



Exploring health inequalities and the experience of Black, Asian and minority ethnic communities in Britain

March 9th 2023

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- Welcome to today's webinar.
- Could you please use the chat function to introduce yourself to the other participants.
- Could you also use the Whiteboard to identify two expectations you have of today's webinar.

Welcome

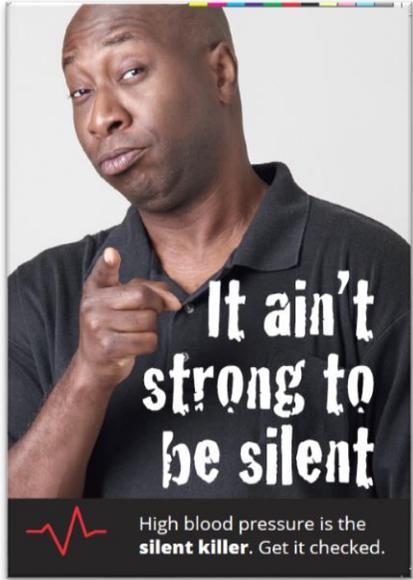
The Race Equality Foundation promotes race equality in social support and the provision of public services. We do this by:

- exploring what is known about discrimination and disadvantage;
- developing evidenced-based better practice to promote racial equality; and
- disseminating better practice through educational activities, conferences, written material and websites.

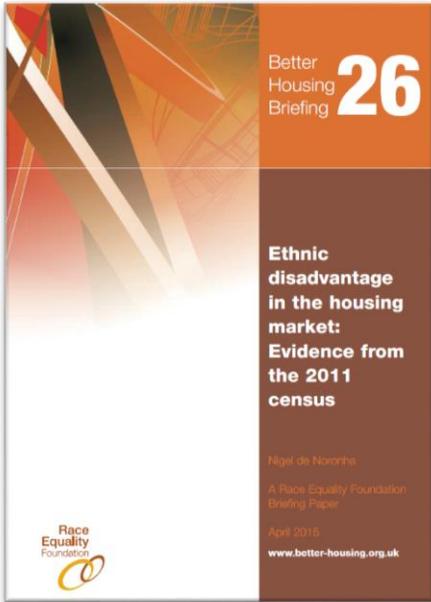
We are a member of the Health and Wellbeing Alliance, an initiative supported by NHS England, UK Health Security Agency, Office for Health Improvement and Disparities and Department of Health and Social Care. We are also a founding member of the new Health Equals campaign.

We deploy the Strengthening Families, Strengthening Families, Strengthening Communities inclusive parenting programme, which continues to reach and impact families in some of the poorest neighbourhoods and is currently in the middle of randomise control trial.

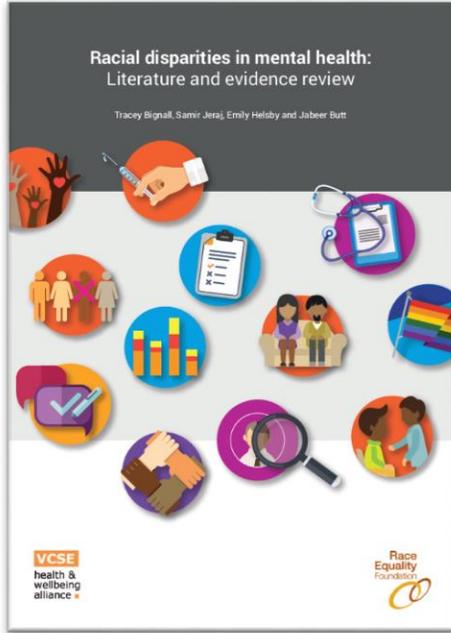
We were a founding members of the Coalition of Race Equality organisations, and now the Alliance for Racial Justice. We also provide support to NBTA. We recently joined the End Violence Against Women Coalition.



A series of **Better Health and Better Housing** briefing papers

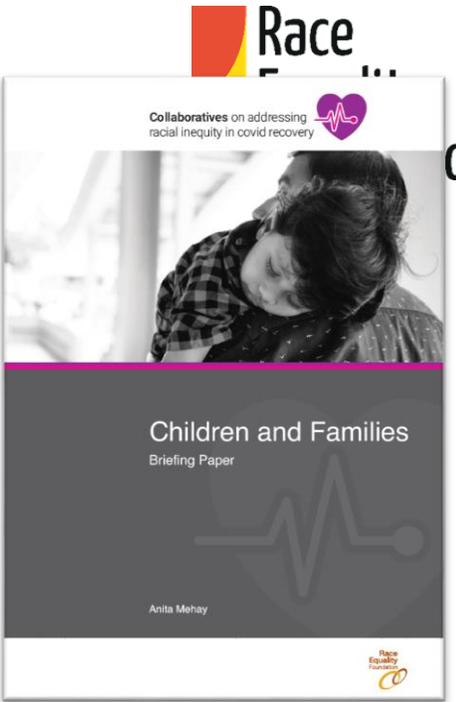
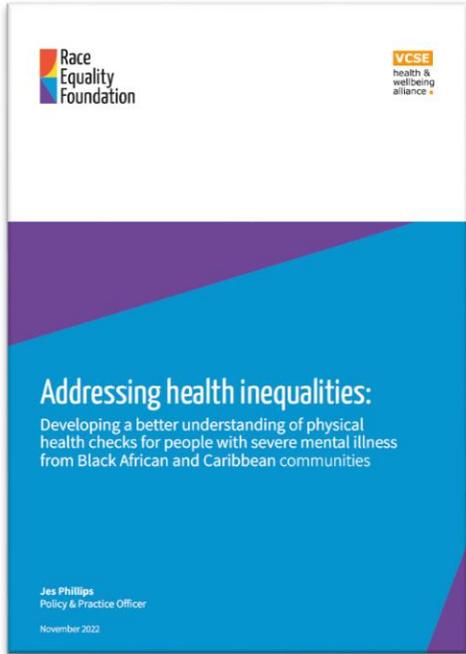


A community based approach to improving blood pressure monitoring



A literature and evidence review of racial disparities in mental health

Report on physical health checks for people with severe mental illness



A series of briefings as part of the race equity collaboratives on the impact of Covid 19 and what should happen next

Some of our work

In this session we aim to:

- Explore the drivers/causes of health inequalities
- We will share evidence on health inequalities experienced by Black, Asian and minority ethnic communities
- We will then explore actions that can/should be taken to address health inequalities and promote better wellbeing for Black, Asian and minority ethnic communities

We hope to achieve:

- Better understanding of the causes health inequalities
- An introduction to the evidence (and its limitations) on health inequalities experienced by Black, Asian and minority ethnic communities
- Better understanding of the actions that will lead to change and promote better wellbeing.

Aims and objectives

- Explosion of national data sets since 1991 that record ethnicity and more recently faith.
- Growth of comparative analysis (within and between ethnic groups) as well as trends.
- Persistence of 'one dimensional' analysis. But more sophisticated analysis taking account of socio-economic characteristics, geography, age and gender. However, some minorities within minorities often still missing, such as black and minority ethnic LGBT people.
- Impact of climate change only recently being explored. Similarly limited exploration of issues such as loneliness. Gaps in evidence on older people's access to, involvement in and production of art and culture.
- Other limitations also persist. Variation of how minority and majority groups are recorded in data make it difficult to compare results from different data sets.

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. There are many kinds of health inequality, and many ways in which the term is used. This means that when we talk about ‘health inequality’, it is useful to be clear on which measure is [health] unequally distributed, and between which people.

