Ethnic inequalities in health: Reframing the debate, but what impact on policy?

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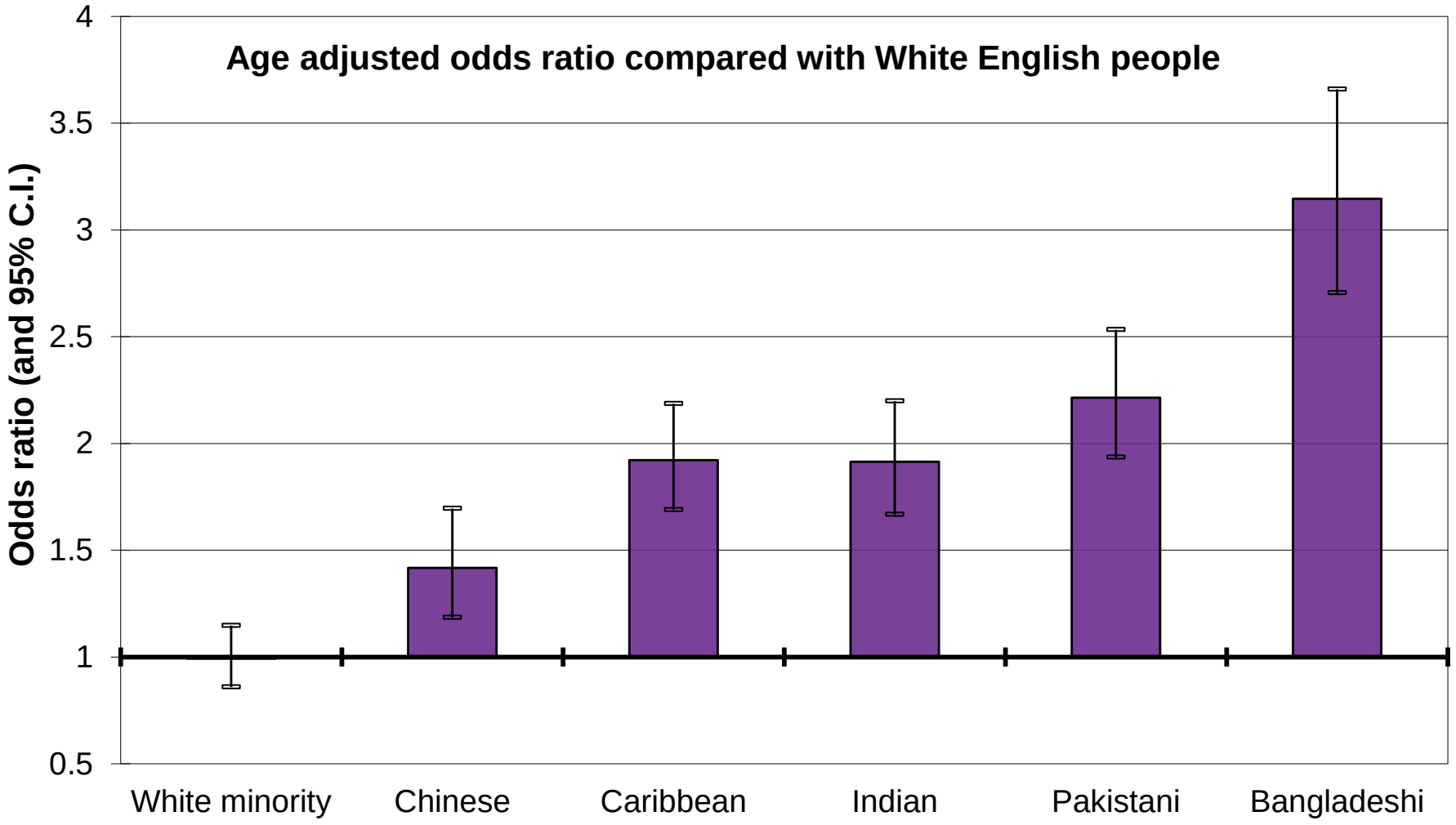
Stark ethnic inequalities: reported fair or bad health



The focus of the literature in the UK

- Generally poorer health among non-white minorities;
- High (but variable) rates of diabetes across all non-white groups;
- High rates of heart disease among ‘South Asian’, but not ‘Caribbean’ people;
- Hypertension and stroke and Caribbean and African people;
- Psychotic illness and young Caribbean men;
- High rates of suicide and young South Asian women;
- High rates of sexually transmitted illnesses and Caribbean people;
- Muslim children and congenital abnormality and childhood disability.

- Typically such diversity is understood as reflecting the (genetic and cultural) properties of the ethnic group involved – as caused by ethnicity.

