britain and to protect the rights of disadvantaged groups. The Commission concluded that without a major re-think by new health bodies on how they tackle discrimination and advance equality some groups will continue to experience poorer health.
http://www.equalityhumanrights.com/uploaded_files/research/psed_health.pdf
Public sector equality duty:
http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/

Robinson, Nicola <u>and</u> Lorenc, Ava
London South Bank University. Faculty of Health and Social Care
Traditional and complementary health care approaches (TCA) for children living in a multi-ethnic community.
London : LSBU, 2011   *Web publication*
This project explored the use of traditional and complementary approaches to health (TCA) for children. TCA include complementary and alternative medicine and wider healthcare based in cultural/ethnic traditions. It explored the interface of TCA and conventional medicine, through the knowledge, beliefs and attitudes of parents and conventional primary care practitioners regarding TCA.
http://kingsfundlibrary.co.uk/docs/TCA_KF_final_report.pdf

Delaney, Liam, et al.

The Institute for the Study of Labor (IZA)

Exporting poor health : the Irish in England.

IZA Discussion Paper ; 5852 (July 2011)

Bonn : IZA, 2011   *Web publication*

The Irish-born population in England is in worse health than both the native population and the Irish population in Ireland, a reversal of the commonly observed healthy migrant effect. Recent birth-cohorts living in England and born in Ireland, however, are healthier than the English population. The substantial Irish health penalty arises principally for cohorts born between 1920 and 1960. This paper attempts to understand the processes that generated this migrant health pattern. Our results suggest a strong role for early childhood conditions and economic selection in driving the dynamics of health differences between the Irish-born migrants and White English populations.

http://ftp.iza.org/dp5852.pdf

Silver, Daniel <u>and</u> Patel, Esmail

One North West <u>and</u> Deaf Education Advocacy Fellowship

The impact of health reforms on deaf BME communities.

Manchester : One North West, 2011   *Web publication*

This briefing highlights some challenges for deaf BME people around health, which could be increased under new reforms unless measures are put in place to address concerns. It makes four recommendations that would lead to more equality within the emerging structures and access to health for all. These are: provision of deaf awareness; provision of interpreters; translation of information; and specialist advocacy to complement HealthWatch.

http://www.better-health.org.uk/sites/default/files/consultations/responses/BULLETINS%20-%20The%20impact%20of%20health%20reforms%20on%20deaf%20BME%20communities.pdf

ISBN: 1873912730

Randhawa, Gurch

Race Equality Foundation

Achieving equality in organ donation and transplantation in the UK : challenges and solutions.

Better Health Briefing ; 23 (June 2011)

London : Race Equality Foundation, 2011   *Web publication*

The combination of low numbers of black and minority ethnic organ donors and the higher prevalence of conditions such as diabetes and hepatitis mean that these communities are disproportionately represented on transplant lists. This results in minority ethnic patients waiting on average twice as long for some transplants as their white counterparts. This paper promotes a 'two-pronged' approach, tackling barriers to black and minority ethnic groups organ donation in the short term and employing longer term preventative medical interventions which may reduce the need for organs in these communities in the future.

http://www.better-health.org.uk/sites/default/files/briefings/downloads/health23-3.pdf

Associated documentation:

http://www.better-health.org.uk/briefings/achieving-equality-organ-donation-and-transplantation-uk-challenges-and-solutions

Moriarty, Jo, et al.

Social Care Institute for Excellence

Black and minority ethnic people with dementia and their access to support and services.

SCIE research briefing ; 35 (March 2011)

London : SCIE, 2011   *Web publication*

This briefing discusses the barriers currently faced by BME people in accessing dementia care services and some of the ways in which services can become better at responding to the needs of BME people in their locality.

http://www.scie.org.uk/publications/briefings/files/briefing35.pdf

JOURNAL ARTICLES

Beaver, Kinta, et al.
The dragon and the snake : health practices among Chinese in the UK from an inter-disciplinary perspective.
Ethnicity and Health 2015; 20 (2): 107-128 (April 2015)
OBJECTIVES: This paper explores how ethnicity has been represented in research on the health practices of Chinese populations in the UK and suggests ways in which such research might be enriched by adopting an interdisciplinary approach. DESIGN: A systematic literature review of studies was conducted on research with 'Chinese' in the UK. RESULTS: The review highlighted that research with Chinese populations is frequently grounded in assumptions about the homogeneity of Chinese ethnic and cultural identities, and health practices, which undermines the generalizability of findings and conclusions. CONCLUSIONS: There was a lack of clarity surrounding the term "Chinese" as an ethnic and national label that can lead to racialised constructions of ethnicity. An interdisciplinary approach is a valuable tool for enriching understandings of culturally-specific accounts of health and illness, and to address ways in which Chinese populations negotiate different health care systems and models of health. [Abstract]

Rassool, G. Hussein
Cultural competence in nursing Muslim patients.
Nursing Times 111 (14): 2015; 12-15 (1 April 2015)
Delivering high-quality care to Muslim patients involves having an awareness of the ramifications of the Islamic faith and Islamic beliefs. Nurses need to understand the implications of spiritual and cultural values for clinical practice. They should be aware of the need for modesty and privacy, the appropriate use of touch, dietary requirements and use of medications. This article reviews the key issues involved in delivering culturally competent care to Muslim patients. [Abstract]

Kline, Roger and Prabhu, Umesh
BME inequality puts patients at risk.
Health Service Journal 2015; 125 (6437): 20-21 (6 March 2015)
The Francis whistleblowing review offers hard evidence of what many in the NHS already know - that inequality endangers patients. [Introduction]

