Diversity and Health – Verso la parità in salute per tutti

Dimensions of Diversity Sensitivity

INMP Roma Workshop Dec. 2014: la salute di tutti nessuno escluso

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Trustee, Afiya Trust (UK)
Grazie a Eros Ramazotti

- Ti ricordi quando poi cantavamo insieme noi
- Nessuno escluso, a ognuno la sua liberta …
- *Without Exception*….
- Non e cosi

- La realta e quella che vediamo qui!

(Ali e Radici 2009)
La declinazione dei verbi

- Io sono normale
- Tu sei eccentrico
- Noi - Siamo simili, reciprocamente compatibili
- Essi – Sono Diversi – non sono come noi!
A warning to practitioners – and an opportunity for researchers

- Professionals cannot expect sameness in their practice: one of the benefits and challenges of the autonomy afforded to professionals is the expectation that they will be able to respond appropriately to situations for which their initial training may not have prepared them,
- ‘Life long learning’ and continual professional development and policy making must parallel and complement the changing nature of cultures and the needs and aspirations of people of diverse backgrounds as they too ‘integrate’ or develop within a society that does not merely tolerate, but actively encourages and celebrates, diversity as a resource to meet and overcome new challenges.

(Williams & Johnson 2010)
European Policy Aspirations

Reduce inequalities in cancer mortality by 70% by 2020

- “Solidarity in Health: Reducing Health Inequalities in the EU” {SEC(2009) 1396} Commission of the European Communities, Brussels.
- Joint Action: Equity in Health Programme (2011-2104)
- Inequalities in Health in the EU {EC Report SWD (2013) 328, Brussels}
- Aurora Project (Cervical cancer)
- See www.health-inequalities.eu
A Misleading Advertisement

- And an ethical pharmaceutical conundrum

An “ACE” inhibitor -

**DIOVAN®**

Val-sar-tan

80mg

Highly selective, highly effective antihypertensive therapy

Prescribing information

Presentation: Capsules of 40mg, 80mg, and 160mg containing valsartan 40, 80, 160mg.

Indications: Hypertension.

Dosage: 80mg daily for most patients. The dosage can be increased to 160mg in patients whose blood pressure is not adequately controlled. For patients over 75, patients with moderate to severe renal impairment and patients on dialysis, a starting dose of 40mg once daily is recommended. For patients with mild to moderate hepatic impairment treatment should commence at 40mg once daily and a daily dose of 80mg should not be exceeded. For patients with intravascular volume depletion the diuretic dosage should be reduced several days before starting treatment with Diovan or a starting dose of 40mg is recommended. Not recommended for children.

Contraindications: Hypersensitivity to any components of Diovan, pregnancy, severe hepatic impairment, cirrhosis and biliary obstruction.

Precautions: Use with caution in elderly patients and those with mild to moderate hepatic impairment. Those with severe hepatic impairment should not use Diovan. Sodium and/or volume depletion should be corrected before starting treatment with Diovan by reducing the diuretic dose or a lower starting dose should be used. Patients with renal artery stenosis should be carefully monitored. Exercise caution if driving or operating machinery. Use of potassium-sparing diuretics, potassium supplements or salt substitutes containing potassium may lead to increases in serum potassium concentration which is not advisable. Use while breast-feeding is not advisable.

Side-effects:


Legal Category: POM.

Packs: Diovan 40mg (PL00101/0524), £3.35 per pack of 7 capsules; Diovan 80mg (PL00101/0525), £5.75 per pack of 28 capsules; Diovan 160mg (PL00101/0526), £19.69 per pack of 28 capsules.

Diversity & Statins

CHOLESTEROL MANAGEMENT
Meeting the Needs of Ethnic Populations

Did You Know...

- The rate of premature death due to coronary heart disease (CHD) in South Asians living in the UK is 46% higher for men and 51% higher for women than in Caucasians.

- CHD mortality in 20 to 39 year old South Asians is two to three times the national average.