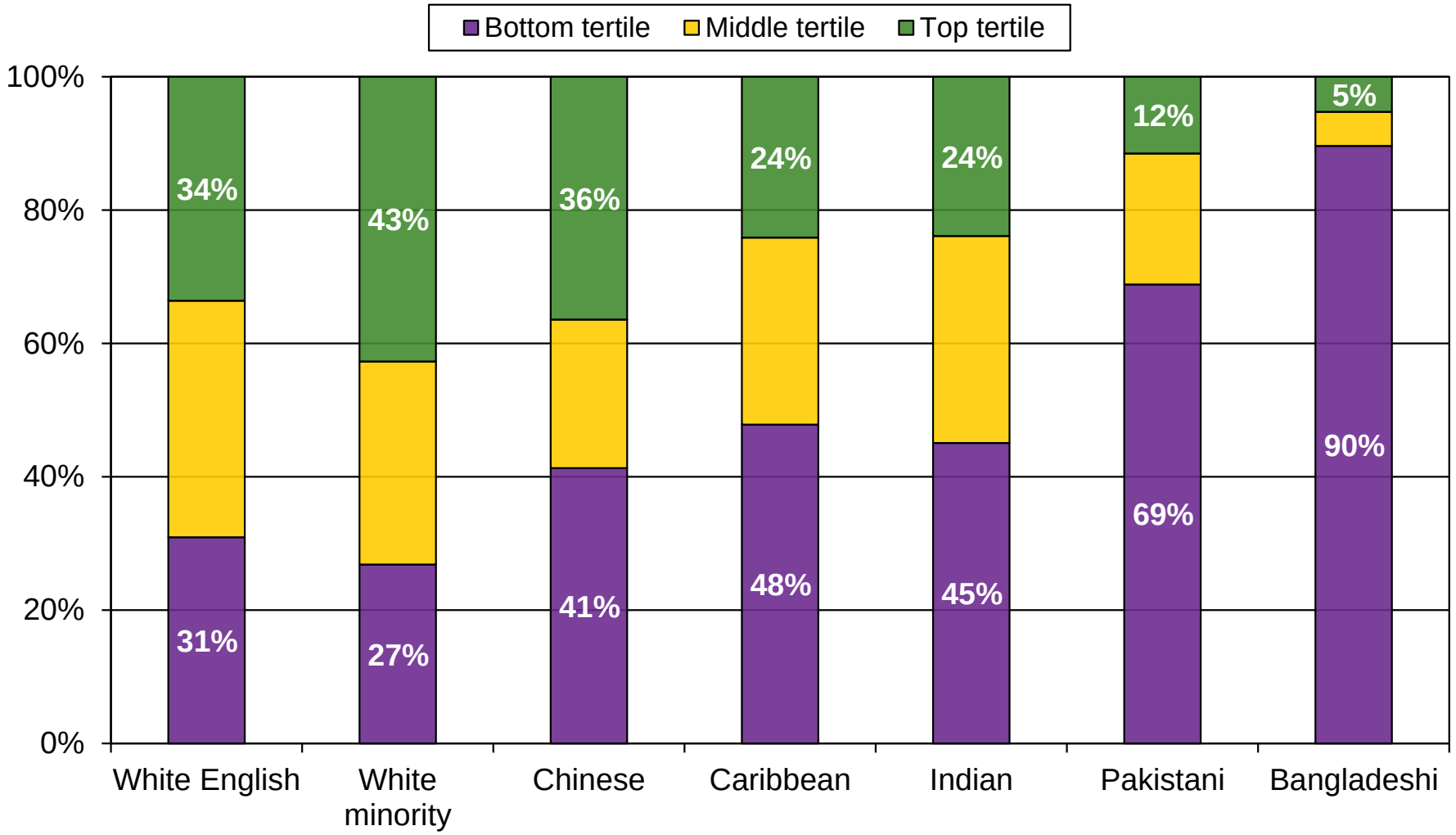
Avoiding premature coronary deaths in Asians

- Asians' evolutionary history involved adaptation 'to survive under conditions of periodic famine' leading to a high prevalence of insulin resistance.
- Central obesity may also develop as a consequence of lifestyle (culture): 'a diet rich in saturated fats and energy (including ghee) and a sedentary lifestyle'.

