

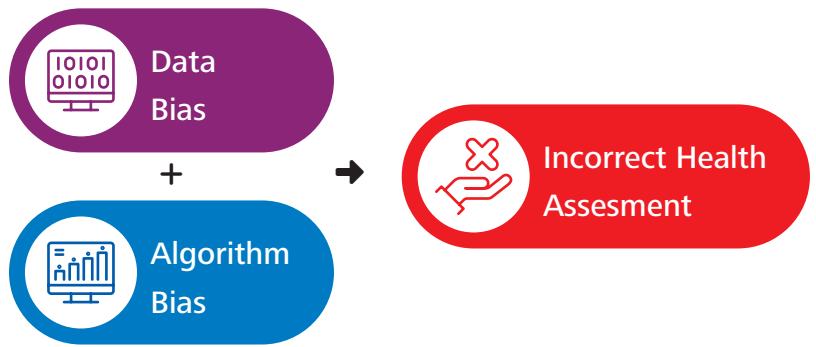
ETHNICITY, DATA, HEALTH RESEARCH PROJECT

Background (problem):

Technology is used for predicting a person's future health risks

Using routinely collected health information fed into a computer model can produce a health risk score for a patient, that is used by doctors to decide patient care

If there is bias in the data or bias in the model, the doctor can potentially make wrong decisions and patients can get the wrong care or no care



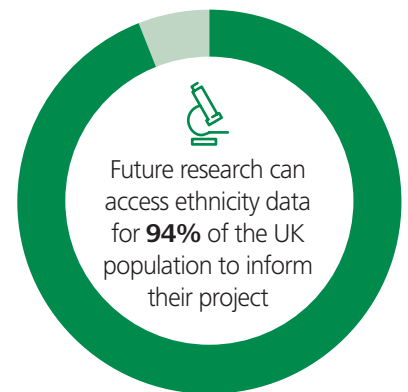
Aims:

- Want to improve the accuracy and completeness of ethnicity data in routinely collected health data
- Build accurate ethnicity-specific risk prediction models

Methods:

Databases on NHS computer systems were explored (GP and hospital) to identify what ethnicity data is currently being routinely collected and accessible to healthcare researchers

Findings:



Accurately recording ethnicity data is not a simple task. There are many potential layers (like an onion). For example, when self-reporting ethnicity data people may give different answers at different times. For example, Asian, Asian British, other Asian, Indian. We now understand better what ethnicity data is being regularly recorded in a healthcare setting

New knowledge:

People that regularly miss recording their ethnicity information also miss recording other information

Ethnicity data is most likely to be missing from the health records people who are younger, male, healthy, socially deprived, raised body mass index (BMI)



Conclusion/Future:

