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After long discussion for our special issue, we settled on ethnic minority as our preferred term. I have used this here. Is this OK or are you arguing we should change our style too?

The language of ethnicity

Collective terms BAME and BME should be abandoned

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The disproportionate impact of covid-19 on ethnic minority groups ¹² has attracted global attention, causing journalists, broadcasters, politicians, the public, and academics to grapple with the most appropriate way to describe people of minority ethnic backgrounds.³⁴ This issue is critical if we are to identify, understand, and resolve the enduring inequalities in life chances affecting these communities. [ok? Is this what you mean? Please edit if not]

Various collective terms have been used to describe ethnic minority groups, including BAME (black, asian and minority ethnic), BME (black minority ethnic), ethnic minority, non-white, and people of colour. BAME and BME, both commonly used in the UK,⁵ are problematic as they indiscriminately combine people from different geographical, behavioural, social, and cultural backgrounds. They also focus on skin colour. Few minority people identify with these acronyms,³ and in one Twitter poll only 13% of 7775 respondents, selected BAME or BME as an appropriate term.⁶ So what terms should we use?

Some historical context may be helpful. Before the American civil rights movement of the mid-20th century, the term black was derogatory. Although activists and academics [susbsequently?] subsequently used black politically as a collective term covering all "non-white" [Q to A omit?—isn't this tautologous?] populations8—a use maintained, for example, by the domestic violence organisation [Q to A OK? Readers won't be familiar

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with this group]Southall Black Sisters—others associated it with people of solely African heritage.

As a result, it was argued that the use of black did not recognise the experience of South Asians in the UK. References to black populations were then reframed as black and Asian, and later black, Asian, and minority ethnic (BAME). Though widely used, this term has no direct counterpart in routine data collection, which relies on disaggregated categories of ethnic identity [of ethnic identity?] developed and regularly reviewed by the UK Office for National Statistics (ONS). [1011]

The ONS groupings have also been criticised, ¹² but BAME and BME are particularly problematic because they are often used to label people who do not identify as such. ³ The term BAME also identifies black and Asian communities as inherently different from other ethnic minorities and may sustain anti-black or anti-Asian sentiments. ¹³ Although it is unclear who "minority ethnic" includes, it is widely understood to exclude disadvantaged minorities typically coded as white, such as Gypsy, Roma, and Travellers, who despite disproportionately poor health ¹⁴ are not recognised as an ethnicity in the NHS Data Dictionary. ¹⁵

Heterogeniety

Defining individuals as non-white does not adequately describe the cultural, social, and religious nuances that define ethnicity. South Asian and black people are no more homogenous than white people in their health status, service use, socioeconomic position, or social and cultural experiences. Items [meaning ok?] For example, Black Caribbean people have a higher mortality risk from covid-19 infection than Black African people—inviting us to look beyond ethnicity for the source of such inequalities.

However problematic ethnic categories are, scientists need them to enable systematic and comparable scientific study to examine and address social inequalities and injustice.

Researchers must also avoid terminology such as race [such as "race"?] that wrongly [wrongly?] implies inherent biological differences between ethnic groups. [is this what you mean?] Disaggregating minority populations allows studies to acknowledge different histories and social and economic experiences in comparisons of outcomes. [meaning ok? edit if not]

The 18 ONS categories are a good start despite limitations such as combining all black African nationalities and ethnic groups. But even with greater granularity, analysing minority

populations separately could still result in inappropriate conclusions through erroneous assumptions of common shared experience.

Where granularity isn't possible (in studies with small sample sizes for example) we suggest that 'ethnic minority groups' is a more appropriate collective term than BAME or BME, placing the focus on all minority groups regardless of skin colour. [meaning ok?] [meaning unclear here, can we omit?]

Researchers and policy makers should use the most appropriate ethnicity label needed to effectively interprete or implement their findings. Where sample sizes are insufficient for analysis of discrete groups, researchers should carefully consider the validity and implications of combining people with heterogeneous cultural histories, experiences, health and socioeconomic profiles.