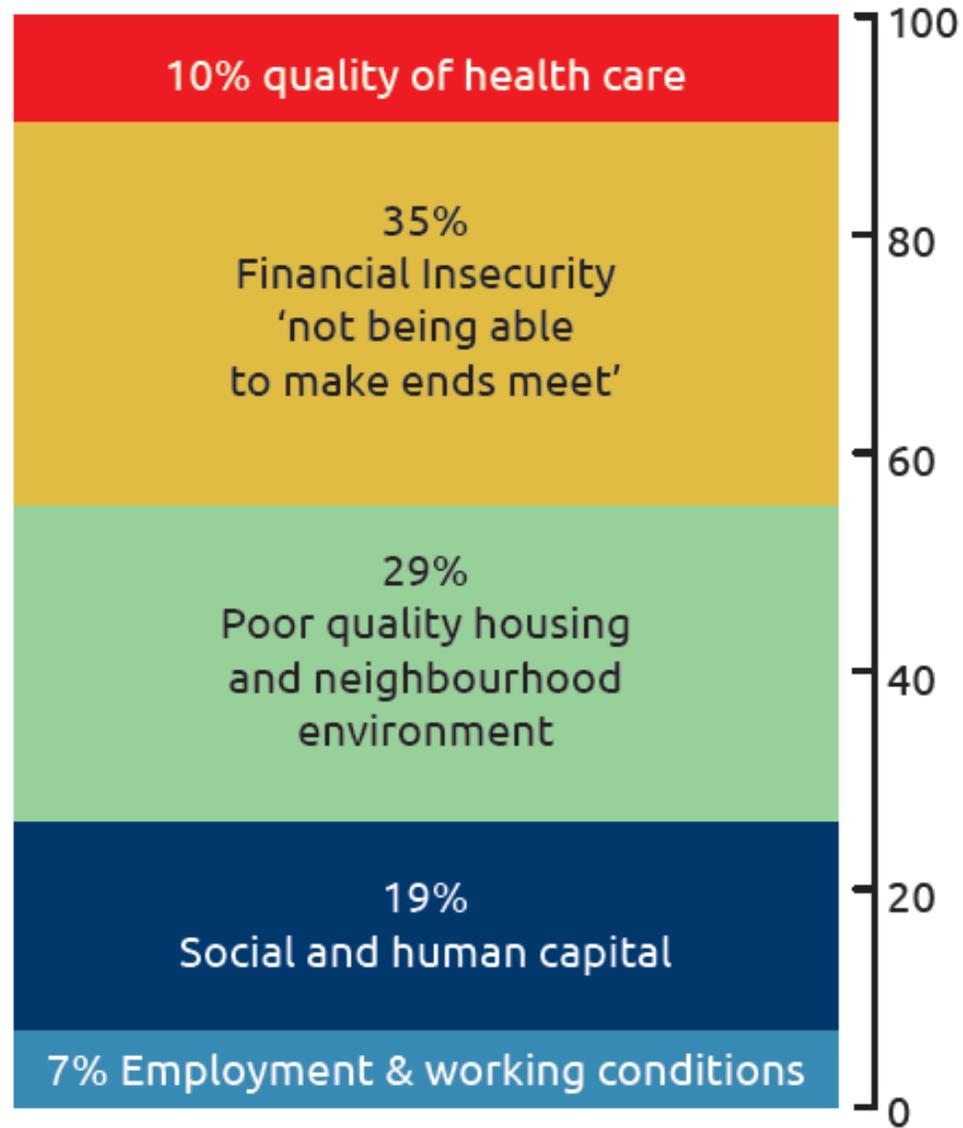
Kings Fund, 2022

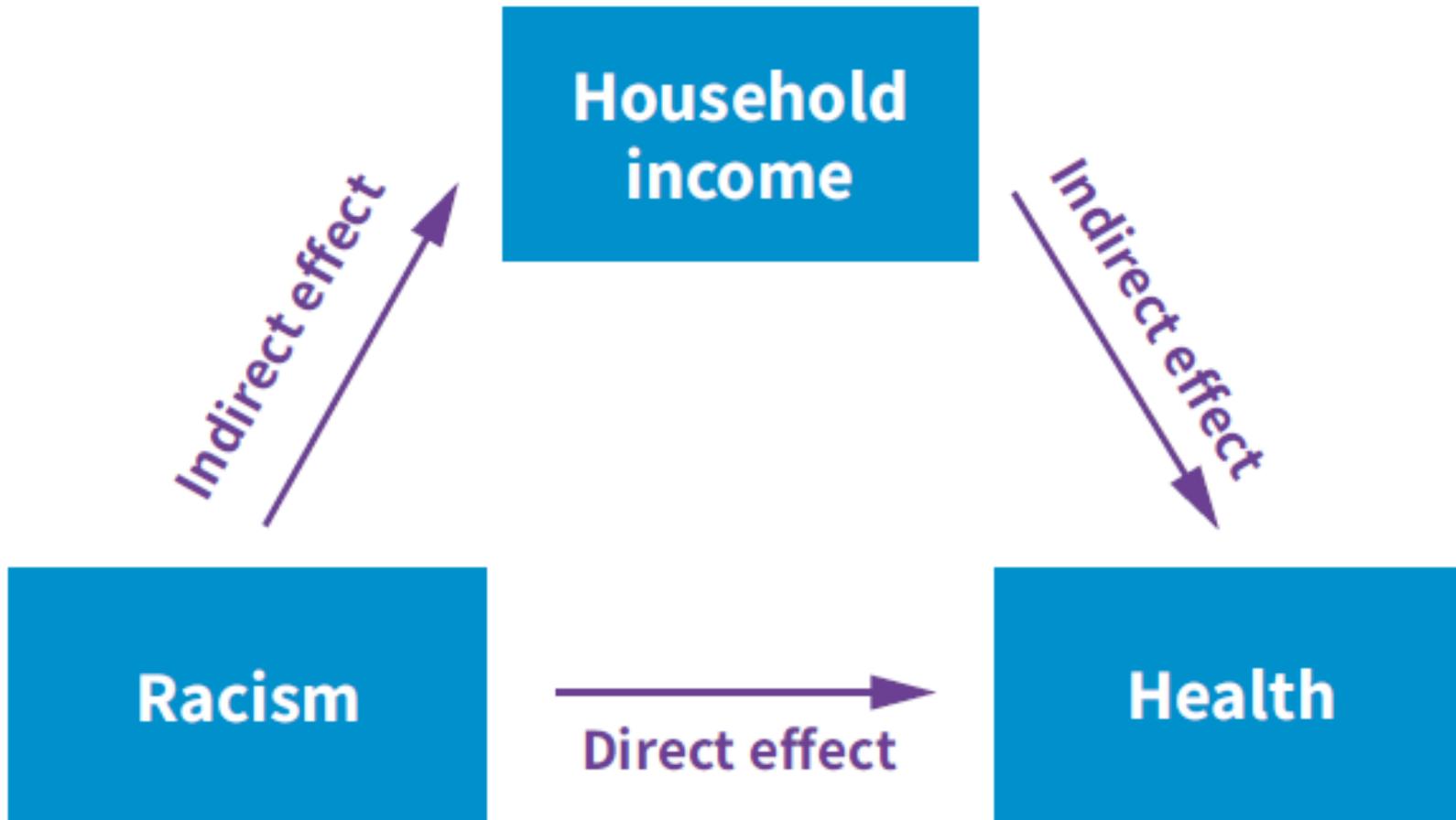
What are health inequalities?

Assuming we accept the definition,
please use the Whiteboard
to identify what you think are causes or drivers of health inequalities?

