



REACH

COMMUNITY HEALTH PROJECT



HOLISTIC HEALTH & WELLBEING FOR DIVERSE COMMUNITIES

*CULTURALLY COMPETENT & LINGUISTICALLY APPROPRIATE SERVICE*

## "Lumping vs. Splitting in the Use of Racial and Ethnic Categories: The Problem of Heterogeneity within Groups"

The most recent census for Scotland is yet to be released. However there are indications for a developing pattern for growth in the ethnic minority population in Scotland. The accession of New European Union (EU) countries has been one of the most recent drivers for demographic change in the Scottish population. Soon the easing of work restrictions for Romanian and Bulgarian may lead to a further increase and diversification of ethnic minority population in Scotland, and also may be, due to other factors, such as the Syrian conflict.

The changes in the demography of the Scottish population have a direct impact on health and social services, in terms of planning, designing and delivery. Therefore, it is pivotal for healthcare planners, public health programmers and practitioners (third and public sector) to understand and acknowledge the patterns of health and wellbeing issues for different ethnic groups and acknowledge the heterogeneity within the ethnic minority population in terms of racial, ethnic and cultural differences, including:

- the extent to which social, economic and psychological circumstances contribute to differences in health at different stages of the life course within and between ethnic groups
- change and stability as key influences on health such as family life, socio-economic disadvantage and neighbourhood environments and
- the extent to what and why the health of ethnic groups of similar ancestry varies in different country settings.

In view of the above it is important to build partnerships and share evidence and experiences and learn from each other.

This is an opportunity for **third sector** and **public sector** including **academics** to listen to the US experience in relation to some of the points discussed above.

We have **Dr Sean Valles**, a visiting scholar from **Michigan State University, USA** who will talk about the use of broad racial and ethnic categories as a source of both evidentiary and ethical problems in public health programs. The difficult choice between combining (lumping together) similar phenomena under a single broad category or dividing (splitting) them into separate narrower categories is a challenge faced by practitioners ranging from species taxonomists to medical nosologists. This broad challenge raises unique problems when categories must be chosen for representing and communicating population disease risks.



Reach Community Health Project,  
Network House, 311 Calder Street, Govanhill,  
Glasgow, G42 7NQ  
[www.reachhealth.org.uk](http://www.reachhealth.org.uk)



Dr Valles will share two cases from the United States (US) Public Health programs using broad racial categories to characterise disease risk: elevated risk of cardiovascular disease among black Americans (effectively ignoring evidence that foreign-born black Americans have relatively low risk) and elevated risk of cystic fibrosis among White Americans (effectively ignoring evidence that people of Finnish ancestry have relatively low risk). Dr Valles will discuss the negative ethical consequences of these decisions to lump together high and low risk subpopulations under broad categories.

He will also touch upon issues of lumping vs. splitting in the use of racial and ethnic categories with the example of the so-called Hispanic Paradox in the US and the unexpectedly good health (given their low socioeconomic status) of ethnic Latin Americans living in the U.S.

The talk will be followed by an open discussion about possible relevance and lessons for Scotland from the US experience.

There will be a limited number of places available to attend this talk followed by a round table discussion.

Places will be confirmed on first come first served basis. If you have an interest in the above subject area, want to listen to Dr Valles and discuss with other colleagues on this important subject please email us at [admin@reachhealth.org.uk](mailto:admin@reachhealth.org.uk) with your name, contact number and organisation.

**Date:** 23<sup>rd</sup> May, 2013

**Time:** 2.30pm – 4.30pm

**Venue:**

REACH Community Health Project  
1<sup>st</sup> Floor, Network House  
311 Calder Street  
Glasgow G42 7NQ

Telephone: 0141 585 8022/23

[admin@reachhealth.org.uk](mailto:admin@reachhealth.org.uk)

[www.reachhealth.org.uk](http://www.reachhealth.org.uk)