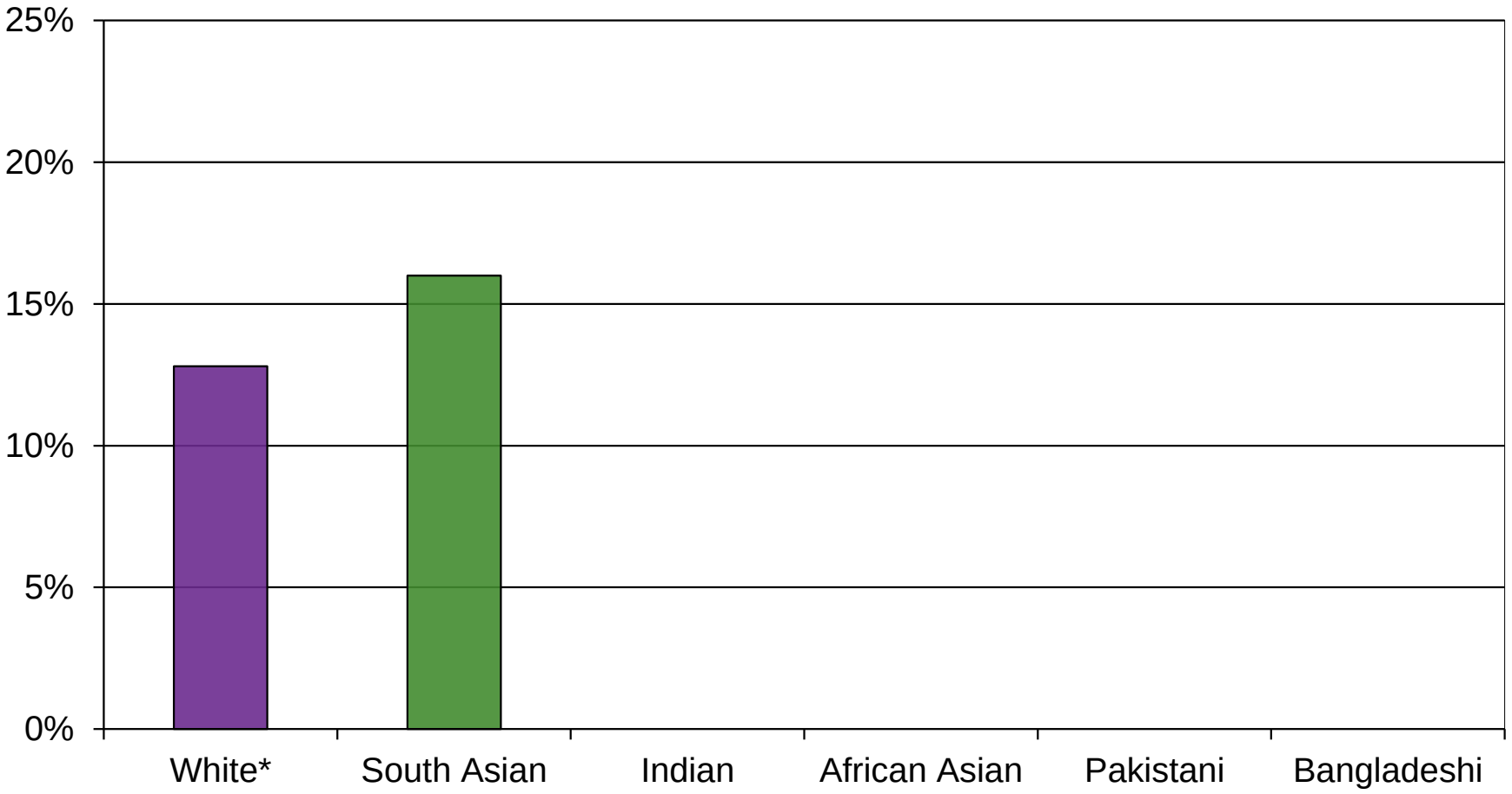
- "Well Asian clinics" should be set up to address the low use of medical services.
- Community leaders should increase awareness of risk factors.
- Survivors should relay their experiences to members of their community.
- Dietary advice should be given and Asians should be encouraged to increase regular physical activity.

Gupta *et al*. (1995)

Ethnic differences in equivalised household income



Looking a bit more closely at ‘South Asian’ heart disease



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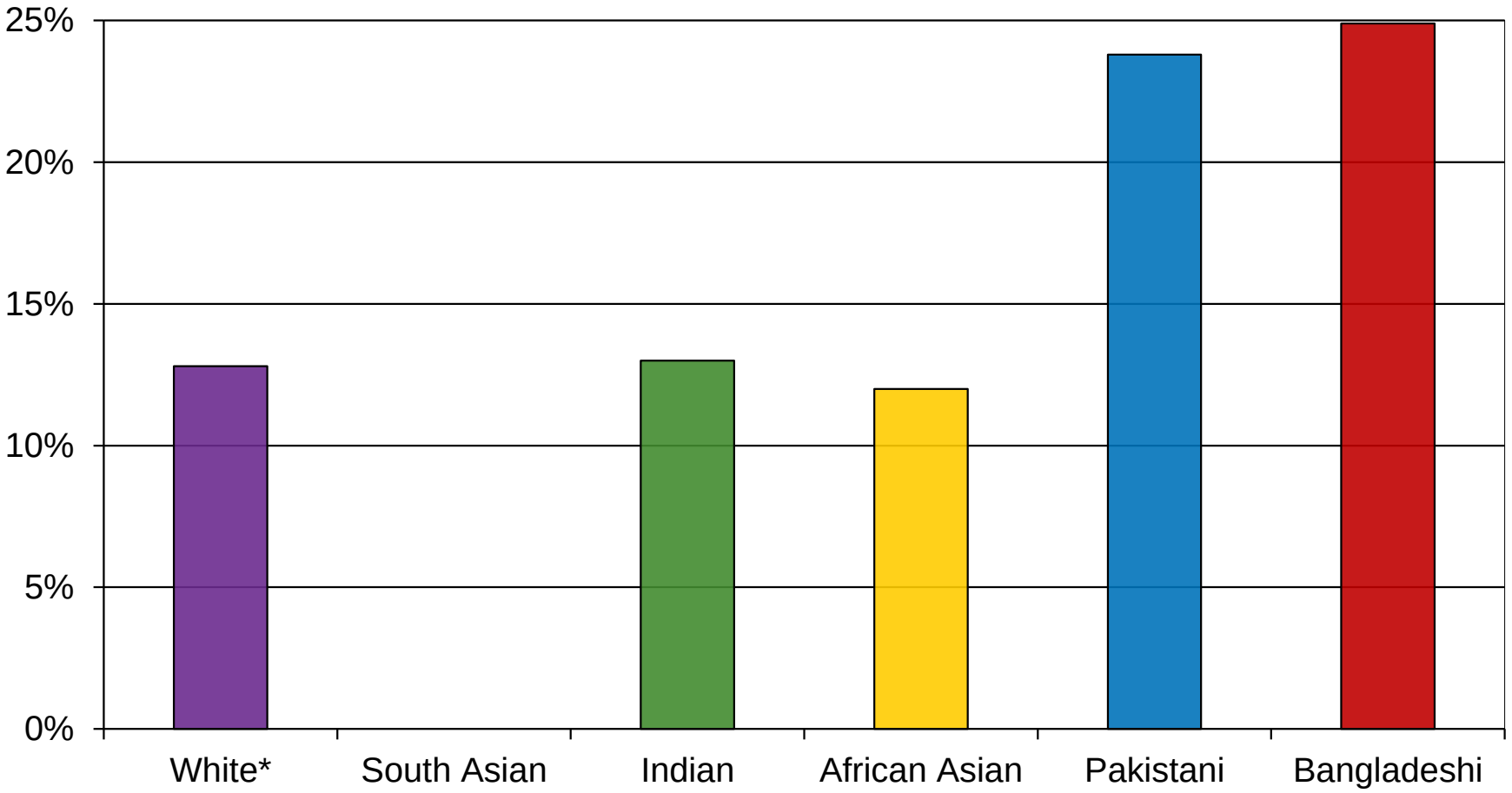

