Changing Patterns of Ethnic Inequalities in Older People's Health, 1994–2009

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Objectives

The summer project was dedicated to examining the changing patterns of ethnic inequalities in older people's health in the UK from 1994 to 2009. Specific attention was paid to the following research question:

How have ethnic inequalities in health for ethnic minority older people in the UK changed between 1994 and 2009?

Background

Ageing and health has emerged to be one of the key issues in the academia. Today, many ethnic minority people have worse health than the White majority in the UK. However, we know very little about these ethnic health inequalities in later life. In fact, people's average lifespan gets longer nowadays. For ageing cities, such as the UK, have to reflect upon the challenges in response to the population change. More importantly, this highlights the purpose of this summer project, which is to see if ethnic health inequality gets worse at older ages and if these patterns are changing over time.

Methods

Four datasets from the UK Data Service were used: The Fourth National Survey of Ethnic Minorities (1994), The Health Survey for England 1999, The Health Survey for England 2004 and Understanding Society 2009 Wave 1.

Outcome variable:
Self-rated health was used as a measure of people's health. A binary variable denoting poor (coded 1) and good (coded 0) was created in each dataset.

Explanatory variables:
Ethnicity (7 ethnic groups were used), age (aged 45 years and over, coded into five categories: 45 to 49, 50 to 54, 55 to 59, 60 to 64 and 65 years and above), gender (male and female) and household income (divided into 5 quintiles were used)

All data analysis was conducted in STATA. During the first phase, we employed explanatory analysis (i.e. risk ratios) to examine the variations in health among the ethnic groups. Using these outcomes, we generated the line graphs and tables in Excel. We then moved on to binary logistic regression modelling to investigate the potential factors influencing ethnic minority people's health.

Key findings

The following figure illustrate the odd ratios of people in each ethnic group reporting bad health by age group from the four national surveys:

Summary of findings:

- Ethnic minority groups in general are more likely to report poor health than White people.
- Older Bangladeshi and Pakistani groups appear to have very high chances of experiencing health disadvantage whereas Chinese and Irish groups seem to have better health
- The ethnic health gap seems to narrow down a little over time (especially for Caribbean, Indian & Irish)
- Older people (those at the age of 60 or above) have higher chance of experiencing bad health
- The general observations above provided us some initial evidences to support the view that the health of ethnic minorities deteriorates with increasing age.

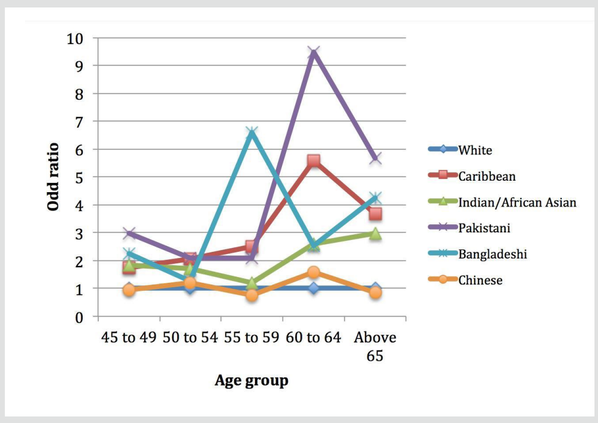

Figure 1: The Fourth National Survey of Ethnic Minorities 1994

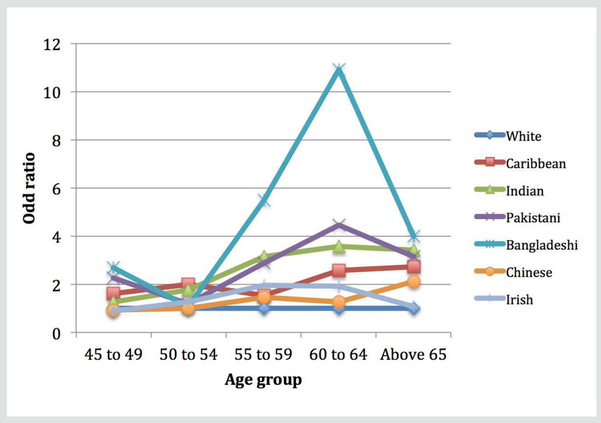

Figure 2: The Health Survey for England 1999

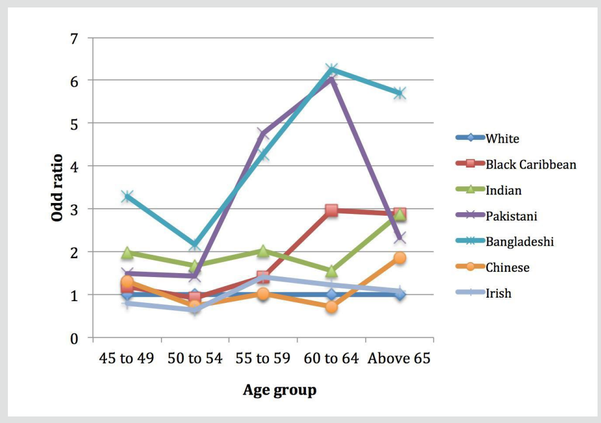

Figure 3: The Health Survey for England 2004

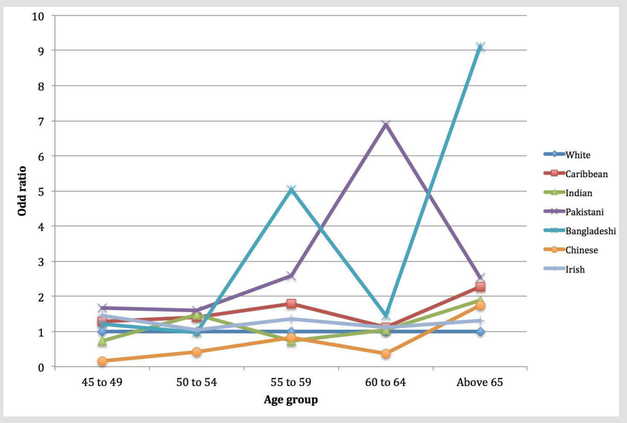

Figure 4: Understanding Society 2009 Wave 1

Conclusions

Overall, we see that ethnic inequality in health persists over time in the UK and obviously we cannot homogenize the experiences of older ethnic minorities. Further to these findings, more scholarly effort could be paid to examine the interaction terms of other potential social determinants (e.g. migration background, cultural perceptions of health) influencing people's health to develop a more sophisticated regression model.

What I gained from this placement

This placement has undoubtedly given me a valuable opportunity to work with academics and gain inspirations from ethnicity researches. I am very pleased to gain extra knowledge of quantitative analysis (i.e. regression modelling), STATA and work with real data.

Acknowledgements

I would like to thank Dr Dharmi Kapadia for her patience, guidance and support throughout the placement as well as the additional support from Prof. James Nazroo. As well as quantitative skills, my supervisors have given me some useful advice on my postgraduate study plans and insights about how the academia works. All these made my summer a very fruitful one.

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