Mathur, Rohini, et al.
Completeness and usability of ethnicity data in UK-based primary care and hospital databases.
Journal of Public Health 2014; 36 (4): 684-692 (December 2014)
BACKGROUND: Ethnicity recording across the National Health Service (NHS) has improved dramatically over the past decade. This study profiles the completeness, consistency and representativeness of routinely collected ethnicity data in both primary care and hospital settings. METHODS: Completeness and consistency of ethnicity recording was examined in the Clinical Practice Research Datalink (CPRD) and Hospital Episode Statistics (HES), and the ethnic breakdown of the CPRD was compared with that of the 2011 UK censuses. RESULTS: 27.1 per cent of all patients in the CPRD (1990-2012) have ethnicity recorded. This proportion rises to 78.3 per cent for patients registered since April 2006. The ethnic breakdown of the CPRD is comparable to the UK censuses. 79.4 per cent of HES inpatients, 46.8 per cent of outpatients and 26.8 per cent of A&E patients had their ethnicity recorded. Amongst those with ethnicity recorded on >1 occasion, consistency was over 90 per cent in all data sets except for HES inpatients. Combining CPRD and HES increased completeness to 97 per cent, with 85 per cent of patients having the same ethnicity recorded in both databases. CONCLUSIONS: Using CPRD ethnicity from 2006 onwards maximizes completeness and comparability with the UK population. High concordance within and across NHS sources suggests these data are of high value when examining the continuum of care. Poor completeness and consistency of A&E and outpatient data render these sources unreliable. [Abstract]

Verhagen, Ilona, et al.

Community health worker interventions to improve access to health care services for older adults from ethnic minorities : a systematic review.

BMC Health Services Research 2014; 14 (552): (8 November 2014)

BACKGROUND: The health status of older adults belonging to ethnic minorities in Western countries is an important public issue because their health is often less favourable than that of older adults from the majority population. In addition, the number of older adults belonging to ethnic minorities is increasing rapidly in Western countries. The introduction of community health workers (CHWs) has proven to be successful in addressing health disparities among ethnic minorities; however, an overview of CHW's benefits for older adults is absent in the literature. We reviewed the literature to explore whether CHWs are also effective in improving the health and the delivery of health care services to ethnic minority older adults in Western countries. METHODS: We searched the PubMed database (2002-Present) for RCTs published on the use of CHWs in Western countries. RESULTS: Out of the 729 studies identified, seven studies met our inclusion criteria. The effectiveness of the implementation of CHW programmes in older adults belonging to ethnic minorities is not univocal. In two studies, we found no significant differences. In five studies, we found some positive effects. We did not find negative effects in any of the studies. For better interpretation of the results, effect ratios (ERs) were calculated as the number of positive findings divided by the total number of measured findings. Substantial effects on the access to care (mean ER?=?0.58) and on health behaviour (mean ER?=?0.45) were found. The mean ER for health outcomes was considerably lower (mean ER?=?0.17). CONCLUSIONS: We found indications that CHWs serve as a means of improving health care use and health behaviour and, to a lesser extent, health outcomes among ethnic minority older adults. Further research is required to draw more solid conclusions on the effectiveness of CHW interventions in this target group. This is particularly important for Western countries in which the number of ethnic minority older adults has increased significantly because their health status is mostly unfavourable and their access to health care services is often limited. [Abstract]

http://www.biomedcentral.com/1472-6963/14/497

Jain, Anil

A unique culture of support.

Health Service Journal 2014; 124 (6421): 19 (7 November 2014)

While breast cancer in Asian women is high, awareness is low so a new support group is tackling the issue. [Introduction]

Trueland, Jennifer

Eating for health.

Nursing Standard 2014; 29 (5): 24-25 (1 October 2014)

The Windrush generation had to adapt their diet to the food available in post-war Britain. Today, people of African Caribbean heritage have a high risk of diabetes, and diet is a major culprit. [Introduction]

Carr, Susan M., et al.

Outreach programmes for health improvement of traveller communities : a synthesis of evidence.

Public Health Research 2014; 2 (3): (July 2014)

Outreach workers need clarity about the purpose of their intervention, in terms of degrees of engagement (leading to the three outcome categories above). Where outreach aims to promote attendance at one-off events such as screening, the worker may not need to have long-established links with the Community. Changing behaviour or developing social capital, on the other hand, is a challenge that needs to build explicitly on long-established, trusting relationships. Any flexibility built into the intervention in terms of negotiating intervention topic can contribute significantly to the outcome. While true engagement with an issue must not be assumed from participation at an event, these events can be used as part of longer-term trust-building strategies. These synthesis approaches offer maximum translational potential for other marginalised groups. There is a need for more theoretically informed evaluations of engagement initiatives, in order to develop transferable lessons around how and for whom interventions work in different contexts. Further research is needed to test the explanatory potential of the framework in other socially excluded groups. [Conclusions]

http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0006/122955/FullReport-phr02030.pdf

Associated documentation: http://www.journalslibrary.nihr.ac.uk/phr/volume-2/issue-3

Jhita, Tracey, et al.
Ethnic differences in health related quality of life for patients with type 2 diabetes.
Health and Quality of Life Outcomes 2014; 12 (83): (5 June 2014)

BACKGROUND: The objective of this study was to investigate the association between ethnicity and health related quality of life (HRQoL) in patients with type 2 diabetes. METHODS: The EuroQol EQ-5D measure was administered to 1,978 patients with type 2 diabetes in the UK Asian Diabetes Study (UKADS): 1,486 of south Asian origin (Indian, Pakistani, Bangladeshi or other south Asian) and 492 of white European origin. Multivariate regression using ordinary least square (OLS), Tobit, fractional logit and Censored Least Absolutes Deviations estimators was used to estimate the impact of ethnicity on both visual analogue scale (VAS) and utility scores for the EuroQol EQ-5D. RESULTS: Mean EQ-5D VAS and utility scores were lower among south Asians with diabetes compared to the white European population; the unadjusted effect on the mean EQ-5D VAS score was -7.82 (Standard error [SE] = 1.06, $p < 0.01$) and on the EQ-5D utility score was -0.06 (SE = 0.02, $p < 0.01$) (OLS estimator). After controlling for socio-demographic and clinical confounders, the adjusted effect on the EQ-5D VAS score was -9.35 (SE = 2.46, $p < 0.01$) and on the EQ-5D utility score was 0.06 (SE = 0.04), although the latter was not statistically significant. CONCLUSIONS: There was a large and statistically significant association between south Asian ethnicity and lower EQ-5D VAS scores. In contrast, there was no significant difference in EQ-5D utility scores between the south Asian and white European sub-groups. Further research is needed to explain the differences in effects on subjective EQ-5D VAS scores and population-weighted EQ-5D utility scores in this context. [Abstract]
http://www.hqlo.com/content/12/1/83