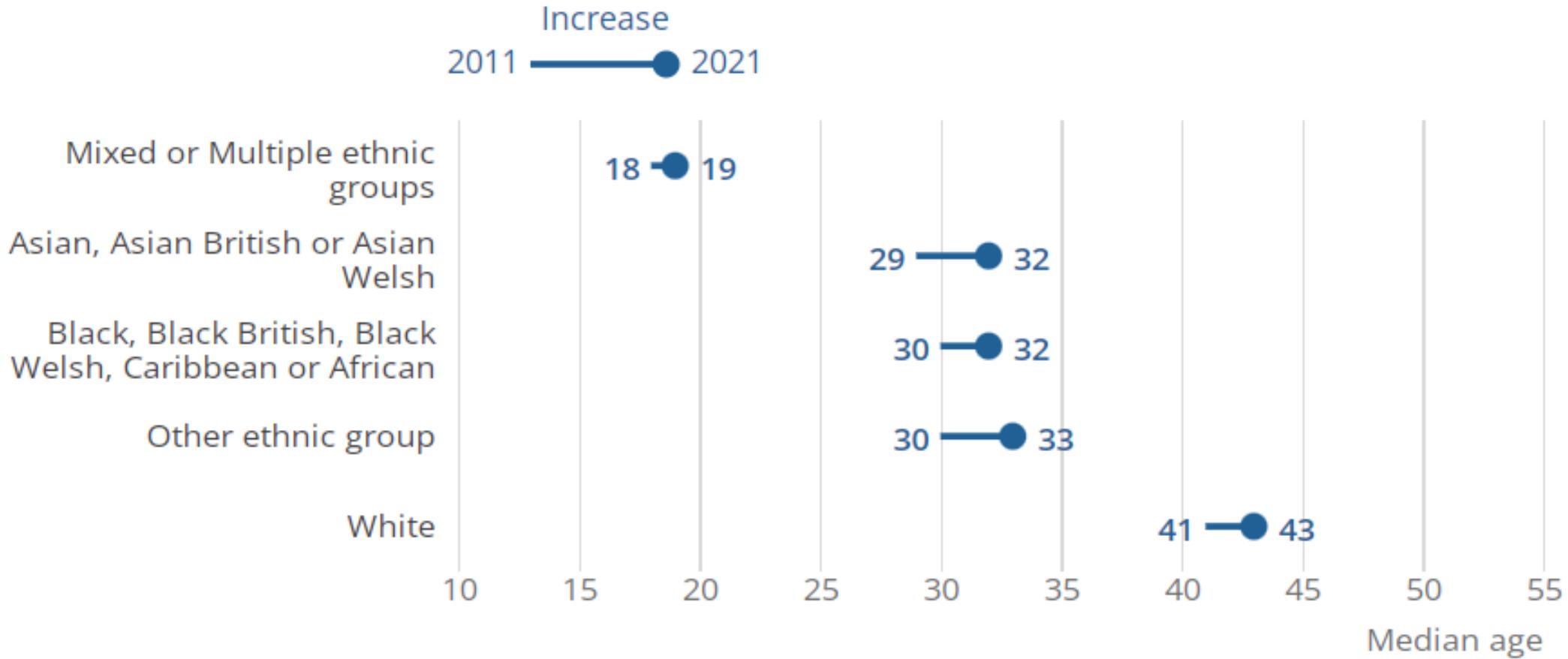
What causes health inequalities?

The WHO **Health Equity Status Report** indicates that 90% of health inequalities can be explained by financial insecurity, poor quality housing and neighbourhood environment, social exclusion, and lack of decent work and poor working conditions





Bécares, et al (2023)
Racism is the root
cause of ethnic
inequalities in health



Source: Office for National Statistics – Census 2011 and Census 2021

Change in population – rise in median age

Marmot et al (2020) presented the following analysis of the percentage of individuals living below 60 percent of median household income

Table 3.3. Percentage of individuals living with less than 60 percent of contemporary median household income, by ethnic background of household head, UK, 2018 (three year average)

	Before housing costs	After housing costs
White	15	20
Asian/Asian British	26	36
Indian	17	23
Pakistani	39	46
Bangladeshi	33	50
Chinese	26	33
Black/African/Caribbean/Black British	27	42

Persistence of poverty

The security of having savings, owning a home and a good income is not equally shared.

People from Black, Asian and Minority Ethnic groups are under-represented in the richest wealth group (12% compared to 21% for people from White backgrounds).

They are also over-represented in the poorest wealth group (29% compared to 19%).

Centre for Ageing Better
Source: ELSA, 2018



Work, income and wealth

Black, Asian and Minority Ethnic groups are more likely to be in paid work in their 50s and 60s than White groups and are less likely to have retired.

In the survey, Black men and women approaching retirement age were far more likely to be in paid work than people from White or Asian backgrounds (74% compared to 60% and 59% respectively).



People from Black ethnic backgrounds have significantly lower wages than those from White ethnic backgrounds.

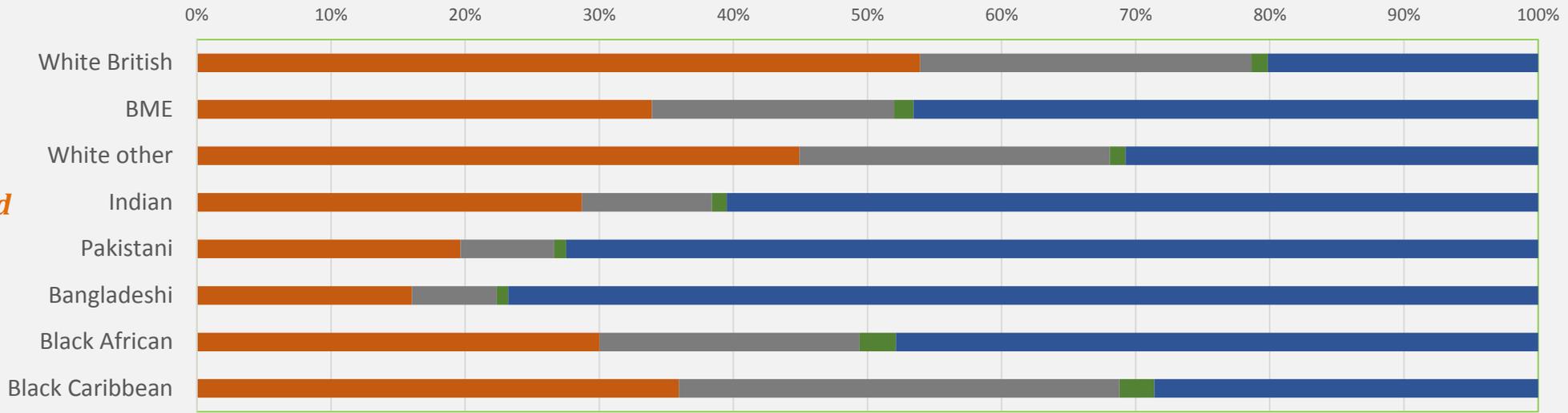
In terms of wages, household weekly income is, on average, £100 lower for people from Black ethnic backgrounds than those from White ethnic backgrounds, according to the survey sample.

The average weekly income for people from White and Asian background is very similar at about £500.

