

EMH-IC PROJECT – UPDATE MONTH 33/36

Ethnic Minority Health in Ireland – Co-creating knowledge to identify and address health inequities

AIM: TO ADVANCE THE EVIDENCE BASE IN IRELAND SO WE CAN COMPARE THE HEALTH OF MAJORITY AND MINORITY ETHNIC POPULATIONS

OBJECTIVES

To develop an academic-community partnership to:

1. Identify all existing national datasets with information about ethnicity
2. Use one existing dataset (Growing Up in Ireland) to compare the health of minority and majority ethnic adults
3. Conduct a qualitative research about implementing an ethnic identifier in primary care
4. Disseminate findings in Ireland and abroad

ACHIEVEMENTS

1. Ninety-seven existing national datasets examined and 14 (14%) *collected information about ethnic or cultural background*
2. Analysis of the Growing Up in Ireland Infant Cohort to compare the health of minority and majority ethnic parents over time is complete.
3. Qualitative fieldwork completed at three sites in the mid-West of Ireland providing data about community and GP *perceptions* of levers and barriers to implementation of an ethnic identifier in primary care
Fieldwork about *experiences* of using an ethnic identifier could not proceed because of uncertainty about GDPR implications in general practice
4. Academic papers and conference presentations, a research based drama and policy brief are in preparation

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ETHNICITY DATA COLLECTION IN IRELAND

An ethnic group is a group of people who identify with each other because of a shared language, religion, history, traditions, or country of birth. In the most recent Census in Ireland, over eight out of 10 people identified as *White Irish*. One in 10 identified as *Other White*, including people born in Poland, the UK, Lithuania and Latvia. Less than one in a hundred people identified as *Irish Traveller*. In Ireland, it is illegal to discriminate against people on the basis of their gender, marital status, family status, sexual orientation, religion, age, disability, race including ethnic background and membership of the Traveller community. Organisations which receive public funding are legally required to report each year on the progress they are making to treat everyone equally, regardless of their background.

Health and wellbeing, health behaviours and use of healthcare services differ by ethnic group. For example, *Other White*, *Black* and *Asian* mothers are more likely to breastfeed their babies than *White Irish* mothers. *Irish Travellers* have a higher rate of tuberculosis and meningitis than *White Irish*. Mothers from *Black*, *Asian* and *Irish Traveller* backgrounds are more likely to experience life-threatening complications during pregnancy than *White Irish* or *Other White* mothers.

We know this information because data on ethnicity and health is already collected in Ireland in 14 of 97 national health and social care data collections. It is collected, for example, when pregnant women experience life-threatening complications, when people are admitted to a psychiatric hospital and when people are asked about their experience as a patient in hospital. In all of these situations, ethnicity was collected for over 95% of people. There are examples of where this information has been used to try to improve health and healthcare for example providing training to healthcare staff to be aware of cultural differences, providing information to *Irish Travellers* on meningitis or looking for more support for pregnant women from some ethnic backgrounds. There are also examples of where information is collected about ethnicity and health in Ireland and very little use of it has been made.

Most healthcare is provided in the community, for example in general practice. We don't have information on ethnicity and health in general practice because ethnic background is not usually collected.

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