



Ethnicity and Health

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ACTION for Health

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Applied Communication Technology: Information . Organizations . Networks

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Ethnicity & Health

Kjetil Rodje



• What is ethnicity?

- Place of birth?
- Nationality?
- Physical features?
- Language?
- Ancestral origin?
- Religion?
- Culture?
- Tradition?
- Sense of belonging?
- Etc.....

• Ethnicity is:

Complex and heterogeneous

- One might belong to more than one ethnic group
- An ethnic group can be internally heterogeneous

Dynamic

- One's ethnic status may change over time



• Ethnicity vs. Race

Ethnicity

- Culture
- Origin

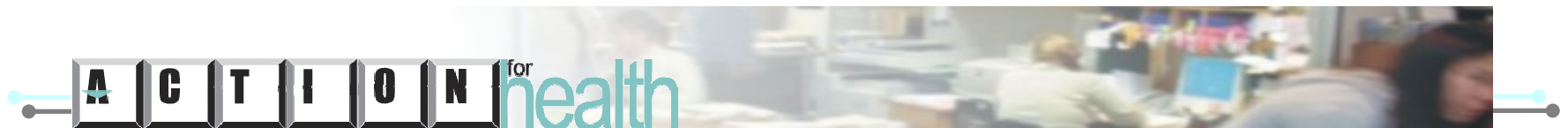
Race

- Biology
- Visual characteristics
- Contested term

● Ethnicity in Canada

Multiethnic society

- One of the most ethnically diverse in the world
- A nation founded on immigration



• 2002 Ethnicity data - Canada

Survey among non-Aboriginal population aged 15+ (N = 42 500)

- 46% reported only British, French, and/or Canadian ethnic or cultural origins.
- 19% reported other European origins
- 13% reported non-European descent
- 15% reported mixed ethnic heritage that included at least some European or non-European origins (i.e. British & German)
- 23% reported being first-generation immigrant
- 17% second generation
- 58% were third generation or more



• Sociocultural information in 2006 Census

Where was this person born?

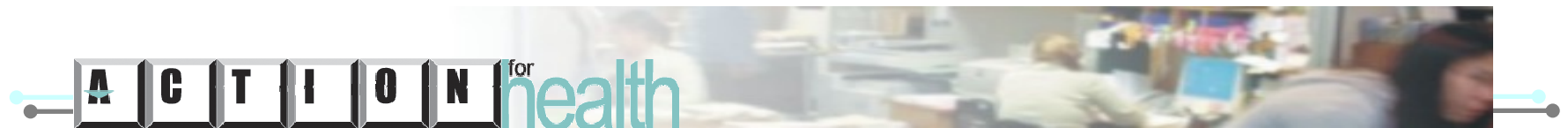
Of what country is this person a citizen?

Is this person now, or has this person ever been, a landed immigrant?

Can this person speak English or French well enough to conduct a conversation?

What language(s), other than English or French, can this person speak well enough to conduct a conversation?

Does this person speak any other languages on a regular basis at home?



• Sociocultural information in 2006 Census

What is the language that this person first learned at home in childhood and still understands?

What were the ethnic or cultural origins of this person's ancestors?

Is this person an Aboriginal person, that is, North American Indian, Métis, or Inuit (Eskimo)?

- Is this person a member of an Indian Band/First Nation?
- Is this person a Treaty Indian or a registered Indian as defined by the Indian Act of Canada?

Is this person: White, Chinese, South Asian, Black, Filipino, Latin-American, Southeast Asian, Arab, West Asian, Korean, Japanese, or other (specify)?



MeSH Headings – Population Groups

Continental Population Groups

- African Continental Ancestry Group
 - African Americans

- American Native Continental Ancestry Group
 - Indians, Central American
 - Indians, North American
 - Indians, South American
 - Inuits

- Asian Continental Ancestry Group
 - Asian Americans

- European Continental Ancestry Group

- Oceanic Ancestry Group

MeSH Headings – Population Groups

Ethnic Groups

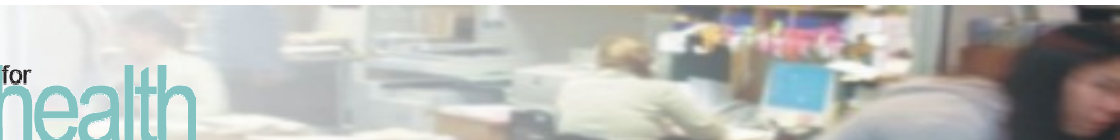
- African Americans
- Arabs
- Asian Americans
- Gypsies
- Hispanic Americans
 - Mexican Americans
- Inuits
- Jews



• Ethnicity and Health

Several studies show marked variations between different ethnic groups in health status and use of health services.

