Inequalities, migration and ethnicity

Comment on Dr Raj S. Bhopal’s Research agenda for tackling inequalities related to migration and ethnicity in Europe

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Migrants and ethnic minorities make up ~9% of the total European Union (EU) population. These are heterogeneous groups. Merging Indians, Pakistanis and Bangladeshis together as South Asians clearly fails to reflect the complexities of their differing cultures, faiths and behaviours. A recent systematic review identified only 17 papers which examined and compared self-perceived health amongst ethnic minority groups in the EU.1 The identified papers were sourced from five EU countries with Sweden providing most of these. There appears to be limited interest in and knowledge of the ethnicity inequality agenda in the EU, despite equity in health being one of its underlying values.

Bhopal’s commentary2 raises the priority of this issue and explores its implications for public health. Reducing ethnic inequalities and inequities in health should be a higher priority in public health research, policy and practice. A rationale for the importance of including migrant and ethnic minority populations in European health research is presented, the current status of this research is proposed, principles for addressing gaps in the evidence are suggested and some key messages for developing inequalities research in Europe are nominated. The assumption that minorities will always be unequal compared with the settled white population because of biological difference is challenged, it being noted that the often great disparities in health status and behaviour may sometimes favour minorities.

There is often a legal requirement to develop effective interventions which meet the health care needs of minority communities. This requires data to initially establish the extent of health inequalities, identify priorities and implement interventions. Data remains inadequate often providing a local rather than national perspective. The exemplar status of the 1999 and 2004 Health Surveys for England3,4 is noted as being exceptional. This body of data shows that disadvantage remains after adjustment for the socioeconomic determinants of health, suggesting there are pathways to be modelled between social structure and cultural context.

Principles are proposed to address this situation. Developing information systems and identifying effective implementations within an overall ethically inclusive framework are suggested. An interesting case study is presented of Scotland’s approach to progressing the shortage of research data by the retrospective use of the Census.

The commentary provides several new insights on European research practice. Surprisingly, reporting the outcomes of interventions disaggregated by ethnic group is not a current practice outside North America. Seeking consent to take part in trials amongst ethnic minorities may involve a process of family rather than individual consent. The role of ethical committees in either facilitating or precluding ethnic minority participation is explored.

Research and policy developments are identified. Firstly, there is the possibility that examples of good practice in research are available in the grey literature but have been overlooked. These need to be identified. The informal activity of the Scottish Association of Black Researchers is salutary—its dissemination of guidelines on the ethics of research with ethnic minority groups was hampered by their removal from the internet. There is also a need for valid and reliable instruments. In their absence it seems sensible to be cautious in seeking international comparisons. It should be acknowledged that self-reported status may introduce bias. Finally, ethnic minorities should be recruited into general surveys in addition to being participants in focused investigations using culturally and linguistically appropriate measures. Longitudinal study designs will help model causal relationships between variables. Together these initiatives will help develop a clear understanding of the underlying social

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processes responsible for differences in inequalities related to ethnicity.

References