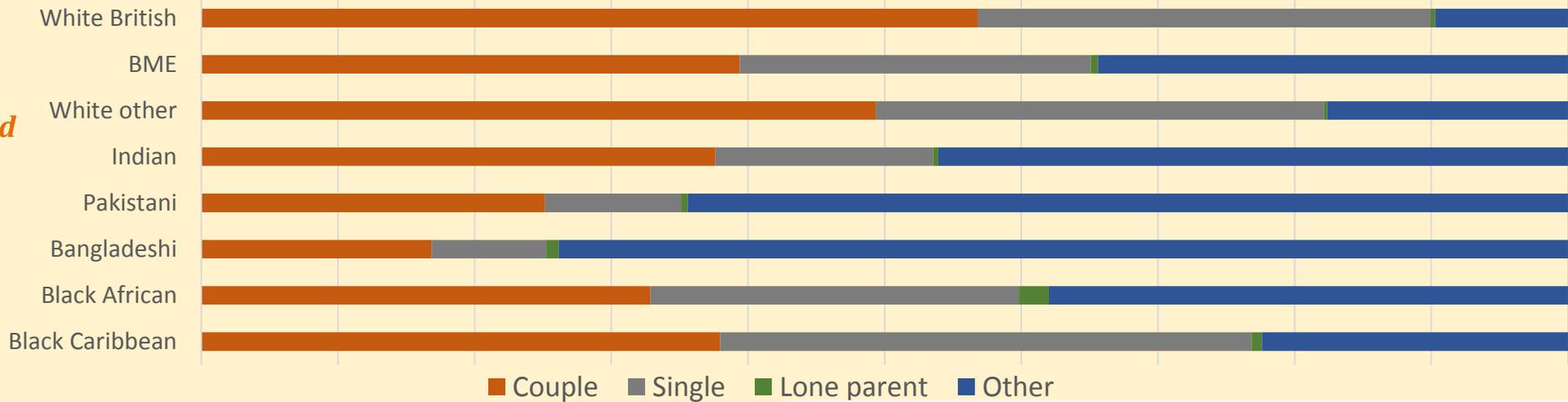
-£100



50 and over

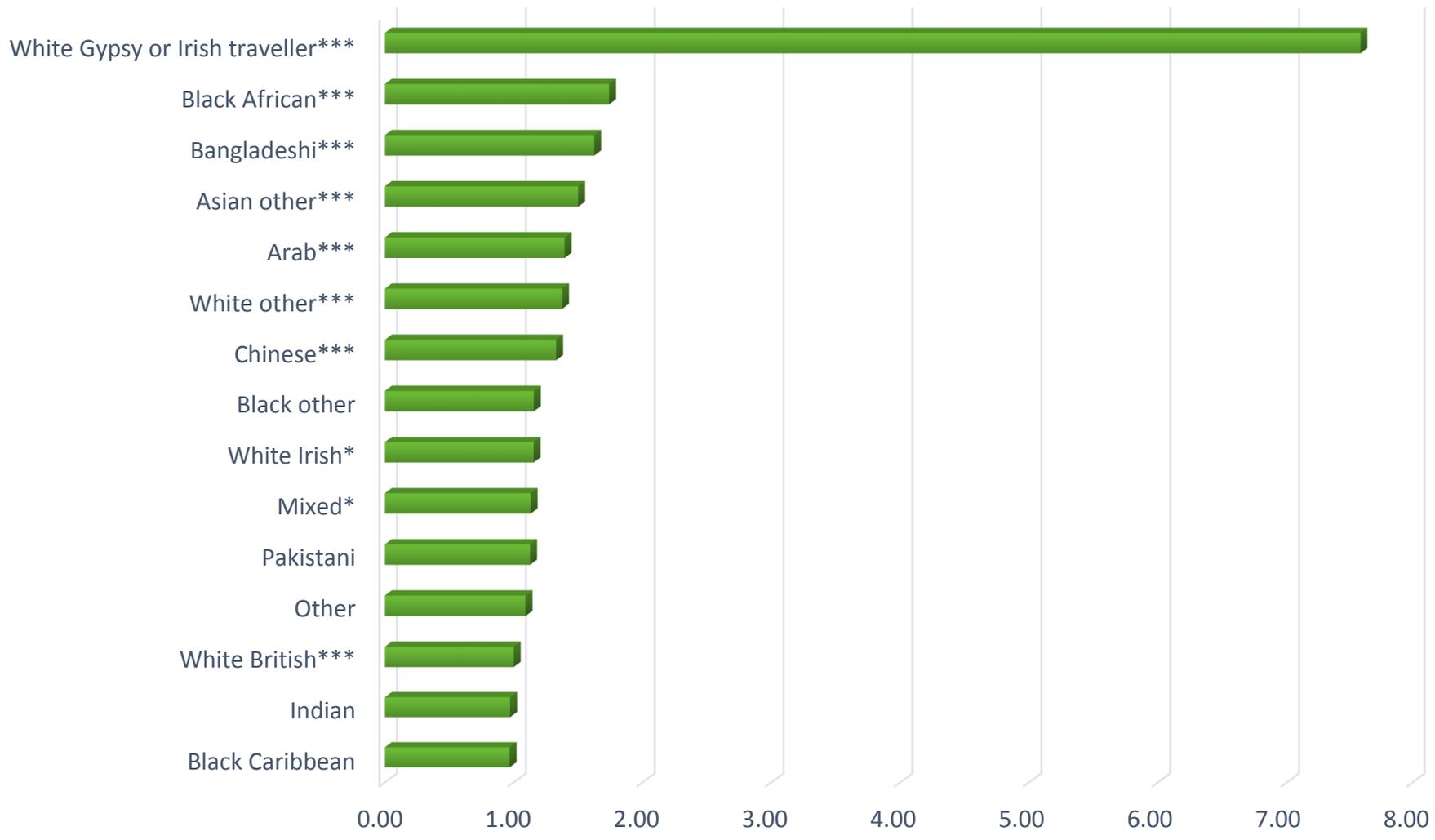


65 and over



de Noronha, N (2019), Housing and older ethnic minority people, Race Equality Foundation

Make-up of households



de Noronha, N (2015), Ethnic disadvantage in housing, Race Equality Foundation

Odds ratio of black and minority ethnic groups experiencing housing deprivation

Ethnicity	Couple	Single	Lone parent	Other
White British	15,810 (8%)	18,063 (4%)	1,450 (14%)	13,116 (8%)
BME	1,851 (17%)	1,655 (8%)	214 (24%)	6,672 (24%)
White other	729 (15%)	754 (8%)	50 (20%)	1,442 (22%)
Indian	243 (15%)	189 (4%)	44 (24%)	1,596 (16%)
Pakistani	107 (21%)	71 (5%)	15 (23%)	1,393 (27%)
Bangladeshi	54 (38%)	21 (6%)	6 (32%)	635 (37%)
Black African	392 (39%)	256 (16%)	52 (37%)	1,094 (44%)
Black Caribbean	326 (11%)	364 (12%)	47 (20%)	512 (20%)