Likupe, Gloria
Communicating with older ethnic minority patients.
Nursing Standard 2014; 28 (40): 37-43 (4 June 2014)

In a time of increasing cultural diversity, it is essential that healthcare professionals respond by providing culturally competent care. Healthcare professionals must recognise the diverse needs of people from ethnic minority communities to ensure that they receive equal standards of care. This is particularly pertinent when providing care for older ethnic minority patients who may not be fluent in English. This article focuses on the need to communicate effectively with this group of patients to meet their health and social care needs, with the ultimate aim of improving patient outcomes. [Introduction]

Wilkinson, Emma, et al.
Quality improvements in diabetes care, how holistic have they been? : a case-study from the United Kingdom
International Journal for Equity in Health 2014; 13 (29): (15 April 2014)

AIMS: As quality in diabetes care includes patient centred support for self-management, investigating patients' experiences upon diagnosis can help improve access to this element of care among diverse populations. This research explored this care in the context of recent national quality improvement initiatives which support self-management. METHODS: South Asian and White European patients over 16 years with a recent (<1 year) diagnosis of diabetes were recruited from 18 General Practitioner (GP) practices in three UK locations - Luton, West London and Leicester. A semi-structured qualitative interview was conducted with 47 patients. RESULTS: 21 out of 47 (45 per cent) reported unmet support and information needs at diagnosis. Although there was a small proportion of participants (8 out of 47, 17 per cent of all respondents) who felt they did not require any help or support with managing their diabetes because their GP had provided comprehensive and efficient care, there was an equal number who voiced a negative view of the care they had received to date. This concerned information giving, support and communication, suggesting that recently implemented national quality improvement interventions may not have been successful in improving all aspects of diabetes care, particularly those encouraging self-management. The emerging analysis led to consideration of concordance as an important concept through which to understand inequalities and improve access to quality diabetes care. In order to encourage self-management from the start, care providers need to be cognisant that patients are not homogeneous and be responsive to their different information needs and emotional responses to diagnosis. CONCLUSIONS: In order to support self-management and deliver patient centred care in diverse populations, care providers will need to be adaptable to individual needs around diagnosis. [Abstract]
http://www.equityhealthj.com/content/13/1/29

Zeh, Peter, et al.
Cultural barriers impeding ethnic minority groups from accessing effective diabetes care services : a systematic review of observational studies.
Diversity and Equality in Health and Care 2014; 11 (1): 9-33

A number of reports indicate that cultural barriers may prevent members of ethnic minority groups from accessing diabetes services, but little is known about the specific nature of these barriers. This systematic review of observational studies aimed to identify and explore cultural barriers as a basis for improvements in care. Articles published from inception to September 2011 were retrieved from four databases (Medline, CINAHL, Cochrane and DARE), two National Health Service specialist libraries (Diabetes, and Ethnicity and Health), Warwick Medical School publications and reference lists. Inclusion criteria were qualitative or quantitative studies involving ethnic minority groups with diabetes. Two reviewers independently conducted paper selection and appraisal. A total of 316 studies were retrieved, 22 of which were included in the review. Due to the heterogeneity of the studies, a narrative analysis was undertaken. Eight key cultural issues emerged, namely participants' strong adherence to cultural norms, religious beliefs, linguistic diversity, low health literacy levels, different beliefs about health and illness, belief in expert and professional support, low accessibility of culturally appropriate services/information, and low concordance with western professional advice. These issues compromised the level of diabetes care services received by members of ethnic minority groups. It is recommended that further attention is given to the development of culturally competent interventions for improving access to healthcare and diabetes outcomes for members of specific ethnic minority groups. [Abstract]

Dyson, Simon
Improve access to SCD services.
Health Service Journal 2013; 123 (6377): 26-27 (29 November 2013)
Sickle cell and thalassaemia disorders are among the most common genetic conditions in the world. In the UK, the condition affects about 15,000 people of all ethnic backgrounds but is more common in people of black African or African-Caribbean, Mediterranean and Asian origin. Yet legitimate questions about the lack of priority accorded to them remain. Why are clinical networks of care only just being formalised for SCD, when a network of specialised centres for haemophilia has been long established? [Introduction]

Warmington, Joy
Equality law is failing to influence the frontline.
Health Service Journal 2013; 123 (6377): 30-31 (29 November 2013)
While organisations make efforts to reduce discrimination and improve equality, all too often this does not register with service users. [Introduction]

Moore, Alison
Do you speak Polish?
Health Service Journal 2012; 122 (6329): 4-5 (15 November 2012 Suppl.)
How health organisations have sought expert help with recruitment, including a west London practice that wanted a GP with unusual skills. [Introduction]
http://www.hsj.co.uk/Journals/2012/11/15/a/k/q/PCsupp_151112.pdf

Go to the mosques and temples.
Health Service Journal 2013; 123 (6369): 4-5 (4October 2013 Suppl.)
How can health checks be more successful? One London borough is reaching out further into communities, while charities believe the checks themselves could be broader. [Introduction]
http://www.hsj.co.uk/resource-centre/supplements/go-to-the-mosques-and-temples-health-check-case-study/5063158.article#