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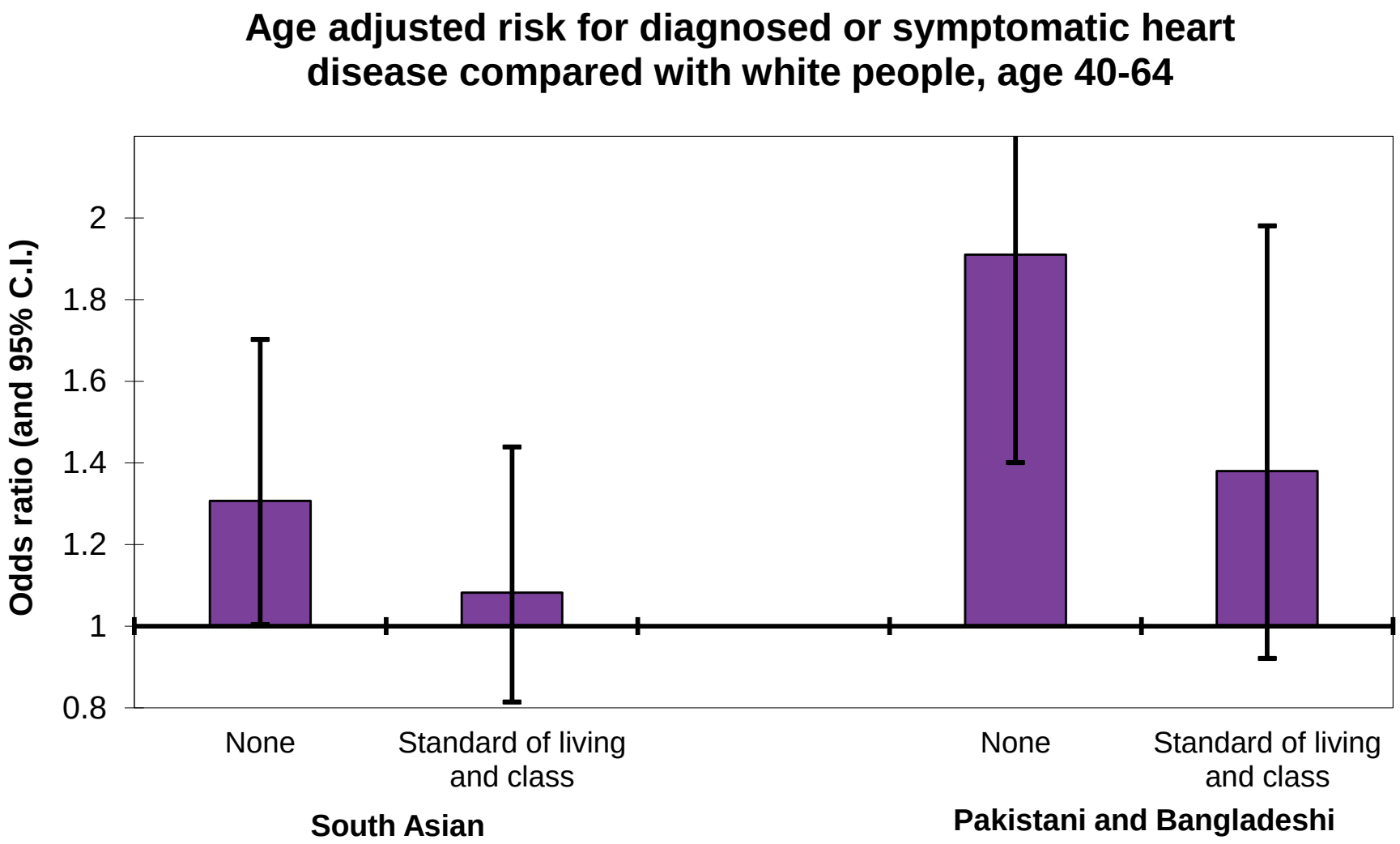
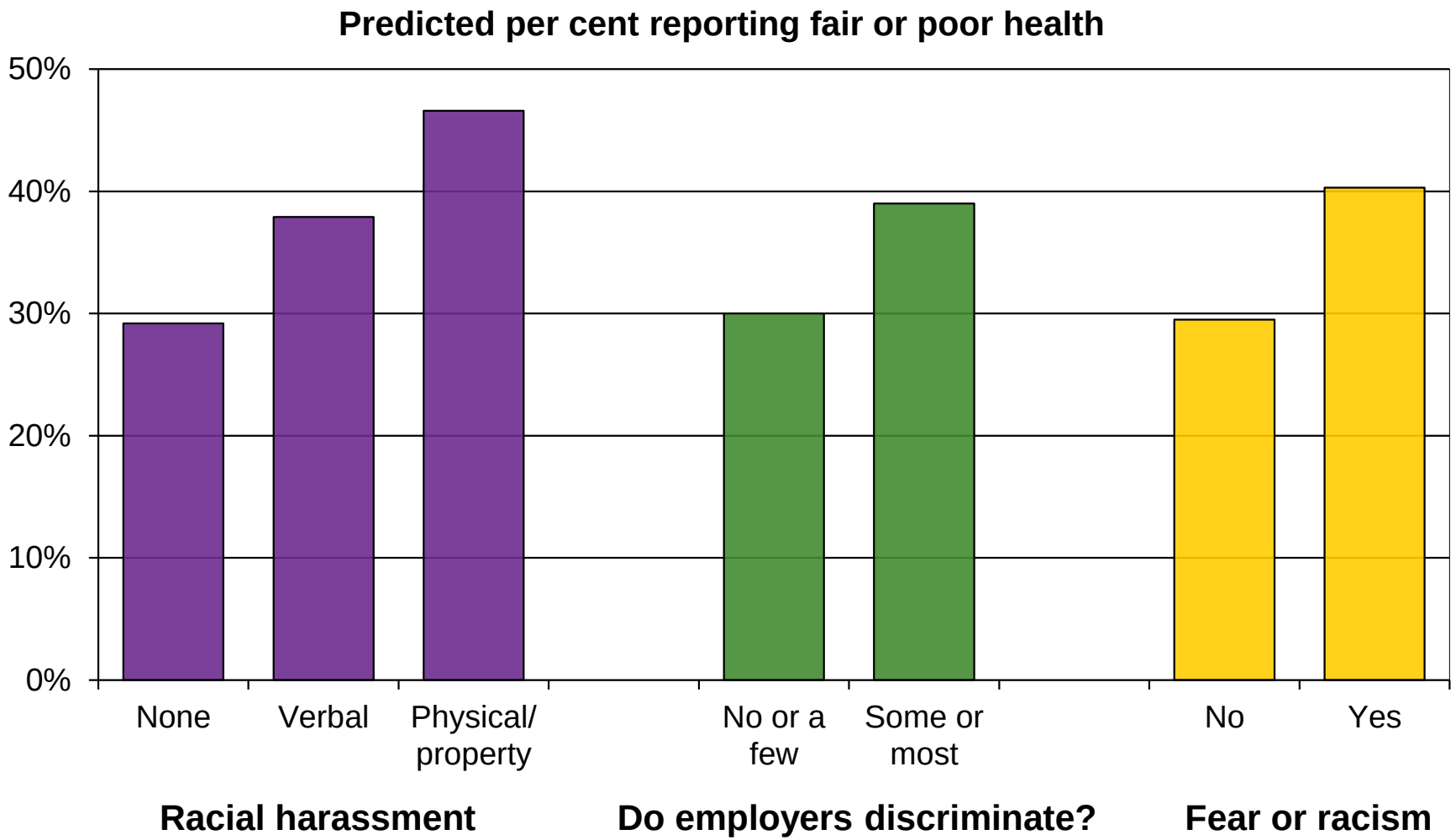
Ethnicity and heart disease: a socioeconomic effect