de Noronha, N (2015), Ethnic disadvantage in housing, Race Equality Foundation

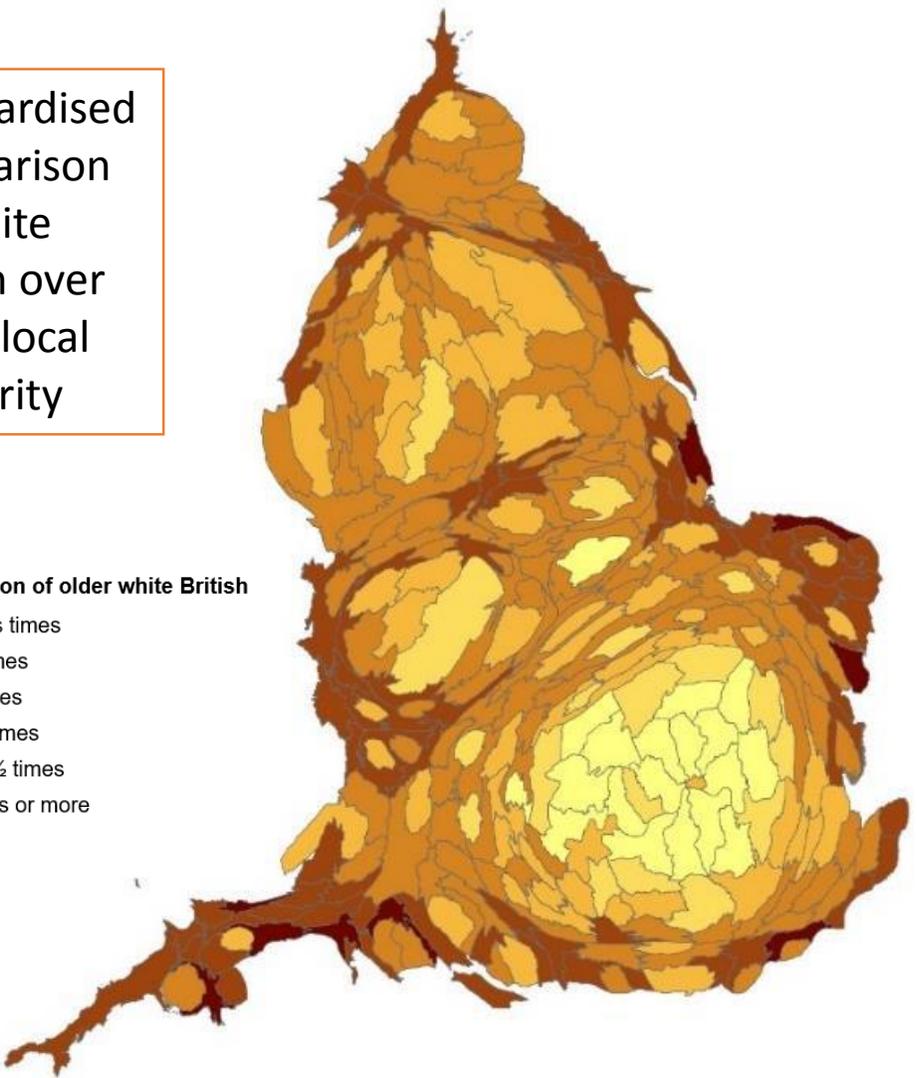
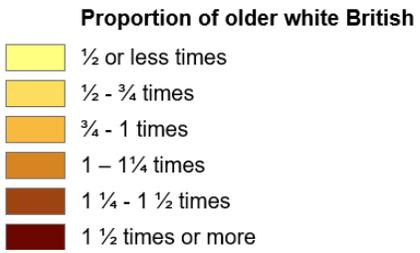
Household type and housing deprivation

	Age	Housing deprived
White British	50-59	18,234 (6%)
	60-69	13,492 (5%)
	70-79	8,963 (5%)
	80 or over	7,750 (7%)
BME	50-59	8,371 (20%)
	60-69	3,071 (14%)
	70-79	1,916 (14%)
	80 or over	710 (13%)

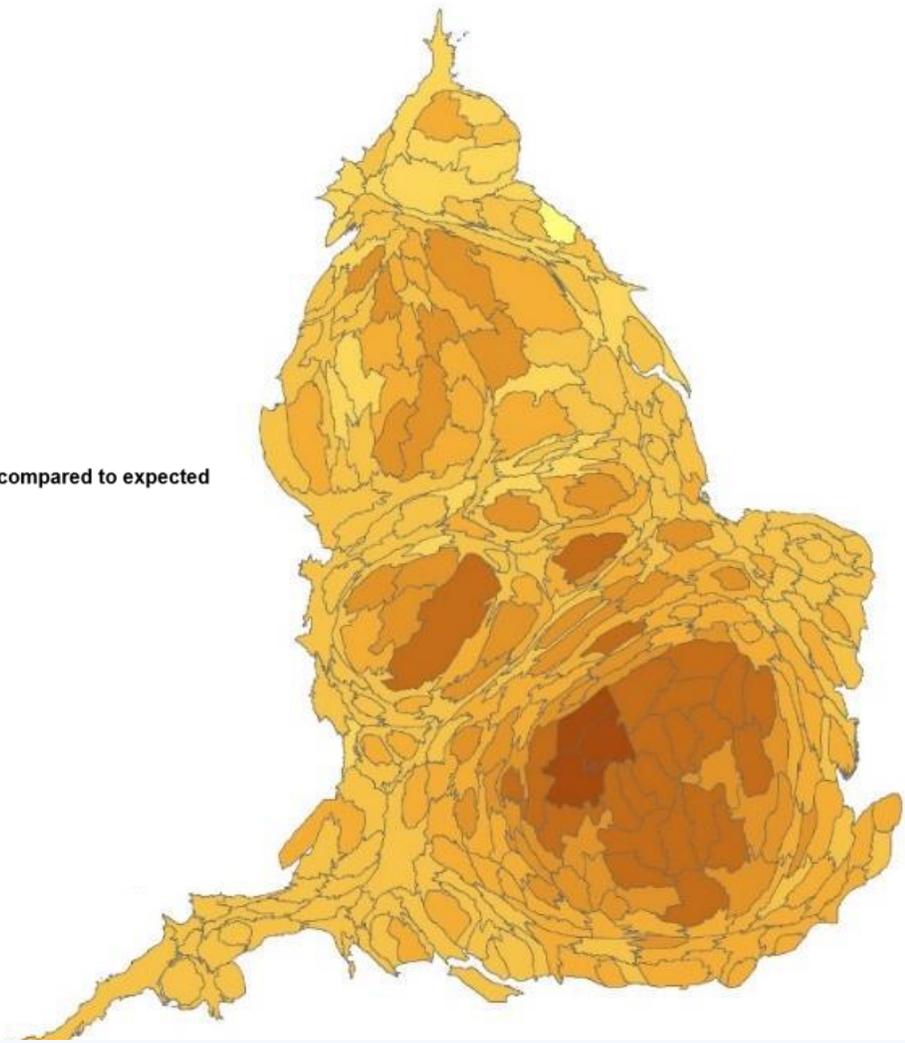
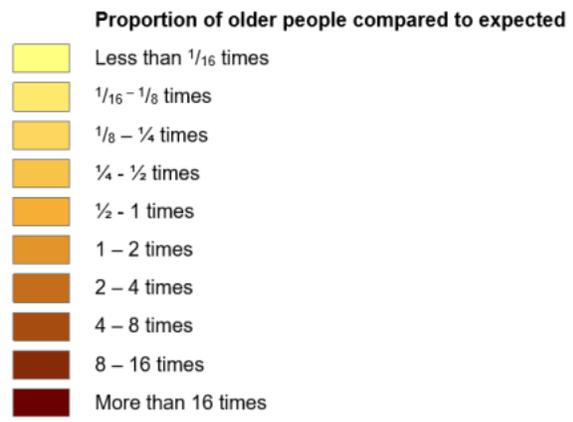
de Noronha, N (2019), Housing and older ethnic minority people , Race Equality Foundation

Housing deprivation and older people

Standardised comparison of White British over 50 by local authority



Standardised comparison of BME over 50 by local authority



de Noronha, N (2019), Housing and older ethnic minority people , Race Equality Foundation

