LETTERS TO THE EDITOR

Methods for epidemiological surveys of ethnic minorities

SIR - The article by Chaturvedi and McKeigue¹ fails 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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- 1 Chaturvedi N, McKeigue PM. Methods for epidemiological surveys of ethnic minority groups. *J Epidemiol Community Health* 1994; 48:107-11.
- 2 Ballard R, Kalra VS. *The ethnic dimensions of the 1991 census: a preliminary report*. Manchester: Manchester Census Group, University of Manchester, 1994.
- 3 Glover GR. Sex ratio errors in census data. *BMJ* 1993;307:506.

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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NOTICES

Safety and health: Which decisions? Which partners? What training? International Symposium of the International Social Security Association International Section "Education and Training for Pre-

vention", December 13-15, 1994, Paris. Further information: Comité International de l'AISS "Education et Formation à la Prévention", CRAM Ile de France, 17/19 Place de l'Argonne, F 75019 Paris. Tel: (1) 40 05 38 02; fax: (1) 40 05 38 84.

Second International Conference on Dietary Assessment Methods: Combining Theory and Practice, 22-24 January 1995, Boston MA, USA. Further information: Conference on Dietary Assessment Methods, Harvard School of Public Health, Office of Continuing Education, 677 Huntington Ave, LL-23 Boston, MA 02115-6023 USA. Fax: 617-432-1969.

International Symposium "Bloodborne infections, occupational risk and their prevention", International Social Security Association (Health Services Association), 8-9 June 1995, Paris. Further information: Colloque AISS Secteur Santé, Institut National de Recherche et de Sécurité (INRS), Service Etudes et Assistance Médicales, 30 rue Olivier Noyer, 75680 Paris Cedex 14, France. Fax: +33 1 40 44 30 99.

BOOK REVIEWS

Statistical First Aid. R Hirsch, R Riegelman. (Pp 400; £25.00) Oxford: Blackwell Science Publications, 1992. ISBN 0-86542-138-2.

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: ie it breaks away from the classic division of statistical books into chapters devoted to isolated techniques. With this latter arrangement the researcher can get confused about which technique is appropriate for their data. Fundamental to an understanding the book are the type of variables to be analysed (continuous, ordinal, nominal) as well as the concept of dependency/independence. Although these concepts are defined in the early chapters, given their importance for the understanding of the book, more prominence and ease of reference in the treatment would have helped the reader.

Statistical First Aid gives 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.

A crucial area of weakness, especially for those not well versed in statistics, is in the teaching of data presentation by means of

graphic methods such as charts, scatter diagrams, graphs, or summary figures such as summary measures of frequency distributions, tables of counts, means, etc. The information on this area is limited. A similar criticism could be made in the area of sampling and study designs.

Overall this publication is highly recommendable for medical students or researchers who already have some basic background in statistics/epidemiology and who want to understand better the use of the different statistical techniques depending on the type of data. For more "casual" readers or "first time" users of statistics this book would need to be complemented by a more "classic" introductory book.

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Research Strategies for Health. Based on the Technical Discussions at the 43rd World Health Assembly on the 'Role of Health Research in the Strategy for Health for All by the Year 2000'. Eds A M Davies, B P Mansourian. (Pp 222; \$48.00 US) Lewiston, New York: 1992. ISBN 0-88937-083-4.

"Each year, at the end of the first week of meeting of the World Health Assembly, the representatives of the member states devote two days to the exploration of a single compelling subject which has been chosen as the theme of the technical discussions.... in May 1990, the selected problem was 'Health Research' and this book is based upon those discussions" (from the editor's preface). The organisation and content of the book reflect these origins and those unfamiliar with WHO bureaucratise will find many of the chapters heavy going.

There are 5 central sections: Research for health; a global overview; Health systems research; Research capability strengthening; Nutrition; and Biological and physical sciences and technology.

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 of 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 - AM Davies 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 a necessity for poor countries who can even less afford to waste resources on ineffective or inefficient pro-

grammes. The background papers and the summaries of the 4 discussion groups' deliberations make a sustained plea to participating governments and to the WHO to take "research" more seriously.

Who then could profit from this translation of the "technical discussions" into book form? The politicians and bureaucrats of potentially defaulting governments may have been stimulated on this theme by their participation in the World Health Assembly but its hard to imagine that the turgid prose of this publication will stimulate action where direct participation has failed.

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Preventing Cancers. Eds T Heller, L Bailey, S Pattison. (Pp 216; £35.00hb £12.99pb) Open University Press Buckingham: 1992. ISBN 0-335-19003-0.

Preventing Cancers is an ambitious title and the formal aim of the book and of the associated Open University Course (P578 – Reducing The Risk of Cancers) is to "help health professionals and policy makers throughout Europe and beyond to understand many of the elements of effective cancer prevention". The book is a further development from the sister volume entitled *Reducing the Risk of Cancers* edited by Heller, Davey, and Bailey and both books have been produced under the Europe Against Cancer initiative.