- Immigrants to Canada in general are healthy upon arrival
- This advantage is lost over time
 - Adaptation to Canadian lifestyle
 - Disadvantaged position in society
 - Psychological and psychosomatic factors as a result of immigration itself and problems with integration
- Differences in use and utilization of health care services
- Differences in perception and understanding of symptoms and risk factors

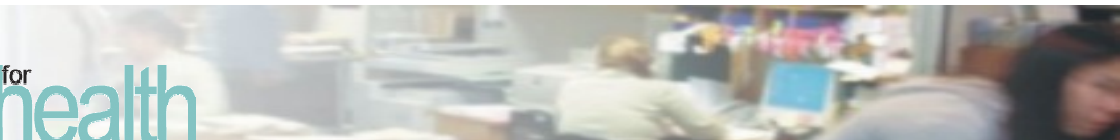


• Are differences due to ethnicity?

What is being measured, and which other factors are considered?

- What is being measured?
 - Operationalization of ethnicity
 - Operationalization of health

- Confounding factors
 - SES
 - Family relations
 - Living conditions
 - Education
 - Work conditions
 - Age
 - Gender
 - Etc...



Problems with using ethnicity as a variable in health research

Senior & Bhopal (1994): 4 fundamental problems with using ethnicity as a key variable in research on health data:

- Difficulties of measurement
- Heterogeneity of the populations being studied
- Lack of clarity about the research purpose of the research
- Ethnocentricity affecting the interpretation and use of data

• Should ethnicity be measured in health research?

What are the research questions?

- Is ethnicity relevant?

What are the benefits of including ethnicity?

- For which purposes will data on ethnicity be used?
- Which knowledge will be gained?
- How can the study be beneficial for ethnic groups studied?

What are the possible negative consequences in measuring ethnicity?

- Will the study have any damaging effects on groups or individuals under study?
- Can the study reinforce stereotypes?
- Will the study detect or construct ethnic differences?



• How to approach an ethnic heterogeneous population

Categorization of 4 approaches on how to provide an ethnically heterogeneous population with health services and information:

- Homogenizing
- Basic common ground
- Targeting
- Diversity



• Homogenizing

Minorities themselves are given the responsibility to adopt and integrate

- The health care system makes no special adjustments
- Information about available services and standards
- Up to minorities themselves to make use of the information and services
- The majority sets the standard



• Homogenizing – What are the Challenges?

Will minorities be included into the health care system?

- Potential exclusion
- Barriers to access and information (language, culture, lifestyle, etc)
- Not culturally sensitive
- May contribute to discrepancies in health and health service use
- May erase cultural differences



• Basic common ground

Focus on what people have in common

- Starts out from the assumption that there is a set of core needs and problems that all people have in common
- Services are oriented towards these common needs and problems
- Ethnic differences are just superficial
- No special services directed towards minorities
- No cultural bias



Basic common ground – What are the Challenges?

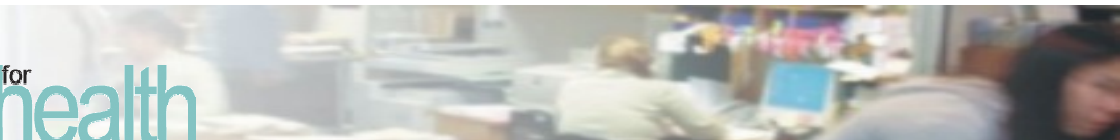
Are there really a common core of needs and problems?

- How to define what is the common and basic needs?
- Which specific services are needed?
- Will these core needs be culturally biased?
 - Risk of making the majority the 'neutral' standard
- How about other needs and services?
- Does not account for cultural differences

Targeting

Practices and information are targeted towards specific groups

- Different ethnic groups have different needs and problems
- Separate subpopulations
- Services are targeted directly towards the special needs, problems and risk factors of specific groups



Targeting – What are the Challenges?

Will this reduce differences or reproduce them?

- Top-down approach
- Must be planned well ahead
- Dependable upon accurate and up-to-date information
- Not much room for flexibility
- Risk of reinforcing stereotypes
- Might further prejudice

• Diversity

Openness, flexibility and multiplicity

- Each group or patient met on their own terms
- Avoidance of preconceived perceptions of ethnic groups
- Inclusive, rather than specific
- Focus on diversity rather than ethnic characteristics
- Flexible system that is able to accommodate diversified needs and problems

• Diversity – What are the Challenges?

Will this work in practice?

- Puts large demands on health care institutions and personnel
- Extensive knowledge, skills and flexibility needed
- Training of personnel
- Two-way communication between health services and user groups is essential