



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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Deputy Pat Breen, TD  
Chairman,  
Oireachas Committee on Foreign Affairs & Trade  
Leinster House  
Dublin 2

**REPDR/15/00282 - Introduction of an ethnic identifier by the HSE.**

Dear Deputy Breen,

I refer to your recent representations to the Minister for Health on behalf of Ms Siobhan O'Connor, Dumelang Cottage, Rossroe, Kilmurry, Sixmilebridge, concerning the introduction of an ethnic identifier by the HSE.

Thank you for this query. I acknowledge the concerns of Ms O'Connor and would like to assure you in the first instance that collection of ethnicity information is regarded internationally as good practice and as a necessary part of ensuring responsiveness to the health and support needs of a diverse population.

The collection and use of ethnic group data enables health services to identify and respond to health inequalities as experienced by different groups in terms of such aspects as health status, access to health care, referral to ongoing care, experiences of health service delivery and health outcomes.

The importance of implementing Ethnic equality monitoring – including use of an ethnic identifier - to collect data around the health needs and outcomes of members of diverse groups and responding effectively to these forms a key pillar of the HSE National Intercultural Health Strategy:

[http://www.hse.ie/eng/services/publications/SocialInclusion/National\\_Intercultural\\_Health\\_Strategy\\_2007\\_-\\_2012.pdf](http://www.hse.ie/eng/services/publications/SocialInclusion/National_Intercultural_Health_Strategy_2007_-_2012.pdf).

Such equality monitoring is central to efforts around reducing the effects of health inequalities in the area of intercultural health and enhancing health outcomes of members of minority ethnic groups. Without Ethnic equality monitoring it is not possible for healthcare providers to identify, monitor and address disparities among diverse ethnic groups.

A powerful rationale for recording and application of ethnic group data towards effective and appropriate service delivery is thus one of social justice. The principle of equality in health care underpins all approaches to this area.

The need for ethnic equality monitoring is endorsed by a range of professional bodies in Ireland, including the Institute of Public Health and the Health Research Board.

The rationale for introduction of an ethnic identifier into health datasets is based on the need to measure access to services and uptake of services by members of minority ethnic groups, identify the health needs and outcomes of these groups, plan culturally appropriate services and identify training needs of staff. From a health services perspective, research has demonstrated that unequal health outcomes may often occur on the basis of Ethnicity – people from minority ethnic groups may experience poorer health outcomes than the general population. At the same time, the increasing diversity of the population means that previously unknown or unfamiliar conditions are presenting in health care settings. This has an implication for training of healthcare personnel.

The ongoing quest for equity and equality in provision of health care and in health status of populations obliges inclusion of data in relation to the health needs and outcomes of members of diverse groups – including ethnic groups. Bhopal (2012) states that from a public health perspective, “data are essential to establish the extent of health inequalities and inequity in health service provision, choose between interventions ie. Set priorities, monitor the impact of interventions to reduce inequities and inequalities and demonstrate response to laws and policies”.

It is important to note that ethnicity is not collected as an isolated piece of information. Four fields - Nationality (understood as country of birth and not citizenship), Religion, Language (understood by asking firstly, the main language spoken at home and secondly, degree of proficiency in English), and Ethnic Group – comprise an Ethnic Identifier tool.

It is also necessary to emphasise that answering the question on ethnicity is voluntary. In practice, however, it has been shown that once service users are aware of the reason for asking this question, they are generally quite comfortable in answering this. Information provided cannot be changed by any staff member unless the service user asks for the change. Service users have the opportunity to change or withdraw the information at any time and should be informed of any implications for the quality of the assessments or care they will receive.

In the lead up to the 2006 Irish census a consultative group was formed to examine a question piloted by the Traveller Health Study group in the Department of Health and adapted by the NCCRI, for its viability in the 2006 census. The group sought a question that would establish recognition of Traveller ethnicity as well as domestic minority groups and track discrimination indirectly through the use of ethnicity. They felt that by using ethnicity with nationality and other categories, the census data would allow them to better understand discrimination and legislate for equality along ethnic lines.

The ethnic group/cultural background census categories provide an indicator that a person may be from a majority or minority ethnic group. Categories must be meaningful, discrete and fixed in order to be interpretable and must allow for identification of groupings large enough for meaningful statistical analysis. In the UK, the question on ethnicity has been refined over the past three waves of the census, making direct comparisons problematic. Using a reduced set of seven high level categories has been found to show stability over time.

It is not enough to merely record ethnic identity – it is essential that this information be applied to planning around enhancement of services, so that staff and service users alike are able to witness tangible outcomes from their interactions. The edict that “monitoring must be made relevant to the needs of those collecting the data as well as for central reporting, so that usage itself contributes to improvements in quality”

(Aspinall, 2002 ) is a key principle in progressing efforts around ethnic equality monitoring.

The online training developed for hospital and other staff to support them to ask the questions associated with the Ethnic Identifier code covers the range of areas. Included in this is building staff competence to sensitively gather the information and to understand and respond appropriately to any questions or concerns a service user may have on how the data will be used and stored. Personal details on the service user's file are confidential and only shared with health staff involved in their care. The clinical data and information given relating to the Ethnic Identifier Code will be disaggregated, i.e., separated from personal details and collected and analyzed anonymously by the ESRI. Individuals cannot be identified through this process.

I hope this information is helpful. Please contact me should you require further information on this area of work.

Yours sincerely,



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Diane Nurse  
National Lead: Social Inclusion