Where people over 50 are concentrated

- Ethnic inequalities in health are most pronounced at older ages:
- 56% of all women aged 65 or older reported a limiting long-term illness, but over 70% of Pakistani, Bangladeshi and White Gypsy or Irish Traveller women at this age reported a limiting long-term illness.
- Arab and Indian older women also reported high percentages of limiting long-term illness (66% and 68% respectively).
- 50% of all men aged 65 or older reported a limiting long-term illness, but 69% of Bangladeshi and White Gypsy or Irish Traveller older men did.
- The Chinese group reported persistently better health in 1991, 2001 and 2011, half or under half the White illness rates for both men and women.
- Ethnic health inequalities in London in 2011 were more severe than elsewhere in England and Wales



Number of people living with dementia worldwide: 35.6 million



Expected to double by 2030, and triple by 2050



Annual cost of dementia to the UK economy: £23 billion



Limited research on dementia in black and minority ethnic communities



Increasing evidence that some ethnic groups may be more susceptible to certain types of dementia



Prevalence of dementia in Black African-Caribbean and South Asian UK populations is greater than the white UK population



Age of onset is lower for Black African-Caribbean groups than the white UK population

Dementia and older people

- Using two different methods for estimating life expectancy (SIR and GWM) differed somewhat in their estimates of life expectancy (LE) at birth but produced very similar estimates of disease free life expectancy (DFLE) and healthy life expectancy (HLE) by ethnic group.
- For the more conservative method (GWM), the range in DFLE at birth was 10.5 years for men and 11.9 years for women, double that in LE.
- DFLE at birth was highest for Chinese men (64.7 years, 95% CI 64.0–65.3) and women (67.0 years, 95% CI 66.4–67.6). Over half of the ethnic minority groups (men: 10; women: 9) had significantly lower DFLE at birth than White British men (61.7 years, 95% CI 61.7–61.7) or women (64.1 years, 95% CI 64.1–64.2), mostly the Black, Asian and mixed ethnic groups.
- The lowest DFLE observed was for Bangladeshi men (54.3 years, 95% CI 53.7–54.8) and Pakistani women (55.1 years, 95% CI 54.8–55.4). Notable were Indian women whose LE was similar to White British women but who had 4.3 years less disability-free (95% CI 4.0–4.6). (Wohland et al. (2014))

Healthy life expectancy

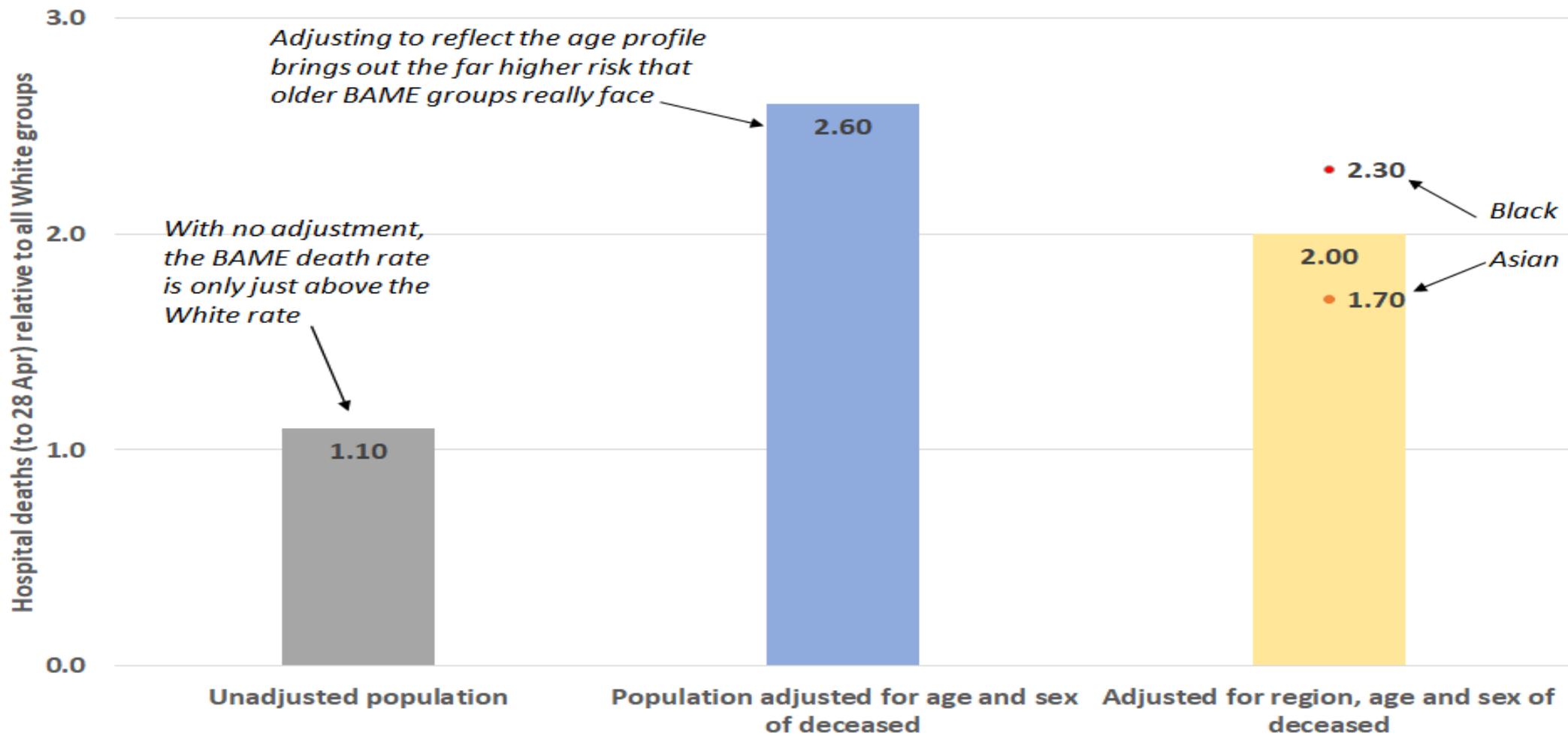
Marmot et al (2020) summarise:

- Intersections between socioeconomic status, ethnicity and racism intensify inequalities in health for ethnic groups.
- Some groups, notably individuals identifying as Gypsy or Irish Traveller, and to a lesser extent those identifying as Bangladeshi, Pakistani or Irish, stand out as having poor health across a range of indicators.
- From rising child poverty ... to ignored communities with poor conditions and little reason for hope. And these outcomes, on the whole, are even worse for minority ethnic population groups and people with disabilities

Ethnicity	Actual deaths	Expected deaths	Difference	Relative likelihood
White British	11,354	14,702	- 3,348	0.8
Other White	705	648	57	1.1
Mixed	115	56	59	2.05
Asian	1,226	453	773	2.71
Black	896	213	683	4.21
Other	439	96	343	4.57