The discontinuation of BAME and BME should be supported by scientific journals and others that publish research and policy relevant to the health and social wellbeing of ethnic minority groups. This could include adopting expected standards of ethnicity categorisation, appropriate to the local context. [112]

There will never be a perfect term to encompass ethnic diversity, but researchers should avoid reinforcing perceptions of homogeneity where none exists, or excluding groups that do not fit within BAME terminology. Even ethnic minority groups is an imperfect collective term, and researchers should be prepared to break it down further to ensure that their findings benefit those who need them most. Language does matter.

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- <jrn>1 Pareek M, Bangash MN, Pareek N, et al. Ethnicity and covid-19: an urgent public health research priority. *Lancet* 2020;395:1421-2. <u>PubMed</u> doi:10.1016/S0140-6736(20)30922-3
- <jrn>2 Khunti K, Singh AK, Pareek M, Hanif W. Is ethnicity linked to incidence or outcomes of covid-19? BMJ 2020;369:m1548. PubMed doi:10.1136/bmj.m1548
- <jrn>3 Milner A, Jumbe S. Using the right words to address racial disparities in COVID-19. Lancet Public Health 2020;5:e419-20. PubMed doi:10.1016/S2468-2667(20)30162-6
- <eref>4 Ali S. "BAME" is an outdated term, struggling to define the experiences of those who do not identify as White. Varsity 2020 Nov 18.https://www.varsity.co.uk/opinion/19351.</eref>
- <jrn>5 Aspinall PJ. Ethnic/racial terminology as a form of representation: a critical review of the lexicon of collective and specific terms in use in Britain. Genealogy. 2020;4:87 doi:10.3390/genealogy4030087.

- <unknown>6 Khunti K. How should we refer to black and minority ethnic populations?
 2020. https://twitter.com/kamleshkhunti/status/1277251696377413638
- <bok>7 Gilroy P. The Black Atlantic—modernity and double consciousness. Verso, 1993.
 - <box>8 Mirza H. Black british feminism: a reader. Routledge, 1997.</box>
- <unknown>9. Modood T. Not easy being British: colour, culture and citizenship. Trentham, 1992.
- <unknown>10 ONS. Harmonised concepts and questions for social data sources: ethnic group. ONS, 2017.
- <jrn>11 Khunti K, Routen A, Banerjee A, Pareek M. The need for improved collection and coding of ethnicity in health research. *J Public Health (Bangkok)* [forthcoming].
- <jrn>12 Ballard R. The construction of a conceptual vision: "ethnic groups" and the 1991 UK Census. *Ethn Racial Stud* 1997;20:182-94. doi:10.1080/01419870.1997.9993953.
 - <box>

 Santon M. Racial theories. Cambridge University Press, 1987.</box>
- <jrn>14 Parry G, Van Cleemput P, Peters J, Walters S, Thomas K, Cooper C. Health status of Gypsies and Travellers in England. *J Epidemiol Community Health* 2007;61:198-204. PubMed doi:10.1136/jech.2006.045997
- <jrn>15 Millan M, Smith D. A comparative sociology of Gypsy Traveller health in the UK. *Int J Environ Res Public Health* 2019;16:379. PubMed doi:10.3390/ijerph16030379
- <jrn>16 Bhopal R. Glossary of terms relating to ethnicity and race: for reflection and debate. J Epidemiol Community Health 2004;58:441-5. PubMed doi:10.1136/jech.2003.013466
- <eref>17 Gov UK. Ethnicity facts and figures: socioeconomic status. 2018. https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/socioeconomic-status/latest
- <jrn>18 Kapadia D, Nazroo J, Tranmer M. Ethnic differences in women's use of mental health services: do social networks play a role? Findings from a national survey. *Ethn Health* 2018;23:293-306. PubMed doi:10.1080/13557858.2016.1263283
- <jrn>19 Platt L, Nandi A. Ethnic diversity in the UK: new opportunities and changing constraints. J Ethn Migr Stud 2020;46:839-56.
- <bok>20 Public Health England. Disparities in the risk and outcomes of COVID-19.
 Department of Health and Social Care, 2020.
- <eref>21 ONS. Language and spelling: guidance on grammar, language, and spelling.
 2015. https://style.ons.gov.uk/house-style/race-and-ethnicity/