

Health at Warwick

update

Ethnicity and Health

When a sociologist and an epidemiologist get together and talk about ethnicity, are they talking about the same thing? Does ethnicity equate with colour? Can someone's idea of his or her own ethnicity change over time? Is ethnicity the same thing as genetic inheritance, or does it depend more on someone's culture?

Such questions are important for anyone wanting to improve access to health services for people in ethnic minority groups, and for people trying to eliminate the inequalities in health that exist between people from different ethnic groups.

They also illustrate how communication across disciplines – difficult though that can be – is crucial if researchers are to address such complex issues.

Vital definitions

Hannah Bradby, Lecturer at the University of Warwick and newly appointed Co-Director of the Institute of Health, notes that even researchers speaking the same language may not mean the same thing by the same word – particularly when the word in question is ethnicity.

She said: "It is very important to specify what you mean by ethnicity because it covers such a wide range of things, from the idea of a visible minority who may experience racism or other forms of exclusion, to ideas around culture and heritage that people use to make sense of their life events, their fortunes and misfortunes."

In most research, the focus is on only one or two aspects of the gamut of things that people mean by "ethnicity". Anthropologists, Hannah said, are likely to be looking at cultural aspects of ethnicity, while medical researchers studying diabetes in people of South Asian descent may be looking at genetically determined metabolic risk factors.

Lost in translation

One common stumbling block for people who need to do studies in more than one language, she added, is under-

estimating the extra time and cost involved in obtaining appropriate translation services. "It is very obvious to linguists, but not always to other researchers, that you cannot just make a simplistic one-to-one mapping from a word in one language to a word in another language," Hannah said. "For example, what constitutes a sister or an aunt, or what someone means by 'unhappiness', varies from culture to culture."

This type of understanding will help to support the work that will be carried out at the University of Warwick, at the new National Centre for Research in Ethnicity and Mental Health, where Hannah is a member of the board.

The centre, which opens officially in June 2004, is being funded by the National Institute for Mental Health in England (NIMHE), a national organisation and part of the NHS, which works to improve the quality of life for people experiencing mental distress. Its co-directors will be **Professor Sashi Sashidharan**, former Medical Director of North Birmingham Mental Health Trust, and **Scott Weich**, Professor of Psychiatry at Leicester Medical School.

Understanding the barriers

Scott, who is based in the Division of Health in the Community at the University of Warwick, said: "The primary objective of the centre will be to establish



Hannah Bradby and Maya Varyani, a multilingual social research interviewer



Professor Sashi Sashidharan

research of national and international status in the field of ethnicity and mental health, with a particular focus on understanding what barriers exist between health services and people in black and ethnic minority groups.”

Such work will build on the conclusions of a report commissioned from a group of experts by the Department of Health, and chaired by Sashi, which examined access to mental health

services by black and ethnic minority groups. The report, *Inside Outside* (Department of Health, 2003), found that people in these groups reported experiencing discrimination, and that their encounters with health services were often unsatisfactory.

As the title of the report suggests, the group concluded that there need to be changes both within the health service and outside of it, in the community.

Collaborative research

The centre’s first research project will aim to investigate these issues further, and to understand in detail what sometimes goes wrong when people from black and ethnic minority groups try to access services. “In the longer term,” Scott said, “we want to understand the very sensitive phenomenon known as ‘institutional racism’ and how an organisation or institution can be perceived as being ‘racist’ without the individuals who work in it themselves being racist. This is our challenge: to look behind the headline findings.”

The National Institute for Mental Health in England was keen to site the National Centre for Research in Ethnicity and Mental Health at Warwick, Scott added, because of its track record in having a strong interface between health and social studies. “The sorts of questions we will be examining are often very subtle and complicated, and often evade study by quantitative methods, but the ability and enthusiasm for collaborative interdisciplinary research here, means that we can look at these really complicated problems using a range of methodologies.”