- Myocardial infarction before the age of 40 is five times higher in South Asians than in other ethnic groups.

- One in four South Asians over the age of 25 years suffers from Type 2 diabetes.

- The incidence of risk factors for CHD including metabolic syndrome, diabetes, hypertension and dyslipidaemia is increasing in the South Asian population.

- The difference in the death rates between South Asians and the rest of the population is increasing.

CRESTOR® (rosuvastatin) Dose Card
Important information - SmPC update

- Recent update to SmPC due to pharmacokinetic variability in Asian patients. CRESTOR 20mg is the maximum dose to be used in Asian patients (see table below).

- Prescribing advice - Asian patients currently taking CRESTOR 40mg should be down-titrated at their next scheduled visit to the practice.

- Dispensing advice - Pharmacists who receive a CRESTOR 40mg prescription for an Asian patient should consult the patient’s prescriber.

Start dose | Dose titration |
---|---|
10mg start dose for all patients | A dose adjustment to 20mg can be made after 4 weeks if necessary. Adjustment to 40mg after a further 4 weeks should only be considered in patients with severe hypercholesterolaemia at high CV risk. Specialist supervision is recommended when 40mg is initiated.

40mg specific contraindications:

- Patients with pre-disposing factors for myopathy/rhabdomyolysis and Asian patients. See SmPC for full details.

* 40mg dose is specifically contraindicated in patients with pre-disposing factors for myopathy/rhabdomyolysis. Such factors include:
  - moderate renal impairment (creatinine clearance < 60 ml/min)
  - hypothyroidism
  - personal or family history of hereditary muscle disease
  - previous history of rhabdomyolysis with another HMG-CoA reductase inhibitor or fibrate
  - alcohol abuse
  - situations where an increase in plasma levels may occur
  - Asian patients
  - concurrent use of fibrate

* Pharmacokinetic studies show an approximate 2-fold elevation in rosvastatin plasma levels in Asian subjects in Asia compared with Caucasians living in Asia and Europe.

Prescribing information can be found on back page.
Ethnicity in ‘English’ Health & Social Care Users
: 2001 13% from a ‘Minority’ group
: 2011 20.2% non-‘White British’

And in 2011 (England & Wales) …

– so it goes on changing……
What will become of 2011’s  5.7% “White Other” and 2.3% ‘Mixed’
See Koffman & Calanzani ….
Not just ‘ethnicity’:
Faith & Religion

Faith in England: Census 2011

- Christian: 59%
- Hindu: 0.4%
- Jewish: 0.2%
- Sikh: 1%
- Muslim: 5%
- Other: 0.4%
- Not Stated: 7%
- No Religion: 25%
- None: 15%
- Other: 0.2%

NB – this also does change – see below for the 2001 census
Factors that affect the way and likelihood of people using services

- Ethnic Differences in Patterns of Disease
- Cultural Variations in Presentation of Symptoms
- Perceptions of Health, Body and Disease
- Cultural and Language differences in Descriptions
- Accessibility of Services (time and place)
- Previous experiences of Services
- Alternative Treatment Options
- Lifestyle, Socio-Economic Status,
- Religion and Cultural practices
- Racism – direct, personal, indirect or institutional
- Language, Education and the Availability of Information
- Attitude, Awareness and Skill of Clinical staff

(See BMJ Editorial: ‘End of life care in ethnic minorities: providers need to overcome their fear of dealing with people from different backgrounds’ BMJ 338 :489-490 (Johnson MRD: 25 Feb) 2009)
## Direct and Indirect Causes of Inequality