Salway, S., et al.
Towards equitable commissioning for our multiethnic society : a mixed-methods qualitative investigation of evidence utilisation by strategic commissioners and public health managers.
Health Services and Delivery Research 2013; 1 (14): (December 2013)

BACKGROUND: The health-care commissioning cycle is an increasingly powerful determinant of the health services on offer and the care that patients receive. This study focuses on the mobilisation and use of evidence relating to ethnic diversity and inequality. OBJECTIVE: To describe the patterns and determinants of evidence use relating to ethnic diversity and inequality by managers within commissioning work and to identify promising routes for improvement. METHODS: In-depth semistructured interviews with 19 national key informants and documentation of good practice across England. Detailed case studies of three primary care trusts involving 70+ interviews with key strategic and operational actors, extensive observational work and detailed analysis of related documentation. A suite of commissioning resources based on findings across all elements were tested and refined through three national workshops of key stakeholders. RESULTS: Commissioners often lack clarity on how to access, appraise, weight or synthesis diverse sources of evidence and can limit the transformational shaping of services by a narrow conceptualisation of their role. Attention to evidence on ethnic diversity and inequality is frequently omitted at both national and local levels. Understanding of its importance is problematic and there are gaps in this evidence that create further barriers to its use within the commissioning cycle. Commissioning models provide no reward or sanction for inclusion or omission of evidence on ethnicity and commissioning teams or partners are not representative of minority ethnic populations. Neglect of this dimension within national drivers results in low demand for evidence. This organisational context can promote risk-averse attitudes that maintain the status quo. Pockets of good practice exist but they are largely dependent on individual expertise and commitment and are often not shared. Study findings suggested the need for action at three levels: creating an enabling environment; equipping health-care commissioners; and empowering wider stakeholders. Key enabling factors would be attention to ethnicity within policy drivers; senior-level commitment and resource; a diverse workforce; collaborative partnerships with relevant stakeholders; and the creation of local, regional and national infrastructure. LIMITATIONS: It was harder to identify enablers of effective use of evidence in this area than barriers. Including a case study of an organisation that had achieved greater mainstreaming of the ethnic diversity period of fundamental restructuring of NHS commissioning structures. This caused some difficulties in gathering data and it is possible that widespread change and uncertainty may have produced more negative narratives from participants than would otherwise have been the case. CONCLUSIONS: Knowledge mobilisation and utilisation within the commissioning cycle occurs in the context of dynamic interactions between individual agency, organisational context and the wider health-care setting, situated within the UK sociopolitical milieu. Our findings highlight isolated pockets of good practice amidst a general picture of limited organisational engagement, low priority and inadequate skills. Findings indicate the need for specific guidance alongside incentives and resources to support commissioning for a multiethnic population. A more comprehensive infrastructure and, most importantly, greater political will is needed to promote practice that focuses on reducing ethnic health inequalities at all stages of the commissioning cycle. [Abstract]
http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0018/96102/FullReport-hsdr01140.pdf
Associated documentation: http://www.journalslibrary.nihr.ac.uk/hsdr/volume-1/issue-14

Ford, Annie, et al.
Cutting A&E use and health inequalities.
Nursing Times 2013; 109 (24): 14-16 (19 June 2013)

In south west London, nurses, community workers, GPs and others have worked together to develop a programme that supports migrant communities, resulting in a reduction in their use of accident and emergency services. The programme included setting up community education sessions, six-week courses, and bilingual advocacy and interpretation services. Its success relied heavily on the team getting to know local communities, working in partnership and making time to develop trust. The lessons learnt from establishing these services are discussed to help readers improve their equality and diversity practice. [Abstract]

Dar, Osman, et al.
Mapping the Gypsy Traveller community in England : what we know about their health service provision and childhood immunization uptake.
Journal of Public Health 2013; 35 (3): 404-412 (September 2013)
BACKGROUND: A series of reports over the last two decades have concluded that the overall health status of UK Gypsy Traveller Community is very poor when compared with the general population and relatively poor in comparison with other disadvantaged groups. Despite a government commitment to reducing health inequalities, differences in health outcomes and in healthcare access and service provision have persisted. METHODS: In order to understand immunization services for Gypsy Travellers, the Health Protection Agency conducted a survey and mapping exercise of primary care trusts in England to ascertain what is known about local Gypsy Traveller populations, estimate immunizations rates and describe current services to increase immunization as well as to address wider health issues. RESULTS: Despite improvements in the provision of specialist services for the Gypsy Traveller communities in England, there still remains a considerable number of areas where knowledge of population numbers is poor, service provision is not based on need and the uptake of immunization is low or not known. CONCLUSIONS: There is an ongoing need to improve knowledge of population numbers and the provision of and access to services that are culturally sensitive and responsive to the needs of Gypsy Traveller communities. Whilst we have focused on describing immunization uptake, immunization services are only one component of a wider strategy for improving the health of Gypsy Travellers through effective health and social care interventions. [Abstract]