Unexpected findings

A study recently completed by Scott, working with colleagues in Warwick, London and Exeter, illustrates the kinds of complex issues he is talking about. This study was carried out as part of a national survey funded by the Department of Health (Erens *et al.*, 2001). A paper

reporting some of the findings is also in press with *Psychological Medicine* (Weich *et al.*, in press).

The aim of the study was to compare the prevalence of the common mental disorders – anxiety and depression – in samples of people from the six largest ethnic groups in England. These groups are White, Irish, Black Caribbean, Bangladeshi, Indian and Pakistani.

People taking part were interviewed about symptoms of anxiety and depression using a standardised clinical interview. This was among the first nationally representative surveys to look at symptoms of mental disorder in the community, rather than presence of diagnosed conditions in people attending health services. It was also the first survey to include a sample identified as Irish; in past research, this group had always been included under the category of White.

Overall, Scott said, there were no marked differences in the prevalence of symptoms of anxiety and depression between different ethnic groups. But when the researchers broke the ethnic groups down into sex and age groups, some variation was present – although Scott warns that these data must be interpreted cautiously because the differences could be due to chance.

One striking finding was an apparently very low rate of symptoms among Bangladeshi women. “The Bangladeshi population are incredibly deprived when you use traditional measures of social deprivation, such as unemployment, low levels of education and living in rented accommodation,” Scott said. These are all indicators of low socioeconomic status, and psychiatric disorder is generally associated very strongly with socioeconomic deprivation. “So we would have expected them to have a very high level of morbidity – but they didn’t.”

The influence of language

One reason for this, he speculated, is that the Bangladeshi women interviewed for the survey were more likely than any other group to have been interviewed in their own language – in this case, Bengali. When the researchers separated out the results for Bangladeshi women who had been interviewed in English, they found that this group reported levels of symptoms similar to those of White women.

Scott said: “This is an interesting and intriguing area: was the low rate of symptoms in this group of women something specific to the Bangladeshi community, or is it about how distress is expressed in Bengali? It certainly illustrates well the limitations of quantitative surveys, and typifies the kinds of areas that researchers at the new centre will want to explore, using sociological and anthropological methods.”

Attitudes to language barriers

Some of Hannah’s work has involved contrasting the approaches of different disciplines to language. Writing in

Sociology of Health and Illness (Bradby, 2002), she notes that sociology has paid little interest in language, mainly because British sociologists have traditionally studied British people, most of whom, until relatively recently, all spoke English.

Yet anthropologists have mostly taken the view that in order to study a people, you need to know their language. As one eminent anthropologist wrote in the early 1950s: "In learning the language one learns the culture and the social system which are conceptualised in the language."

Hannah emphasises that researchers commissioning translators need to be aware that not all translators will offer the same insight to the subject matter. A translator sent by the local authority translation unit, for example, might be highly educated to degree level in the literary form of the language, when what the researcher needs is someone trained to look for what Hannah calls the "sociological inflexions" of the language.

To explain what she means by this, she gives the example of how a tradition of technical and legal translation has grown up in government and international political circles, driven most recently by the formation of the European Union. "Such translators have to focus on legal or technical comparability of terms. By contrast, if you are doing a sociological translation, you are interested in the resonances of the words people are using, and in the subdimensions of words." Someone talking about how unhappy they feel to a friend, or even an interviewer, is likely to use quite different language to describe their feelings, to that which a doctor or psychiatrist would use to describe the diagnosis and associated symptoms.

Ideas about ethnicity

Ethnicity is such a multi-faceted concept, it is no wonder that people find it difficult to both define and measure it. Hannah has also reviewed the literature relating to ways of defining ethnicity in health research (Bradby, 2003).

She found that there was both general agreement among authors that it is difficult to do ethically sound research on ethnicity, and considerable optimism that it should be possible to find a way to classify people's ethnic origins that is both politically acceptable and delivers data that are useful for research. "Unfortunately, I did not find a consensus in terms of suggested solutions to the problem," Hannah said.