Racism, discrimination and health



Ethnicity and health: summarising the evidence

- Ethnic differences in health have been repeatedly documented across the developed world.
- There are variations in the nature of this across ethnic groups and across specific types of disease.
- Explanation is typically focussed around essentialised notions of ethnicity/race – genes and culture.
- In fact, there is a diversity of circumstances and experiences within, as well as across, ethnic groups, by class, gender, generation and context.
- Differences in health across ethnic groups are best understood as the product of social and economic inequalities.
- But they are not just a simple reflection of generalised class processes, they also reflect the generation of ethnic inequalities.
- So policy needs to not only address inequality per se, but also the specific forms of inequality faced by ethnic minority groups and underlying processes.

Numerous opportunities for policy influences

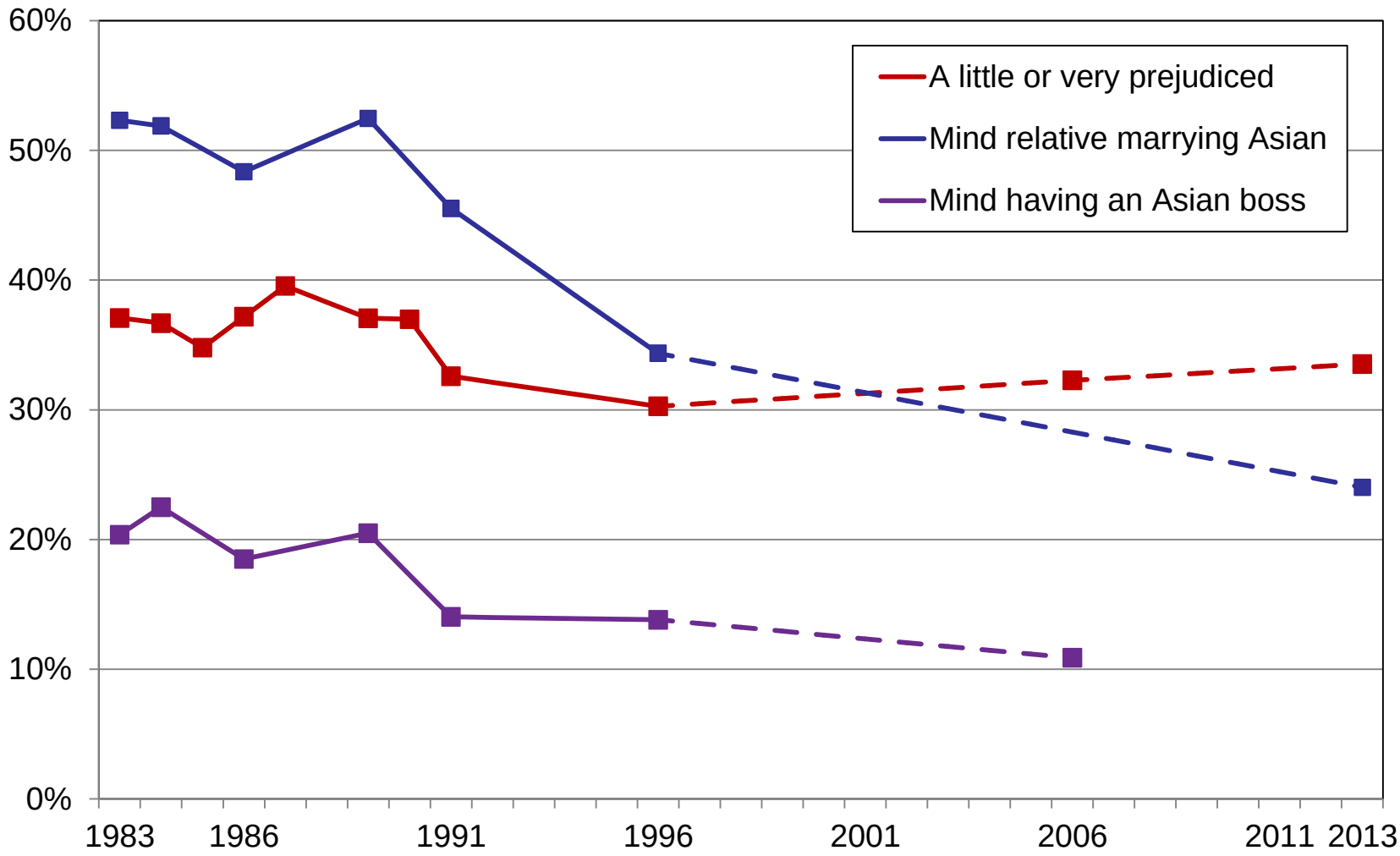
- Acheson review (1997)
- Department of Health ‘Expert Panel on Inequalities in Health’ (2008)
- The Health Select Committee inquiry into ‘Inequalities in Health’ (2008)
- The (Marmot) ‘Strategic Review of Health Inequalities’ (2009)
- More recently Public Health England and local public health

- Established expert in a small, specialist, but politically important field
- Research widely cited by a range of governmental organisations and public bodies
- Relationships with established activist groups, who use the research
- But no easy, or palatable, messages for mainstream policy
- The easy win for health policy is to focus on factors such as health service provision and language use …