Jomeen, Julie and Redshaw, Maggie
Ethnic minority women's experience of maternity services in England.
Ethnicity and Health 2013; 18 (3): 280-296 (June 2013)
OBJECTIVES: Provision for ethnic minority groups has been acknowledged as integral to good maternity care in England and ethnicity has been highlighted as an indicator of both poorer clinical outcomes and poorer experiences. Improving outcomes and services is dependent on understanding women's interaction with both service delivery and provision. The aim of this study was to explore Black and minority ethnic (BME) women's experiences of contemporary maternity care in England. DESIGN: A UK-wide survey which investigated core aspects of maternity care sought the views of BME women about their experiences. A random sample of women were selected by the Office for National Statistics from birth registration in England and invited to complete a questionnaire three months after the birth. In a secondary analysis, text responses to open-ended questions about their maternity care were analysed using thematic analysis. RESULTS: Sixty per cent of the 368 women who self-identified as BME responded with open text. Themes that emerged related to 'feeling cared for,' with subthemes of 'expectations of care' and 'policies, rules and organisational pressures'; 'staff attitudes and communication' with sub-themes of 'please believe me,' 'hospital as a safe place,' 'choices denied' and 'being sensitive and supportive would help,' and 'ethnicity and culture' with sub-themes of 'stereotyping' and 'improving the quality of care.' CONCLUSION: The findings highlight issues affecting the quality of maternity care that BME women in England receive. Many issues are not unique to BME women; however, the findings reflect some seemingly enduring issues and coherence with other wider international findings, particularly in relation to post-natal care and staff attitudes. Actually being cared for and supported across their child-bearing experience are needs that women themselves identified as critical for care providers to recognise and respond to. The failures of care provision described should inform the development of services. [Abstract]

Taylor, Shena, et al.
Cross-cultural communication barriers in health care.
Nursing Standard 2013; 27 (31): 35-43 (3 April 2013)
AIM: To investigate healthcare professionals' perceptions of caring for people from ethnic minorities with poor or no English language skills when accessing health care. METHOD: Semi-structured interviews were carried out with 34 healthcare professionals to identify their perception of barriers encountered by those with poor or no English language skills. FINDINGS: Five main themes were identified in relation to barriers in accessing health care: language; low literacy; lack of understanding; attitudes, gender attitudes and health beliefs; and retention of information. CONCLUSION: It is essential that all individuals are able to interact effectively with healthcare services. New and innovative approaches are necessary to meet the needs of people from ethnic minorities accessing health care. [Abstract]

Sekwalor, Catherine
A project to improve uptake of immunisation in north-east London.
Community Practitioner 2012; 85 (10): 38-39 (October 2012)
Catherine Sekwalor describes a project working with Charedi Orthodox Jewish Community of Stamford Hill, north-east London, to promote immunisation. [Introduction]

Dean, Erin
Removing the stigma.
Nursing Standard 2012; 27 (7): 24 (17 October 2012)
Nurse Danna Millett and case worker Susan Collinson have been working for five years in an ethnically diverse area of east London to reduce stigma around TB and HIV in hard-to-reach communities. More people than before are willing to be tested and the community's understanding of general health issues may also be improving. [Summary]

Knight, Paula
Raising cancer awareness in minority ethnic groups.
Nursing Times 2012; 108 (38): 17-19 (18 September 2012)
Awareness of cancer and uptake of screening is lower among some black and minority ethnic groups than in the white British population, yet incidence of some cancers is higher. The National Cancer Action Team has set up a pilot with a number of BME communities to improve screening uptake and understanding of early signs and symptoms of cancer by increasing cancer awareness and dispelling myths and misconceptions. [Abstract]
http://www.nursingtimes.net/nursing-practice/specialisms/cancer/raising-cancer-awareness-in-minority-ethnic-groups/5049427.article

Greyson, Opal
Hepatitis C awareness among South Asians.
Nursing Times 2012; 108 (32): 21-23 (7 August 2012)
This article describes a project that worked to raise awareness of hepatitis C virus (HCV) in the South Asian community. The aim was to encourage people to come forward for testing and to reduce the incidence of liver disease in this group. Health education talks were given within the community and two GP practices offered support. Seventy four people came forward for HCV testing, three of whom were HCV positive and were referred for antiviral treatment. [Abstract]

Chita, Sunder, et al.
A few words on self-management.
Health Service Journal 2012; 122 (6312): 28-29 (5 July 2012)
Multilingual peer educators in north-west London are helping people in hard-to-reach communities manage their diabetes, say Sunder Chita and colleagues. [Introduction]

James, Gareth D., et al.
Ethnic and social disparity in glycaemic control in type two diabetes : cohort study in general practice 2004-9.
Journal of the Royal Society of Medicine 2012; 105 (7): 300-308 (July 2012)
OBJECTIVE: To determine whether ethnic group differences in glycated haemoglobin (HbA1c) changed over a 5-year period in people on medication for type 2 diabetes. DESIGN: Open cohort in 2004-9. SETTING: Electronic records of 100 of the 101 general practices in two inner London boroughs. Participants People aged 35 to 74 years on medication for type 2 diabetes. MAIN OUTCOME MEASURES: Mean HbA1c and proportion with HbA1c controlled to ≤7.5 per cent. RESULTS: In this cohort of 24,111 people, 22 per cent were White, 58 per cent South Asian and 17 per cent Black African/Caribbean. From 2004 to 2009 mean HbA1c improved from 8.2 per cent to 7.8 per cent for White, from 8.5 per cent to 8.0 per cent for Black African/Caribbean and from 8.5 per cent to 8.0 per cent for South Asian people. The proportion with HbA1c controlled to 7.5 per cent or less, increased from 44 per cent to 56 per cent in White, 38 per cent to 53 per cent in Black African/Caribbean and 34 per cent to 48 per cent in South Asian people. Ethnic group and social deprivation were independently associated with HbA1c. South Asian and Black African/Caribbean people were treated more intensively than White people. CONCLUSION: HbA1c control improved for all ethnic groups between 2004-9. However, South Asian and Black African/Caribbean people had persistently worse control despite more intensive treatment and significantly more improvement than White people. Higher social deprivation was independently associated with worse control. [Abstract]

Lu, Mingshan, et al.
A systematic review of interventions to increase breast and cervical cancer screening uptake among Asian women.
BMC Public Health 2012; 12 (413): (7 June 2012)

The Asian population is one of the fastest growing ethnic minority groups in western countries. However, cancer screening uptake is consistently lower in this group than in the native-born populations. As a first step towards developing an effective cancer screening intervention program targeting Asian women, we conducted a comprehensive systematic review, without geographic, language or date limitations, to update current knowledge on the effectiveness of existing intervention strategies to enhance breast and cervical screening uptake in Asian women. [Abstract]
http://www.biomedcentral.com/1471-2458/12/413/