Many studies, including the UK Census, use printed lists of ethnic groups for respondents to categorise themselves. Researchers have criticised these on the grounds that they imply homogeneity within groups that does not exist in reality, fail to offer terms with which people identify, and reproduce crude and even racist classifications. Yet other methods, including allowing people to describe their own ethnicity in their own words, or having the researcher

assign subjects to ethnic groups, also have major drawbacks.

Another problem, Hannah pointed out, is that even when people are given the opportunity to allocate themselves to one of a large number of categories, as soon as the data are used for quantitative research, categories get lumped together and the detail gets lost.



Professor Scott Weich

Scott believes that such debates about what people mean by "ethnicity" are enriching and helpful. He said: "We are determined to tease out what is contained in the term 'ethnicity', and to disentangle it from socioeconomic factors".

At the same time, he added, "We have to drive the research forward for both academic and policy reasons. We owe it to the people who want to develop policies, and to those people who are going to benefit from these policies, to begin *explaining* the reasons for the differences in disease rates and outcomes that are observed in different ethnic groups."

In her review, Hannah concludes that: "A universal conceptualisation of ethnicity may be a theoretical concept that it is impossible to operationalise." She predicts that it will promote good research, and contribute to ironing out inequalities in health and health care, if researchers recognise the redundancy of the term ethnicity as "a coverall term that apparently describes a universal phenomenon."

References

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- Minnis H, Kelly E, Bradby H *et al* (2003) Cultural and language mismatch; Clinical complications. *Clinical child psychology and psychiatry* **8**:2 179–186.
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Selected current and recently completed research at the University of Warwick in the area of Ethnicity and Health

Dr Jane Barlow, Professor Sarah Stewart-Brown and Richard Shaw, in conjunction with the Race Equality Unit. *Parenting Programmes and Minority Ethnic Parents: What Works? Experiences and outcomes*. Funded by Joseph Rowntree Foundation

Dr Anil Gumber; Professor Peter Elias, Rhys Davies, Prof Mark Johnson, Dr David Owen and Professor Ian Walker. *A Review of the Occupational Health and Safety of Britain's Ethnic Minorities*. Funded by HSE.

Dr Anil Gumber, Prof Mark Johnson and Dr Kip Jones. *A systematic review of the research evidence on 'ethnicity and communication' to inform policy and practice in mainstream and targeted health services*. Funded by the Department of Health.

Dr Anil Gumber, Diane Clay, Debbie Biggerstaff, Prof Mark Johnson, Dr Kip Jones, Jan Birksted and Prof Adam Hardy. *Good practice guidance on cultural sensitivity in the design of health care facility buildings*. Funded by NHS Estates.

Dr Anil Gumber, Diane Clay, Anne Shaw, Prof Mark Johnson and Dr Kip Jones. *National electronic Library for Health (NeLH) investigation of needs for information on ethnicity*. Funded by NHS Information Authority.

Dr Jackie Sturt. *Validation of the Diabetes management self-efficacy scale (DMSES) and the perceived therapeutic efficacy scale (PTES)*

in Punjabi, Urdu, Gujarati and Bengali. Funded by Department of Health, NCCRC Post-doctoral Award.

Prof Ala Szczepura, Dr David Owen, Prof Mark Johnson and Prof Sheina Orbell. *Colorectal cancer screening evaluation: Ethnicity*. Funded by the Department of Health.

Prof Ala Szczepura, Paul Kind, Prof Jon Ayres, Prof Tony Maden, Prof Bryan Williams, Prof John B Young and Prof Richard Lilford. *Accommodating ethnic minority groups when evaluating outcomes of treatment*. Funded by NHS Health Technology Assessment Programme (Methodology Panel).

Prof Ala Szczepura, Dr Anil Gumber, Diane Clay, Debbie Biggerstaff, Prof Mark Johnson, Dr Kip Jones and Mary Hamilton. *A systematic review of inequalities in health associated with ethnic groups*. Funded by the Home Office.

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