Current policy focus and consequences

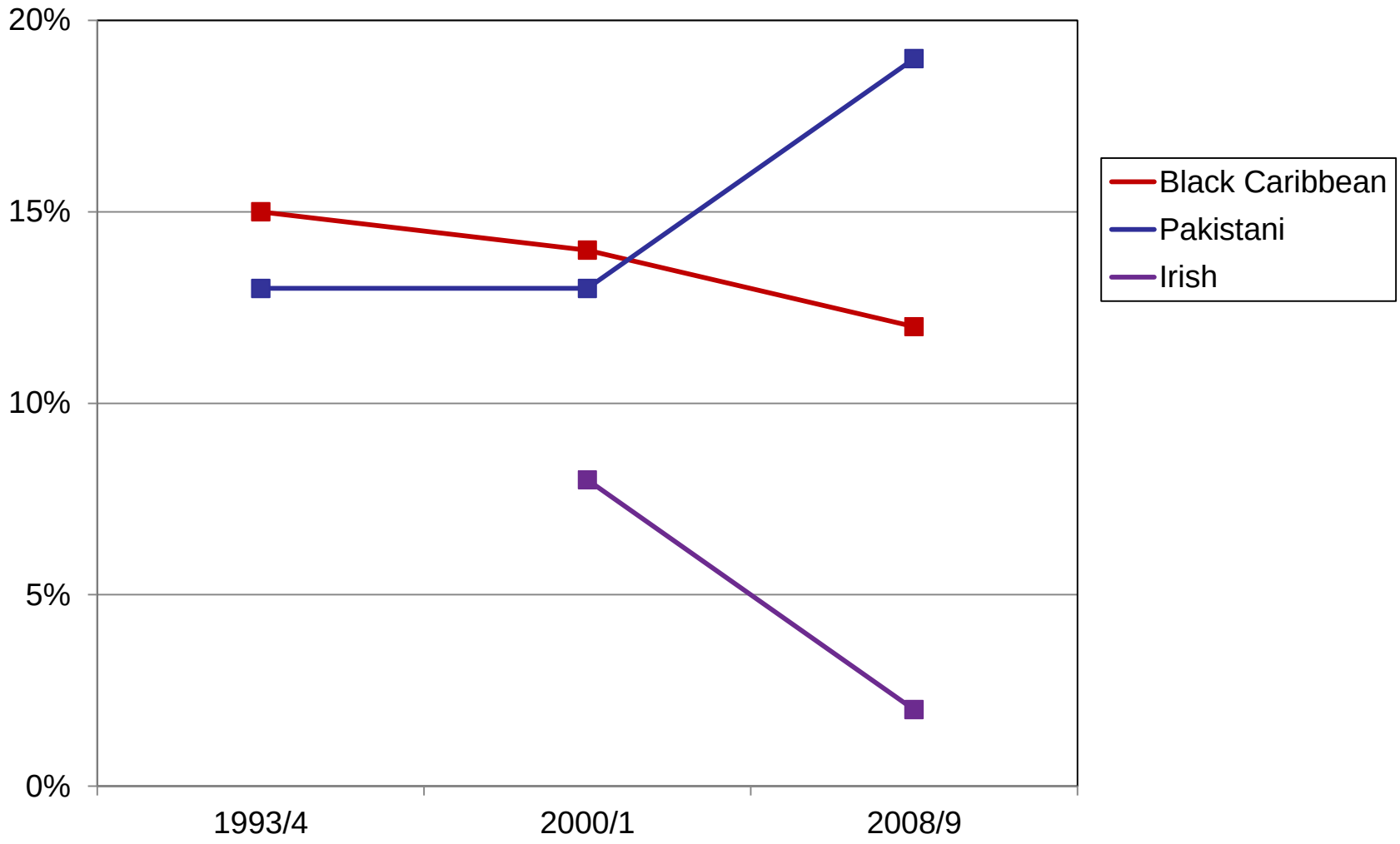
- There has been little development of policy to specifically address ethnic inequalities in health (see the Marmot Review), only occasional, limited and local intervention, with no real evaluation of the impact of specific or general policy on ethnic inequalities in health.
- But not a policy vacuum, there are clear policies around identity, culture, community, segregation and migration, all of which are likely to negatively impact on ethnic identities and inequalities.