Mladovsky, Philip, et al.
Responding to diversity : an exploratory study of migrant health policies in Europe.
Health Policy 2012; 105 (1): 1-9 (April 2012)

There has been growing international attention to migrant health, reflecting recognition of the need for health systems to adapt to increasingly diverse populations. However, reports from health policy experts in 25 European countries suggest that by 2009 only eleven countries had established national policies to improve migrant health that go beyond migrants' statutory or legal entitlement to care. The objective of this paper is to compare and contrast the content of these policies and analyse their strengths and limitations. The analysis suggests that most of the national policies target either migrants or more established ethnic minorities. Countries should address the diverse needs of both groups and could learn from "intercultural" health care policies in Ireland and, in the past, the Netherlands. Policies in several countries prioritise specific diseases or conditions, but these differ and it is not clear whether they accurately reflect real differences in need among countries. Policy initiatives typically involve training health workers, providing interpreter services and/or 'cultural mediators', adapting organizational culture, improving data collection and providing information to migrants on health problems and services. A few countries stand out for their quest to increase migrants' health literacy and their participation in the development and implementation of policy. Progressive migrant health policies are not always sustainable as they can be undermined or even reversed when political contexts change. The analysis of migrant health policies in Europe is still in its infancy and there is an urgent need to monitor the implementation and evaluate the effectiveness of these diverse policies. [Abstract]

Calvert, Melanie
Population health status of South Asian and African-Caribbean communities in the United Kingdom.
BMC Health Services Research 2012; 12 (101): (25 April 2012)

BACKGROUND: Population health status scores are routinely used to inform economic evaluation and evaluate the impact of disease and/or treatment on health. It is unclear whether the health status in black and minority ethnic groups are comparable to these population health status data. The aim of this study was to evaluate health-status in South Asian and African-Caribbean populations. METHODS: Cross-sectional study recruiting participants aged $\geq$ 45 years (September 2006 to July 2009) from 20 primary care centres in Birmingham, United Kingdom.10,902 eligible subjects were invited, 5,408 participated (49.6 per cent). 5,354 participants had complete data (49.1 per cent) (3442 South Asian and 1912 African-Caribbean). Health status was assessed by interview using the EuroQoL EQ-5D. RESULTS: The mean EQ-5D score in South Asian participants was 0.91 (standard deviation (SD) 0.18), median score 1 (interquartile range (IQR) 0.848 to 1) and in African-Caribbean participants the mean score was 0.92 (SD 0.18), median 1 (IQR 1 to 1). Compared with normative data from the UK general population, substantially fewer African-Caribbean and South Asian participants reported problems with mobility, usual activities, pain and anxiety when stratified by age resulting in higher average health status estimates than those from the UK population. Multivariable modelling showed that decreased health-related quality of life (HRQL) was associated with increased age, female gender and increased body mass index. A medical history of depression, stroke/transient ischemic attack, heart failure and arthritis were associated with substantial reductions in HRQL. CONCLUSIONS: The reported HRQL of these minority ethnic groups was substantially higher than anticipated compared to UK normative data. Participants with chronic disease experienced significant reductions in HRQL and should be a target for health intervention. [Abstract]
http://www.biomedcentral.com/1472-6963/12/101

Iqbal, Gulnaz, et al.
UK ethnicity data collection for healthcare statistics : the South Asian perspective.
BMC Public Health 2012; 12 (243): (27 March 2012)

BACKGROUND: Ethnicity data collection has been proven to be important in health care but despite government initiatives remains incomplete and mostly un-validated in the UK. Accurate self-reported ethnicity data would enable experts to assess inequalities in health and access to services and help to ensure resources are targeted appropriately. The aim of this paper is to explore the reasons for the observed gap in ethnicity data by examining the perceptions and experiences of healthy South Asian volunteers. South Asians are the largest ethnic minority group accounting for 50 per cent of all ethnic minorities in the UK 2001 census. METHODS: Five focus groups, conducted by trained facilitators in the native language of each group, recruited 36 South Asian volunteers from local community centres and places of worship. The topic guide focused on five key areas:1) general opinions on the collection of ethnicity, 2) experiences of providing ethnicity information, 3) categories used in practice, 4) opinions of other indicators of ethnicity e.g. language, religion and culture and 5) views on how should this information be collected. The translated transcripts were analysed using a qualitative thematic approach. RESULTS: The findings of this Cancer Research UK commissioned study revealed that participants felt that accurate recording of ethnicity data was important in healthcare with several stating the increased prevalence of certain diseases in minority ethnic groups as an appropriate justification to improve this data. The overwhelming majority raised no objections to providing this data when the purpose of data collection is fully explained. CONCLUSIONS: This study confirmed that the collection of patients' ethnicity data is deemed important by potential patients but there remains uncertainty and unease as to how the data may be used. A common theme running through the focus groups was the willingness to provide these data, strongly accompanied by a desire to have more information with regard to its use. [Abstract]
http://www.biomedcentral.com/1471-2458/12/243

Johnman, C., et al.
Linkage of data in the study of ethnic inequalities and inequities in health outcomes in Scotland, New Zealand and the Netherlands : Insights for global study of ethnicity and health.
Public Health 2012; 126 (3): 245-247 (March 2012)

Reducing inequalities in health is a global priority. An essential tool in achieving this reduction is the ability to provide valid measurements of inequalities, which are comparable over time and ultimately across countries and continents. With valid data a true understanding of inequalities can be ascertained, which can begin to inform effective legislation and policy. In this workshop, the speakers described in three different countries, Scotland, New Zealand and the Netherlands, how record linkage has been used to link ethnic status to health and health care measures and so to determine ethnic inequalities in health with the ultimate aim of reducing these inequalities. [Abstract]

