LETTERS TO
THE EDITOR

Methods for
epidemiological surveys of ethnic minorities

Sir – The article by Chaturvedi and McKeigue2 to mention the danger of relying on the 1991 UK census as an accurate estimate of ethnic minority populations. Both Ballard and Kalra,2 in their discussion of the census nationally, and Glover,3 in his figures for the London areas of Camberwell and Hammersmith, point out the huge under-representation of black Caribbean men aged 25 to 44. Both reports attribute this finding to undercounting. If this explanation is valid, there are clear implications in attempting to estimate rates of illness such as schizophrenia in this group of the population.

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Reply

The analyses of the 1991 UK Census returns by age, sex, and ethnicity were not available at the time we prepared our article. We agree that these data suggest that men aged 20–44 years in the groups “black Caribbean” and “black other” are probably under-represented by about 20%. In this situation we suggest using age-standardised proportional mortality ratios or proportional admission ratios, which do not depend on population denominators, to compare patterns of mortality or morbidity in different ethnic groups.

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BOOK REVIEWS


This is a completely new approach to explaining basic statistics. The book’s most striking features are its logic, and the fact that it follows a thread where each chapter is an expansion of a previous one for more complicated cases: it breaks away from the classic division of statistical books into chapters devoted to isolated techniques. With this “thread” arrangement the researcher can get a good insight and overview of how different types of data are handled by the statistician; this fact in itself should also help the reader to understand their results.

On the other hand, “thread” structure compared with self-contained chapters means that the book may not be very useful where the reader is interested in understanding more about a particular statistical technique, without wishing to refer to a number of different chapters. Furthermore, the layout, with too dense text and not much graphic support, could be discouraging for new users of statistics.


The meaning of “research” is itself unclear. It ranges from the sense of research in natural sciences (activity which aims to add to the stock of generalisable knowledge about the natural world) to the disciplined seeking of solutions to specific health service problems. It is this latter meaning which is often used in the more policy oriented discussions. Some examples: “Health research is defined very broadly as a method of obtaining systematic knowledge which can be used for improvement of the health of individuals or groups” (a definition which would seem to include taking a clinical history (p 38); “health systems research is the scientific approach which enables us to generate necessary data for making better-informed decisions…” (WA Hassouna, p 61); “Health research is a process for obtaining systematic knowledge and technology which can be used for improvement of the health of individuals or groups…” (Report of technical discussions p 193).

A central proposition is that the optimal use of resources requires good local knowledge. Thus, applied health services research should not be seen merely as a “luxury” of rich countries but also as a necessity for poor countries who can even less afford to waste resources on ineffective or inefficient pro-
Methods for epidemiological surveys of ethnic minorities.

B Ineichen

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