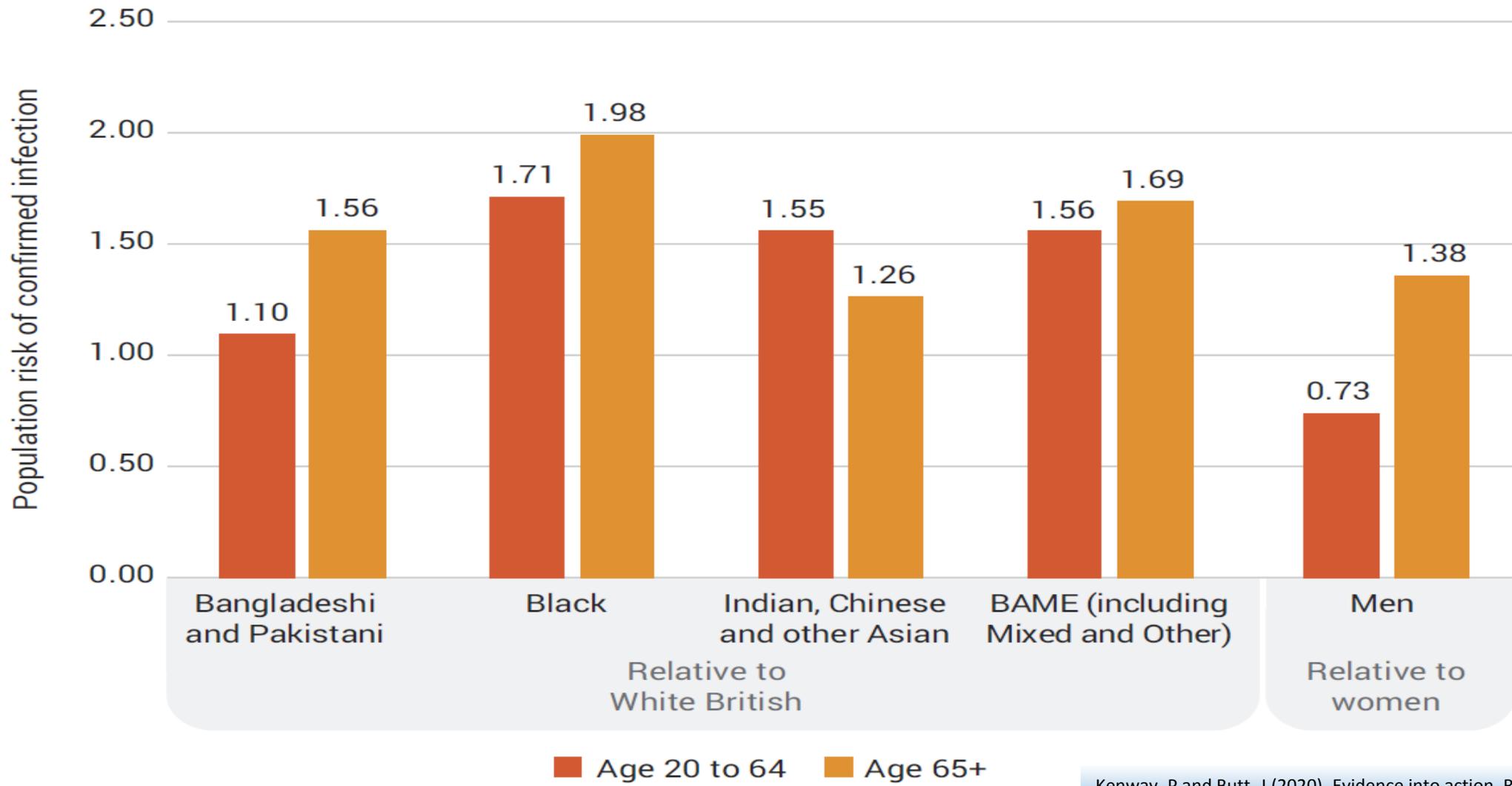
de Noronha, J (2020), Why are more black and minority ethnic people dying from covid19, Race Equality Foundation

Covid-19 deaths in hospital by ethnic group based on 2019 population forecast – De Noronha (2020)



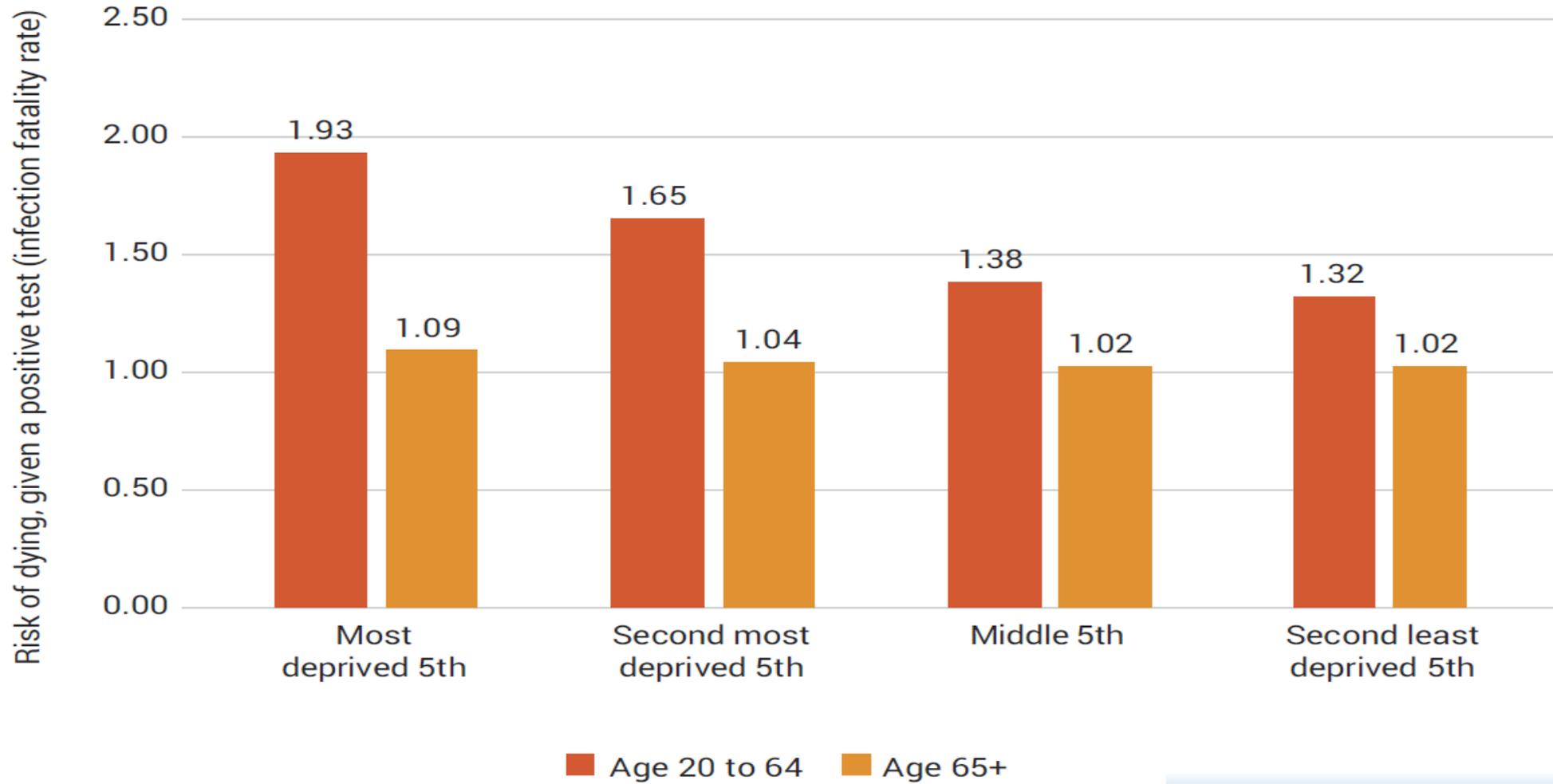
Kenway, P and Butt, J (2020), Evidence into action, Race Equality Foundation