Lyratzopoulos, G., et al.
Understanding ethnic and other socio-demographic differences in patient experience of primary care : evidence from the English General Practice Patient Survey.
BMJ Quality and Safety 2012; 21 (1): 21-29 (January 2012)

BACKGROUND: Ethnic minorities and some other patient groups consistently report lower scores on patient surveys, but the reasons for this are unclear. This study examined whether low scores of ethnic minority and other socio-demographic groups reflect their concentration in poorly performing primary care practices, and whether any remaining differences are consistent across practices. METHODS: Using data from the 2009 English General Practice Patient Survey (2,163,456 respondents from 8,267 general practices) this study examined associations between patient socio-demographic characteristics and 11 measures of patient-reported experience. FINDINGS: South Asian and Chinese patients, younger patients, and those in poor health reported a less positive primary care experience than White patients, older patients and those in better health. For doctor communication, about half of the overall difference associated with South Asian patients (ranging from −6 to −9 percentage points) could be explained by their concentration in practices with low scores, but the other half arose because they reported less positive experiences than White patients in the same practices. Practices varied considerably in the direction and extent of ethnic differences. In some practices ethnic minority patients reported better experience than White patients. Differences associated with gender, Black ethnicity and deprivation were small and inconsistent. CONCLUSION: Substantial ethnic differences in patient experience exist in a national healthcare system providing universal coverage. Improving the experience of patients in low-scoring practices would not only improve the quality of care provided to their White patients but it would also substantially reduce ethnic group differences in patient experience. There were large variations in the experiences reported by ethnic minority patients in different practices: practices with high patient experience scores from ethnic minority patients could be studied as models for quality improvement. [Abstract]

Wilson, Charlotte, et al.
Patient access to healthcare services and optimisation of self-management for ethnic minority populations living with diabetes : a systematic review.
Health and Social Care in the Community 2012; 20 (1): 1-19 (January 2012)

A higher risk of diabetes mellitus in South Asian and Black African populations combined with lower reported access and self-management-related health outcomes informed the aims of this study. Our aims were to synthesise and evaluate evidence relating to patient self-management and access to healthcare services for ethnic minority groups living with diabetes. A comprehensive search strategy was developed capturing a full range of study types from 1995-2010, including relevant hand-searched literature pre-dating 1995. Systematic database searches of MEDLINE, Cochrane, DARE, HTA and NHSEED, the British Nursing Index, CAB abstracts, EMBASE, Global Health, Health Management Information Consortium and PsychInfo were conducted, yielding 21,288 abstracts. Following search strategy refinement and the application of review eligibility criteria; 11 randomised controlled trials (RCTs), 18 qualitative studies and 18 quantitative studies were evaluated and principal results extracted. Results suggest that self-management practices are in need of targeted intervention in terms of patients' knowledge and understanding of their illness, inadequacy of information and language and communication difficulties arising from cultural differences. Access to health-care is similarly hindered by a lack of cultural sensitivity in service provision and under use of clinic-based interpreters and community-based services. Recommendations for practice and subsequent intervention primarily rest at the service level but key barriers at patient and provider levels are also identified. [Abstract]

Hatch, Stephani L., et al.
Identifying socio-demographic and socioeconomic determinants of health inequalities in a diverse London community : the South East London Community Health (SELCoH) study.
BMC Public Health 2011; 11 (861): (11 November 2011)

BACKGROUND: Responses to public health need require information on the distribution of mental and physical ill health by demographic and socioeconomic factors at the local community level. METHODS: The South East London Community Health (SELCoH) study is a community psychiatric and physical morbidity survey. Trained interviewers conducted face-to-face computer assisted interviews with 1,698 adults aged 16 years and over, from 1,076 randomly selected private households in two south London boroughs. We compared the prevalence of common mental disorders, hazardous alcohol use, long standing illness and general physical health by demographic and socioeconomic indicators. Unadjusted and models adjusted for demographic and socioeconomic indicators are presented for all logistic regression models. RESULTS: Of those in the sample, 24.2 per cent reported common mental disorder and 44.9 per cent reported having a long standing illness, with 15.7 per cent reporting hazardous alcohol consumption and 19.2 per cent rating their health as fair or poor. The pattern of indicators identifying health inequalities for common mental disorder, poor general health and having a long term illness is similar; individuals who are socioeconomically disadvantaged have poorer health and physical health worsens as age increases for all groups. The prevalence of poor health outcomes by ethnic group suggests that there are important differences between groups, particularly for common mental disorder and poor general health. Higher socioeconomic status was protective for common mental disorder, fair or poor health and long standing illness, but those with higher socioeconomic status reported higher levels of hazardous alcohol use. The proportion of participants who met the criteria for common mental disorder with co-occurring functional limitations was similar or greater to those with poor physical health. CONCLUSIONS: Health service providers and policy makers should prioritise high risk, socially defined groups in combating inequalities in individual and co-occurring poor mental and physical problems. In population terms, poor mental health has a similar or greater burden on functional impairment than long term conditions and perceived health. [Abstract]
http://www.biomedcentral.com/1471-2458/11/861

Francis, Gill
Attitudes towards Gypsy Travellers.
Nursing Times 2011; 107 (39): 12-14 (4 October 2011)

Gypsy Travellers often experience wide-ranging inequalities, associated with poor access to health services and education, discrimination, and health professionals' lack of understanding of the cultural identity and health needs of their community. This article explores nurses' attitudes to Gypsy Travellers, and discusses how overcoming bias and negativity can help address the health needs of this community. [Abstract]