- Although not focused on health, such policies also lack any evidence base – in fact the evidence suggests issues of segregation and community cohesion are not an issue of ethnicity, but one of area deprivation.
- And policies that increase inequality will have a greater impact on ethnic minority people.
- And it is likely that ethnic minority people will be disproportionately impacted on by public sector retrenchment (austerity measures).

Persisting prevalence of racial prejudice



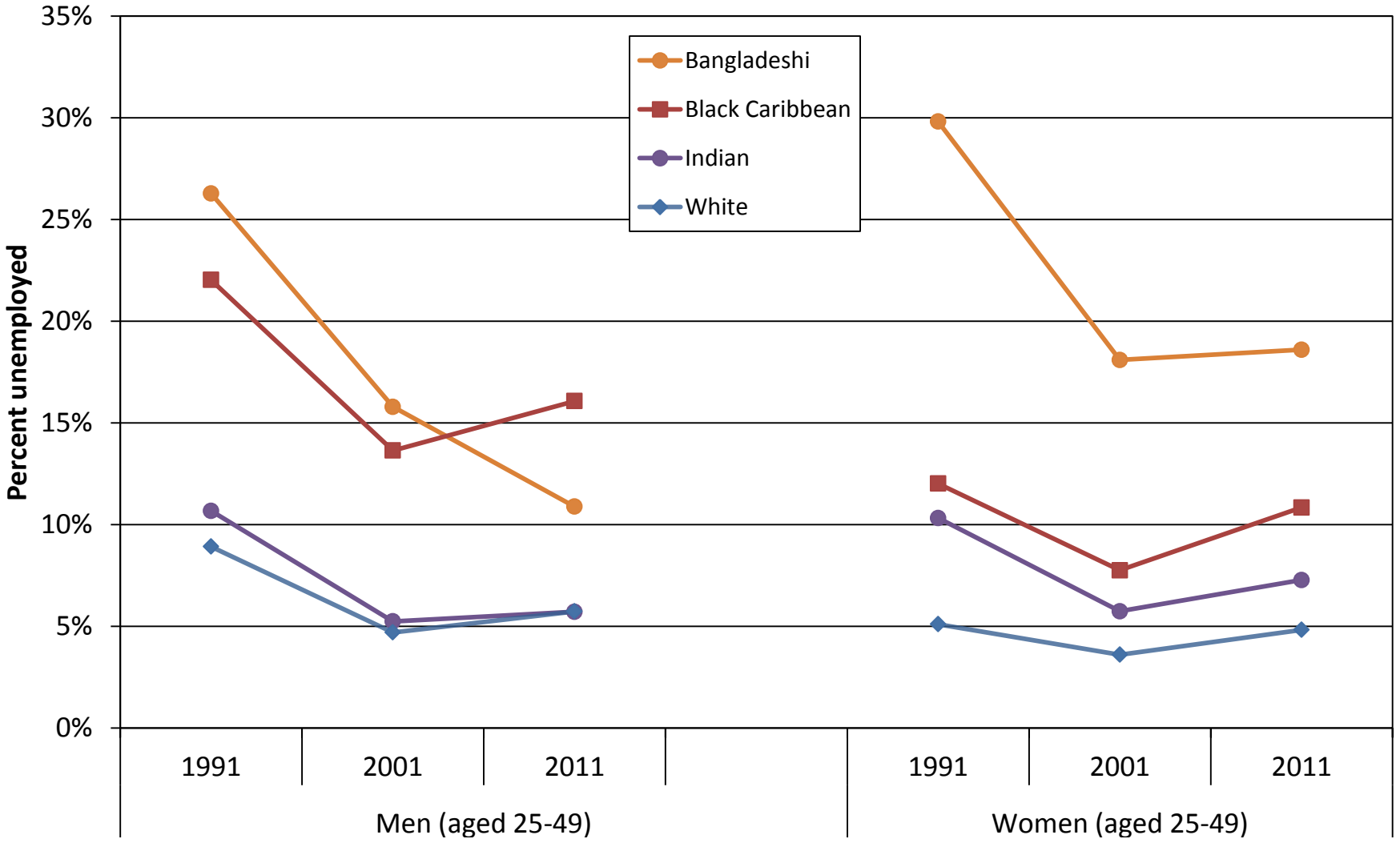
Storm *et al*, (BSA1983-2013)