Factors Affecting Access to and Outcomes of Health Care

<table>
<thead>
<tr>
<th>‘Provider’</th>
<th>Structural</th>
<th>‘Consumer’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Practitioner Competence</td>
<td>Resources/Provision e.g. brown prostheses</td>
<td>Cultural Differences and specificity</td>
</tr>
<tr>
<td>Suitability/ Adaptation of Treatment</td>
<td>Legal / Insurance issues of entitlement or cover for Migrants</td>
<td>Genetic Differences ?</td>
</tr>
<tr>
<td>Interpreter and Translation provision</td>
<td>Geography &amp; Timing</td>
<td>Language</td>
</tr>
<tr>
<td>Referral Patterns</td>
<td></td>
<td>Presentation</td>
</tr>
</tbody>
</table>
Ethnic differences in equivalised household income (Nazroo 2004)

Health Survey for England 1999
## Age Adjusted Relative Risks – a conventional epidemiology of ethnicity

<table>
<thead>
<tr>
<th></th>
<th>African-Caribbean</th>
<th>Indian</th>
<th>Pakistani</th>
<th>Bangladeshi</th>
<th>Chinese</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cancer</strong></td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
<td>↑</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td>↑ 2.51 (M)</td>
<td>↑ 2.97 (M)</td>
<td>↑ 5.43 (M)</td>
<td>↑ 5.76 (M)</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>? 4.19 (F)</td>
<td>? 2.88 (F)</td>
<td>? 5.58 (F)</td>
<td>? 5.83 (F)</td>
<td></td>
</tr>
<tr>
<td><strong>Lupus</strong></td>
<td>↑ 3.0</td>
<td>↑ 2.5</td>
<td>↑ 2.5</td>
<td>↑ 2.5</td>
<td>↓</td>
</tr>
<tr>
<td>(Females)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>?</td>
</tr>
</tbody>
</table>
Prostate Cancer – an exception? (It is not the only one!)

Liver (B & SA all ages) ▲; Cervix SA (B & SA >65) ▲; Mouth (SA >65 )▲

Source: NCAT National Cancer Equality Initiative data – ‘Relative Risks’
### Unpublished audit data, Leicester, Leicestershire & Rutland (LLR)

<table>
<thead>
<tr>
<th>Breast Cancer Incidence</th>
<th>White Women: observed/ 100k</th>
<th>South Asian Women: Observed / 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998-2000</td>
<td>112.1</td>
<td>59.8</td>
</tr>
<tr>
<td>2001-2003</td>
<td>121.8</td>
<td>70.6</td>
</tr>
<tr>
<td>2004-2006</td>
<td>127.5</td>
<td>100.1</td>
</tr>
<tr>
<td>2007-2009</td>
<td>127.3</td>
<td>132.4 **</td>
</tr>
</tbody>
</table>

98% assignment of ethnicity
Age standardised incidence increased by 7.8% / year
By end of study period ‘there was no significant difference between LLR white and S Asian populations (p=0.728)

Source: Anne Stotter, Consultant Breast Surgeon, Leicester UHL Breast Cancer Unit
Personal communication
Other Health Inequalities
(After Bedi 2005)

- 24% of deaf/hearing impaired people surveyed by RNID had missed an appointment due to poor communication.
- Up to 36% of gay men, 26% of bisexual men, 42% of lesbians and 61% of bisexual women recounted negative or mixed reactions from mental health professionals when being open about their sexual orientation.
- Men are 3 times as likely as women to commit suicide. Gay and bisexual men are more than 7 times as likely.
Implications for Practice & Practitioners (“PUNs & DENs”)

Findings from the Proceed study (Kai et al 2007)

(I/We) need to KNOW more facts …

“what was offensive, what was right and wrong, some guidelines as to how we should behave and what is acceptable … we would go in much more at ease and would go in much more at ease and then obviously our attitude would be better”

(extract from presentation)
Responding to Cancer and Ethnic Diversity: Exploring the ... www.lcehr.nhs.uk/EasySite/lib/serveDocument.asp?doc=1119&pgid...
What is Culture?