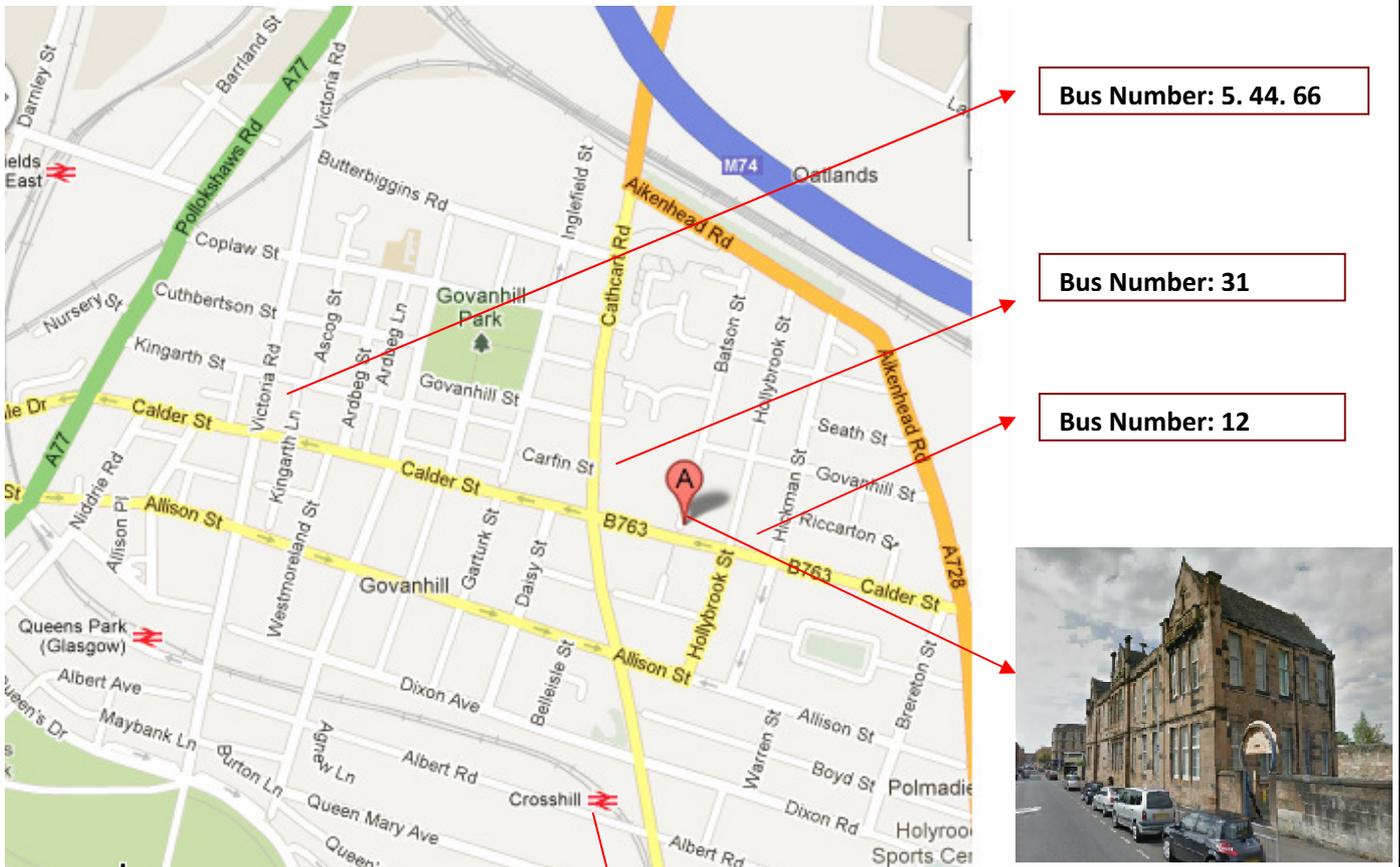
**THE VOICE OF THE VOLUNTARY HEALTH SECTOR**

Reach Community Health Project,  
Network House, 311 Calder Street, Govanhill,  
Glasgow, G42 7NQ  
[www.reachhealth.org.uk](http://www.reachhealth.org.uk)



## Where we are

**REACH Community Health Project**  
**1<sup>st</sup> Floor, Network House, 311 Calder Street,**  
**Govanhill,**  
**Glasgow, G42 7NQ**  
**0141 585 8022/23**



**Bus Number: 5. 44. 66**

**Bus Number: 31**

**Bus Number: 12**

**Train:**  
**Neilston, Cathcart or**  
**Newton**

Reach Community Health Project,  
Network House, 311 Calder Street, Govanhill,  
Glasgow, G42 7NQ  
[www.reachhealth.org.uk](http://www.reachhealth.org.uk)