Changes in levels of experienced racism



Karlsen and Nazroo, (2014)

Persisting ethnic inequalities in unemployment
1991-2001-2011



Kapadia *et al*, (BSA1983-2013)

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The difficult option

- Scaling up interventions that don't engage with the circumstances of ethnic minority groups will serve to exacerbate ethnic inequalities.
- So why are ethnic inequalities neglected?
- And what should the policy message be?
- In the short-term, welfare, tax and benefit changes targeted at reducing economic inequalities, with a particular focus on the adverse economic position of ethnic minority people (area based interventions?).
- In the long-term policies that promote equitable life chances and that address racism and the marginalisation of people with different ethnic backgrounds.
- This includes influencing public debate to move away from racialising ethnic minority and migrant groups.

Public sector and policy options (1)

- Not hopeless – the very real potential of public bodies to drive employment policies within their sector, and to influence employment conditions more generally, does provide some opportunity.
- As an employer, in an ‘age of austerity’, the public sector has the opportunity to provide a significant leadership role.
- For example, the NHS directly employs 1.4 million people, indirectly many more (commissions £114M), so employment practices within the NHS are able to impact on the labour market nationally and regionally.
- Ethnic minority people are over-represented in the public sector workforce.
- But discussion around public sector employment, and regional variation in standards, has largely focussed on enhancing efficiency by reducing labour costs and, consequently, opening up opportunities for private investment.

Public sector and policy options (2)

- Could instead use this as an opportunity to implement positive and equitable employment practices, setting a standard:
  - Employment rights;
  - Holidays, sick leave, maternity leave;
  - Job security, job flexibility, limits to unpaid overtime;
  - Study leave and personal development
  - Promoting autonomy and control;
  - And, importantly, pension rights.
- Such changes are likely to mostly benefit those in lower employment grades and more uncertain employment conditions.
- Could also address the marked income inequalities within the public sector workforce.
- An idea picked up by the British Academy and more recently the Kings Fund.

So why no progress?

- Failing to make evidence visible?
- Speaking a different language (theory and practice)?
- Failing to present evidence clearly and convincingly?
- Not having the evidence available and ready when needed?
- Weighing costs and benefits, different pieces of evidence, be realistic.
- Fine tuning to resonate with current policy concerns and targets.

- Evidence isn't the only thing, public opinion matters, need consensus?
- Ideology informs choice and sometimes outweighs evidence?
- Don't 'cross the stupid line' …

- Competing interests.

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DYNAMICS OF DIVERSITY: EVIDENCE FROM THE 2011 CENSUS

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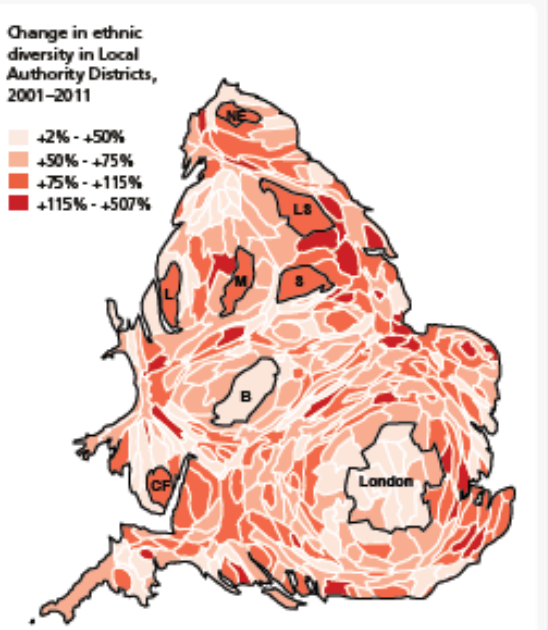
Visit our website for analysis of the latest data on ethnic inequalities in the UK

Topics covered include

- Ethnic diversity
- Neighbourhood segregation
- National identity
- Education
- Employment
- Health
- Housing
- Deprivation
- Language
- Ethnic population growth
- Changes in ethnic identities
- Counting immigrant populations



Cartogram of Local Authorities, with Inner London and other principal cities marked:
Manchester (M), Liverpool (L), Sheffield (S), Newcastle upon Tyne (NE), Birmingham (B), Leeds (LS), and Cardiff (CF)
Sources: the 2011 Censuses (Crown Copyright). Map base: Bethan Thomas.

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