The 'win-win' of addressing ethnic diversity

As we explore, in this issue, the health needs of those observing the Ramadan fast (see page 22), Professor Raj Bhopal, an internationally recognised expert on health issues in ethnic minority communities, argues that increased consideration of health variations in these groups will yield benefits to all patients.

One of the changes we are seeing in medicine is the increasing use of information on population groups (statistics/epidemiology) to inform the care of individual patients. This helps us to understand the causes and prevention of diseases and to tailor healthcare to deliver appropriate services.

Another change transforming societies and medicine worldwide is the multi-ethnic, multicultural society arising from international migration. We see the diversity of the UK population reflected in skin colour, facial features, dress codes (sometimes reflecting religion), health-related behaviours and of course disease patterns.

This rapidly increasing ethnic diversity has been accompanied by both political and health care challenges.

Analysis of population data on health status, health behaviour and health care by ethnic group has provided insights that potentially benefit the entire population. The health of migrant and ethnic minorities, perhaps surprisingly, is often better – not worse – than the population as a whole. While some outcomes have a higher incidence – e.g. diabetes and stroke, others, such as bowel cancer and lung cancer, have a lower incidence. We can learn from this to benefit the whole of society.

Family medicine in multi-ethnic environments has the interesting challenge of delivering equitable healthcare to the practice population. Such a goal is easy to state but difficult to achieve. Many practices, especially in inner-city areas, will have substantial numbers of settled immigrants and their children. In the early years of settlement – and for older immigrants possibly for the remainder of their lives – there will be difficulties in communication. For healthcare professionals, the main solution is to work with qualified interpreters, and wherever possible avoid family interpreters, especially children.

Certain attitudes and behaviours can be demonstrated to differentially affect health by ethnic group. But, as with diseases, the picture is complex and varies by group and the issue under consideration. Most ethnic minority groups, for instance, have a lower prevalence of alcohol abuse and heavy cigarette smoking, but they make lesser use of screening services such as those for breast cancer and bowel cancer.

Some of these variations relate to religion and others to tradition, but as in the White British population it is very easy to make false generalisations about cultural patterns of behaviour.

Given the complexity the best advice for the busy practice is to learn from the patients themselves by including ethnic and cultural details as part of history-taking. Patients are, with very few exceptions, glad to provide relevant information, such as their ethnic identity, ancestry, religion and beliefs, when they see this as part of good medical practice.

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There is evidence to show that unless special efforts are made in relation to cultural adaptation and outreach, health promotion and secondary prevention activities are less effective in migrant and ethnic minority groups. Family medicine professionals should therefore plan and target their work so that ethnic inequalities in health do not move in undesirable directions.

In caring for migrant/ethnic minority groups family medicine can potentially benefit the entire practice population. As an example, efforts to provide effective communication to those whose mother tongue is not English are likely to benefit English-speaking patients whose literacy is limited.

On the grander scale the promotion of ethnic/race equality has been a catalyst for many other strands of inequality, including health and disability. The cross-fertilisation of ideas from these different fields of health inequality research is likely to specifically benefit family medicine.

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- The *BJFM* will shortly be featuring a series of articles on health issues within specific ethnic and religious groups