The book is divided into four main parts. The first two parts focus on the ways of studying and identifying the causes of cancer; the second two parts look at ways of preventing cancers by using case studies. In the main, I found all the chapters were well written and had many points of interest in them. Some of the topics by their very nature are less interesting than others but their inclusion is merited by the fact that to study cancer prevention involves many types of study and perspectives. Chapters, for example, on "The reliability of cancer data" and "Food, policy and cancers" struck me as being the most uninspiring, whereas others, for example, on "What causes people to change their behaviour" and "Stress and psychological aspects of cancer" were particularly interesting. One comment worth making here is that the "old chestnuts" of cancer epidemiology, that is, smoking and cancer, and melanoma and sunlight, were

given good consideration and a new edge put on what seem like old and established stories.

So, overall, this was a very good book with many interesting and new points relating to this multi-factorial and multi-faceted problem. One of the over-riding observations, however, is one of complexity both at the level of knowledge pertaining to different issues and also to that of changing peoples' behaviours, even once sufficient reliable knowledge has been accrued. Furthermore, by considering cancers in isolation then any changes recommended in lifestyle or other behaviours may actually be counter to the general public good if they are inconsistent with lifestyle changes necessary to reduce the incidence of other major diseases.

In conclusion, I am sure that people from each of the previous mentioned target groups will benefit from reading this volume in terms of increasing their factual knowledge but whether present knowledge is sufficient to actually reduce the incidence of cancers remains to be seen.

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Sexual Attitudes and Lifestyles. By A M Johnson, J Wadsworth, K Wellings, and J Field. (Pp 449; £29.50 (hbk), £15.00 (pbk)) Oxford: Blackwell Scientific Publications, 1994. ISBN: 0-632-03343-6.

It was Alex Comfort, in his writings before the *Joy of Sex* became a best seller, who speculated on what our nutritional and dietetic advice would look like if the anxiety which our culture focuses on reproduction were to be transferred to food. Thirty years later things may at last be beginning to change, but not without a struggle. This volume is the report of the first large scale population based survey of sexual attitudes and behaviour to be carried out in Great Britain. It makes fascinating reading.

Of particular interest is the account of the political battle which was fought with the ostrich tendency. In this the prime minister, Margaret Thatcher, herself seems to have had a lead role in the attempts to avoid moving towards a knowledge based approach to policies for sexual health. Other analysts may wish to return to this story in the future because within it lies a crucial issue of knowledge, power, and control which goes to the heart of different philosophies of democracy and the imperatives of public health.

For the time being what we have is a most rigorous attempt to establish a robust methodology and a baseline with which we can

begin to construct sound public health policies. In large part, these workers have been successful and for that both ourselves and future generations should all be grateful. We have here a wealth of valuable information some of which challenges myth, rumour, and fantasy while other consolidates what common sense tells us – that most people are trying in a responsible way to live their lives enriched by sexual expression.

The central weakness of incomplete population coverage remains. Despite the rigorous methodology and the high response rate (mid 60%) in this area above all else we need to know much more about the non-responder. If it was deemed too sensitive to ask the respondents about masturbation, and if, as was the case, there are indications that respondents were unwilling to admit to certain sexual behaviours; if, as we know, the distribution curve of behaviour is skewed with a smallish group being much more sexually active and diverse than the rest then we must try and find out about the 35% about whom we know so little. This is a very hard challenge!

So all credit to the team for making such a sound start. What is now needed is for others to respond and to develop creatively further methods to build on these solid foundations.

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Also received ...

Medical Knowledge: Doubt and Certainty. Edited by Clive Seale and Stephen Pattison. (Pp 150; £12.99). Buckingham: Open University Press, 1994. ISBN: 0-35-19251-3.

Research Strategies in Human Biology. Edited by GW Lasker and CGN Mascie-Taylor. (Pp 204; £37.50). Cambridge: Cambridge University Press, 1993. ISBN: 0-251-43188-3.

HIV Epidemiology: Models and Methods. Edited by Alfredo Nicolosi. (Pp 383; \$107.50). New York: Raven Press, 1993. ISBN: 0-7817-0118-X.

Report of the 1993 Conference of European Community Parliamentarians on HIV/AIDS. Church House Conference Centre, Westminster, London, 23–24 April 1993. (Pp 74). London: British All-Party Parliamentary Group on AIDS, 1994.

An Introduction to the Bootstrap (Monographs on Statistics and Applied Probability 57). Bradley Efron, Robert J Tibshirani. (Pp 436; \$49.95). New York: Chapman and Hall. ISBN: 0-412-04231-2.