ETHNIC DISPARITIES IN HEALTH

Mitigating ethnic disparities in covid-19 and beyond: census linkage can help tackle the data deficit

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We disagree with Razai and colleagues on the comparative lack of data on ethnicity in the United Kingdom. 1 Few countries have produced more data than the UK, in part through inclusion of ethnicity and country of birth in its national censuses since 1991.2 The Scottish Health and Ethnicity Linkage Study linked the 2001 Scotland census to death records and NHS databases. It has published 28 papers on many outcomes for up to 15 ethnic groups.3 This includes an analysis of infection related hospital admission or death and bloodborne viral infections.4 Showing complex ethnic differences across 18 specific infection categories, the study contextualises the disproportionate effects of covid-19 on ethnic minorities.

Mandatory recording of ethnicity in routine health, social care, and death records is not an easy or assured solution. It became mandatory to request the deceased’s ethnicity at death registration in Scotland in 2012.3 Despite over 95% completeness, there were unexpectedly few deaths in some ethnic groups. An analysis of all death records in 2012-14 linked the ethnic group self-reported in the 2011 census with that of the same person in the death record.5 Ethnic group was more often missing in the death record for ethnic minorities than it was for the white Scottish category. Assuming the ethnic group in the census was correct, it was also more often incorrect in the death record for ethnic minorities. Death rates by ethnic group in Scotland have thus far not been publishable.

From 2010, NHS Scotland prioritised recording ethnicity for hospital admissions and outpatient attendances. Overall completeness rates rose from 42% in 2010 to 82% in 2016. But a detailed analysis of all admissions in 2013 found implausibly low or high rates for several ethnic groups, indicating variable rates of incorrect or incomplete recording.6 Thus, ethnic group comparisons of Scottish hospital data have been too unreliable to be published, mirroring the experience in England and Wales. A Scottish expert working group on ethnicity and covid-19 recently recommended linking self-reported ethnicity in the census to health and death records as the best currently available route to accurate ethnic group analysis.5 6 We agree.

Competing interests: None declared.

Full responses at: https://www.bmj.com/content/372/bmj.m4921/rr-1 and https://www.bmj.com/content/372/bmj.m4921/rr-3.