

Ethnicity, Migration and Minority Groups: Medicines Access and Use in High-Income Economies

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In the previous SMR Editorial we highlighted in the broadest sense the widening gap between pharmacy practice activities in the Global North and South [1]. In this Editorial we take the opportunity to think about the ethnic-minorities residing in high-income countries. In many ways these groups are similar to populations in low-income countries.

The struggles that challenge health systems in developed countries with respect to innovative high-cost medicines are some of the challenges the Global South face when accessing essential medicines. Asthma is one such example in which access to essential medicines may not be a big problem in high-income countries but that compliance and optimal use may be similar to low-income countries, for some cohorts of the population.

When comparing North and South, one might expect all to be well in the developed world with regard medicine access and use. This may not be the case, and populations such as Australian Aboriginals, Canadian Inuit, American Native Indians and many other ethnicities come to mind. Taking New Zealand as an example may help to extrapolate to the indigenous peoples previously outlined. Several cohort populations come to mind when thinking about potential disparities in access and health outcome. Firstly, the indigenous peoples of the land – the original owners and occupiers who settled from the Pacific in a pre-European era. In New Zealand these folk are the Maori people. For a number of complex and inter-related reasons, Maori die on average 10 years younger than non-Maori; even within a developed health care system [2]. In general their presentation and access to health care services is at a lower rate than the Caucasian population. Availability of essential medicines has been addressed through the policies of the Pharmaceutical Management Agency of New Zealand (PHARMAC). However, Maori are over represented in the lower socio-economic cohort of the New Zealand population and so issues of medicine affordability and health literacy arise [3, 4]. Robust evaluation of affordability is yet to be undertaken across various lower socio-economic populations and/or high need ethnic groups.

Another example is the people of the Pacific; those folk who migrated from Polynesian islands in the 1950s and continue to do so today. They are represented through a very large population grouping in the south of Auckland; New Zealand's largest city. There are now more peoples of Pacific island origin in Auckland than in the Pacific islands per se. The challenges with Pacific peoples are not dissimilar to Maori in that uptake of

some health services is less than optimal and that much of the population falls into the high need category in terms of socio-economic and health care [4].

The other important sub-group are recent immigrants from countries in greater Asia, Middle East and Africa, to name a few. These populations have significant risk factors for the development of chronic diseases and this is reflected in the high prevalence of cardio-vascular disease and diabetes to name two. Aside from the medical risk there are misconceptions about the system and rules due to culture and language barriers and as a result the system relating to medicines is confusing. There are different perceptions with respect to quality of available medicines as well as variability in community pharmacy service provision to these communities. Financial barriers including lack of affordability, particularly for over the counter (OTC) therapies have been reported [5]. All of these factors add to a complex picture of medicines use which may potentially impact on health outcomes for these sub-populations.

A New Zealand-based study conducted by Bassett-Clarke et al (2012) also found ethno-cultural barriers with regards to medicines use [6]. They found that the conceptualisation of medicine, self medication and the seeking of further information varied amongst NZ European, Pacific peoples and Maori and folk from Asia and South Asia.

We have taken New Zealand as our exemplar of some of the issues faced by ethnic minorities accessing and using pharmaceuticals. There are however, many "like" examples including Hispanic and African races and the Hawaiian people of the United States (USA) [7, 8], Canadian Inuit [9], Australian aboriginal [10] and Pakistanis in Scandinavia [11], to name a few. The European Union has created a huge melting pot of races and movement from Eastern European countries to the continent per se and there is huge potential for research in this area.

This is not an exhaustive list but with common examples from high-income countries, it is fair to suggest that for some populations, the gap between Global North and South may be less than we give credit for. In-order to complement work in the Global South, we encourage authors to forward papers related to medicines policy and use in ethnic subpopulations and migrant groupings within high income-countries. It is expected that by thinking about ethnic minorities and placing "culture" at the center of social pharmacy practice and research, local and international disparities in access to, and use of medicines, as well as pharmacy service provision will be better addressed [12].

Shane Scahill

Honorary Senior Lecturer, School of Pharmacy, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand. Email: s.scahill@auckland.ac.nz

Caroline Vaughan

Specialist Pharmacist, Robert Jones Agnes Hunt Orthopaedic Foundation Trust, Oswestry, Shropshire, United Kingdom. Email: vaughan.caroline@gmail.com

Zaheer-Ud-Din Babar

Senior Lecturer and Head of Pharmacy Practice, School of Pharmacy, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand. Email: z.babar@auckland.ac.nz

12. Scahill, S.L. Placing "culture" at the center of social pharmacy practice and research. *Research in Social and Administrative Pharmacy*, 2013. 9(1): p. 1-3.

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References

1. Babar, Z.-U.-D., Vaughan C, and Scahill S.L. Pharmacy practice: Is the gap between the North and South widening. *Southern Med Review*, 2012. 5(5): p. 1-2.
2. Smith, A.H. and N.E. Pearce. Determinants of differences in mortality between New Zealand Maoris and non-Maoris aged 15-64. *The New Zealand medical journal*, 1984. 97(750): p. 101-108.
3. Jatrana, S., P. Crampton, and P. Norris. Ethnic differences in access to prescription medication because of cost in New Zealand. *Journal of Epidemiology and Community Health*, 2011. 65(5): p. 454-460.
4. Norris, P., et al. Understanding of pharmacy-related terms among three ethnic groups in New Zealand. *International Journal of Pharmacy Practice*, 2001. 9(4): p. 269-274.
5. Babar, Z.-U.-D., et al. Migrant health in New Zealand: exploring issues concerning medicines access and use. *Journal of Pharmaceutical Health Services Research*: DOI10.1111/j.1759-8893.2012.00105.x
6. Bassett-Clarke, D., I. Krass, and B. Bajorek. Ethnic differences of medicines-taking in older adults: a cross cultural study in New Zealand. *International Journal of Pharmacy Practice*, 2012. 20(2): p. 90-98.
7. Young, H.N., et al. Pharmacists' provision of information to Spanish-speaking patients: A social cognitive approach. *Research in Social and Administrative Pharmacy*, 2013. 9(1): p. 4-12.
8. Jie, D., et al. The effects of health and treatment perceptions on the use of prescribed medication and home remedies among African American and White American hypertensives. *Social Science and Medicine*, 1996. 43(6): p. 903-917.
9. Newbold, K.B. Problems in Search of Solutions: Health and Canadian Aboriginals. *Journal of Community Health*, 1998. 23(1): p. 59-74.
10. Kowanko, I., et al. Better medication management for Aboriginal people with mental health disorders: a survey of providers. *Australian Journal of Rural Health*, 2004. 12(6): p. 253-257.
11. Håkonsen, H. and E.-L. Toverud, Special challenges for drug adherence following generic substitution in Pakistani immigrants living in Norway. *European Journal of Clinical Pharmacology*, 2011. 67(2): p. 193-201.