CULTURALLY EQUITABLE CARE

Insecurity and health engagement have been further impacted by heightened perceived or actual stigma since the 2016 European Union referendum.8 Online advertising from an expanding network of private Polish health centres in UK cities preys on such community insecurities and risks unmet health needs and piecemeal management. Community rates of anxiety, alcohol misuse, homelessness, and suicide are already disproportionately high.5

Specific cultural perceptions and concerns surrounding cervical screening, family planning, antenatal and maternity care exist, with vulnerability and online forums shaping engagement.4 Person-centred culturally equitable care incorporates community health beliefs, care perceptions, empowerment, and advocacy, and goes beyond simply increasing service awareness or availability.7

Although equitable primary care would benefit the community as a whole, particular benefit would be gained by marginalised minorities within the minority, including non-Polish nationals, Roma, the homeless, LGBT people, and trafficked individuals. Furthermore, such care could support deconstruction of community stigma associated with mental health and blood-borne viruses.6

OVERCOMING BARRIERS

Achieving change need not be costly or complex. Encouraging community stakeholder participation in public and patient involvement groups and practice research would support identification of local health beliefs and needs. Outcomes could inform practice team-based strategies to overcome barriers in healthcare access and delivery.9

Engagement can be encouraged through promoting open attitudes to diversity among staff and accommodating the needs of recently arrived migrants in practice administration. Use of verified online translated materials (and, where possible, translators), building a directory of community organisations to support signposting, and nominated staff or community link workers can all help build relationships of trust. Clinician guidance and training materials on recognising cultural differences in self-care perceptions, wellbeing, coping mechanisms, and red flags for deterioration would improve management of health expectations and outcomes.

Consideration of the above within a community co-designed primary care strategy would allow for a future-proof step towards healthcare equity. Given the ongoing emotional turmoil of Brexit, perhaps now is the time for an overdue anniversary present.

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