Vazquez, Maria-Luisa, et al.
Health policies for migrant populations in three European countries : England; Italy and Spain.
Health Policy 2011; 101 (1): 70-78 (June 2011)
OBJECTIVES: The study aimed at providing a comparative analysis of health policies for immigrant populations in three European countries. METHODS: A descriptive comparative study of health policies for immigrant population was conducted through content analysis. England, Italy and Spain were selected because they have similar national health systems and different histories of immigration. For each country national or regional plans that included health policies for immigrants or ethnic minorities were selected. The analysis was conducted along the following dimensions: policy objectives, strategies, and evaluation of results. Subsequently, strategies were categorized according to the field of action. RESULTS: Improvements in immigrants' health are the ultimate objectives of these policies but they differ in emphasis and strategies. Main strategies relate to: addressing specific health issues; access to healthcare - information, communication, service supply and administrative proceedings; and improving quality of healthcare provision - services adaptation, professionals training and health needs' analysis. Only in England are some results of policy evaluation available. CONCLUSIONS: Different models of immigrant integration in receiving countries seem to condition the health policy approach. England and Spain propose actions to address immigrants' healthcare needs, while in Italy the development of specific strategies is limited. [Abstract]

Davies, Nicola
Reducing inequalities in healthcare provision for older adults.
Nursing Standard 2011; 25 (41): 49-55 (15 June 2011)
The UK has a rapidly ageing population with increasing healthcare needs. Yet social isolation and exclusion, resulting from stigma and age discrimination, means that many older people are faced with unequal access to health care, referral and treatment. Inequalities in health care are particularly prevalent among older people with mental health issues and those from black and minority ethnic backgrounds. Healthcare professionals need to encourage greater involvement of older people in health promotion and community-based healthcare services. Nurses are exemplars for health service delivery and are ideally placed to promote health care that is free from age-related discrimination. [Abstract]

Steventon, Adam <u>and</u> Bardsley, Martin
Use of secondary care in England by international immigrants.
Journal of Health Services Research and Policy 2011; 16 (2): 90-94 (April 2011)
OBJECTIVE: Although over half a million migrants arrive in England each year, information about their use of health services is limited. Our aim was to describe the use of secondary care by international immigrants and compare it to people moving within England. METHODS: Routine anonymized data were used to identify people who appear as registering with a general practitioner (GP) for the first time in England, yet are aged 15 or over. We assumed that most long-term residents will have registered before the age of 15, and therefore the majority of those registering for the first time later in life will be international immigrants. The study compared hospital admissions among first registrants to the general population of England and to within-England migrants, selected using propensity scoring. RESULTS: The first registrants aged 15 or over had around half the rate of hospital admission as that of the general population of England. They were also less likely to have a hospital admission than a matched group of within-England migrants. The lower admission rates persisted over several years and were consistent in three consecutive cohorts of first registrants (each consisting of over half a million people). CONCLUSIONS: The assumption that international immigrants use more secondary care than the members of the indigenous population appears to be unfounded. [Abstract]

Grant, Liz, et al.
Spiritual dimensions of dying in pluralist societies.
BMJ 2010; 341 (7774): 659-662 (25 September 2010)
Despite the decline of formal religion many people still regard the idea of spirituality as essential to their sense of self, especially at times of inner turbulence. We explore how the spiritual needs of dying patients can be understood and met in pluralist and secular societies. [Introduction]

Greenhalgh, Trisha, et al.
New models of self-management education for minority ethnic groups : pilot randomized trial of a story-sharing intervention.
OBJECTIVE: No model of self-management education or peer support has yet achieved widespread reach and acceptability with minority ethnic groups. We sought to refine and test a new complex intervention in diabetes education: informal story-sharing groups facilitated by bilingual health advocates. METHODS: Pilot randomized trial with in-depth process evaluation in a socioeconomically deprived area. 157 people referred for diabetes education were randomized by concealed allocation to an intervention (story-sharing group in their own language) or control ('usual care' self-management education, through an interpreter if necessary) arm. Story-sharing groups were held in five ethnic languages and English (for African Caribbeans), and ran fortnightly for six months. Primary outcome was UKPDS (UK Prospective Diabetes Study) risk score. Secondary outcomes included attendance, HbA1c, well-being and enablement. Process measures included ethnographic observation, and qualitative interviews with staff and patients. RESULTS: Some follow-up data were obtained on 87 per cent of participants. There was no significant difference between intervention and control arms in biomedical outcomes. Attendance was 79 per cent in the story-sharing arm and 35 per cent in the control arm (p < 0.0001), and patient enablement scores were significantly higher (8.3 compared to 5.9, p < 0.005). The model was very popular with clinicians, managers and patients, which helped overcome numerous challenges to its successful embedding in a busy public sector diabetes service. CONCLUSION: People from minority ethnic groups in a socioeconomically deprived area were keen to attend informal story-sharing groups and felt empowered by them, but clinical outcomes were no better than with conventional education. Further research is needed to maximize the potential and evaluate the place of this appealing service model before it is introduced as a part of mainstream diabetes services. [Abstract]

WEB RESOURCES

Afiya Trust
http://www.afiya-trust.org/

African Health Policy Network
http://www.ahpn.org.uk/

BME Health Forum
http://www.bmehf.org.uk/

Engage toolkit : supporting black and minority ethnic family carers.
http://www.engagetoolkit.org.uk/

London Knowledge & Intelligence Team - ethnic health intelligence
http://www.lho.org.uk/LHO_Topics/National_Lead_Areas/EthnicHealthIntelligence.aspx

MIGHEALTHNET - information network on good practice in healthcare for migrants and minorities in Europe.
http://mighealth.net/
United Kingdom wiki: http://mighealth.net/uk/index.php/Main_Page

NHS BME Network
http://www.nhsbmenetwork.org.uk/

Race Equality Foundation
http://www.raceequalityfoundation.org.uk/
- including **Better Health Briefing Papers**
  http://www.better-health.org.uk/briefings

Sickle Cell Society
http://www.sicklecellsociety.org/