- Religion
- Language
- Art
- Diet (Food)
- Music
- Σχηματικά
- Family
- Shared History
- Impact of the experience of Racism or other discrimination
Spirituality

- ‘Chaplaincy’
- Prayer Space
- Rituals of Death and Passage
  - Washing
  - Gender separation (again)
  - Orientation
  - Family involvement
  - ‘Equipment’ and Symbols
- And Relationships: what is a Family/ Social Event / Community – different ‘spaces’.
Other aspects of Diversity Inequality associated with Migration

- ‘Healthy Migrant’ effect?
- Political controversies!
- Distance – Family deracination / disruption
- Lack of Knowledge / Experience
- Absence of ‘lay networks’ of referral
- Xenophobia / Unfamiliarity / Uncertainty
- Acculturation / Diet & Lifestyle change
- Unhealthy endings
Communication

- Language
- Symbols
- Signifiers and Directions
- Language support (Interpreters)
  - Space and placement
- Multi-lingual Information Technology

Lower Photo: Piazza de Pasquino, Rome: “pasquinata (pasquinade) is a short satire exhibited in a public place”
આર્ટસ કોર્સને પણ અસર કરી શકે
任何人都可能受到愛滋病(AIDS)的影響

愛滋病(AIDS) -- 人人都需要瞭解有關的事實

請用免費電話“全國愛滋病協助專線”－粵語專線：0800 282 446 英語專線：0800 567 123 (每天24小時)
AIDS CAN AFFECT ANYONE

AIDS. EVERYONE NEEDS TO KNOW THE FACTS.

Call the free National AIDS Helpline on 0800 367 123 (24 hours).
Need it be written – or pictorial?

And increasingly, DVDs are available, also in BSL ....
Culture is not only about ‘ethnicity’

- D/deaf
- And sexual orientation
- (LGBTIQ)
There are Other Minorities! eg: LGTBI (i.e. intersectionality)

Open to all? Meeting the needs of lesbian, gay, bisexual and trans people nearing the end of life’

Lesbian, gay, bisexual and transgender (LGB&T) people report feeling let down by end-of-life care services, according to a new report from the National Council for Palliative Care (NCPC) and the Consortium of Lesbian, Gay, Bisexual and Transgendered Voluntary and Community Organisations. The report highlights how many LGB&T people do not feel that end-of-life care services are open to them and are concerned that they will face discrimination and a lack of understanding from health and social care providers when they are dying. The report also highlights that older LGB&T people may face particular problems, especially if they have not felt able to be open about their identity previously.
- http://www.hpa.org.uk/migranthealthguide

- Know your local population and their entitlements to care and educate patients about the NHS system.
- Assess new patients' likely health needs using the checklist provided and by reference to the country specific pages.
- Update immunisations according to the UK schedule.
- Be alert to the possibility of infectious diseases and other health concerns in migrants from at risk countries and test as appropriate.
- Opportunistically ask patients about any plans to visit friends and relatives in their family country of origin, and offer appropriate advice.

- Country Specific Information

  Note: this file was archived July 2014 and is no longer updated ...
  Public Health England are now responsible...
The Romans first with Julius Caesar came
Including all the Nations of that name
Gauls Greeks and Lombards and by Computation
Auxiliaries and Slaves of ev’ry Nation
With Hengist Saxons, Danes with Sueno came
In search of Plunder, not in search of Fame
Scots, Picts and Irish from th’ Hibernian Shore
And Conqu’ring William brought the Normans o’er.
All these their Barb’rous Offspring left behind
The Dregs of Armies, they of all Mankind;
Blended with Britains who before were here,
Of whom the Welsh ha’ blest the Character.
From this Amphibious Ill-born Mob began
That vain ill-natured thing, an Englishman
‘Co-ordinates’ or Contact Details

- CEEHD - Mary Seacole Research Centre
  De Montfort University
  Hawthorn Building, Leicester LE1 9BH
- mrdj@dmu.ac.uk
- seacole@dmu.ac.uk
- website: www.dmu.ac.uk/msrc
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