Risk of infection and risk of mortality - New Policy Institute



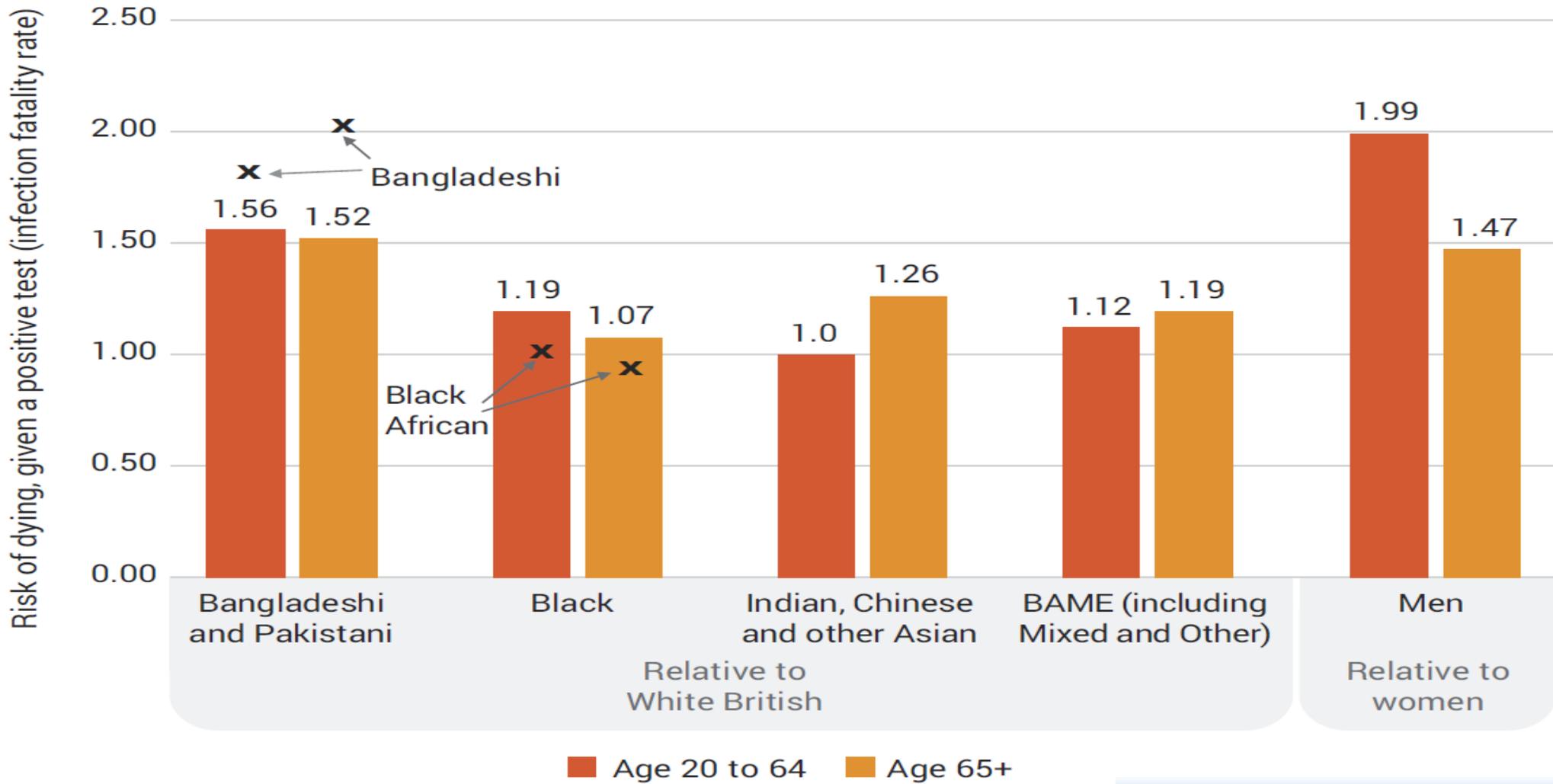
Kenway, P and Butt, J (2020), Evidence into action, Race Equality Foundation

Relative chance of infection, by ethnic minority group and sex



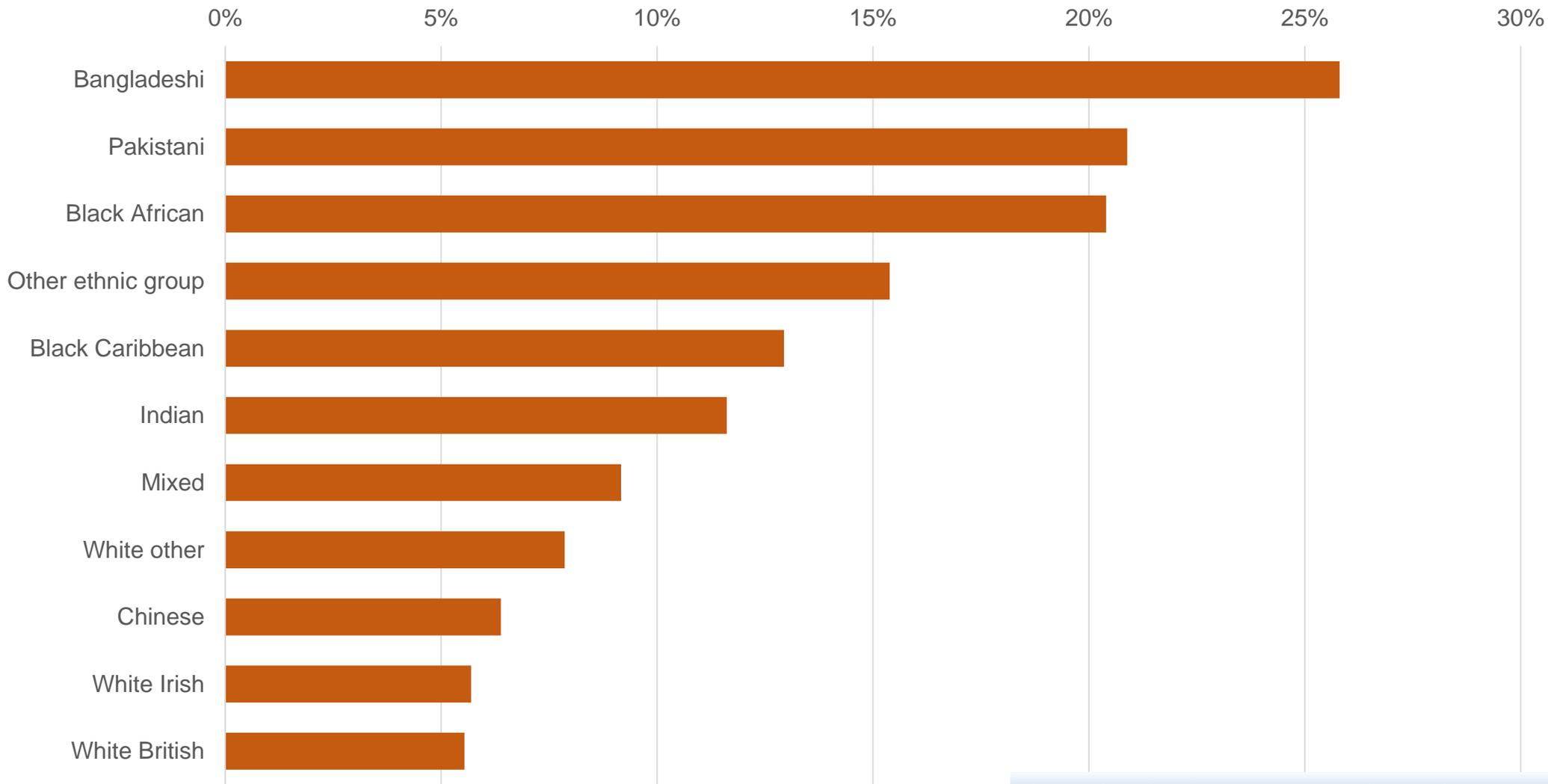
Kenway, P and Butt, J (2020), Evidence into action, Race Equality Foundation

The relative chance of dying following a positive test (IFR) by level of deprivation of the local area



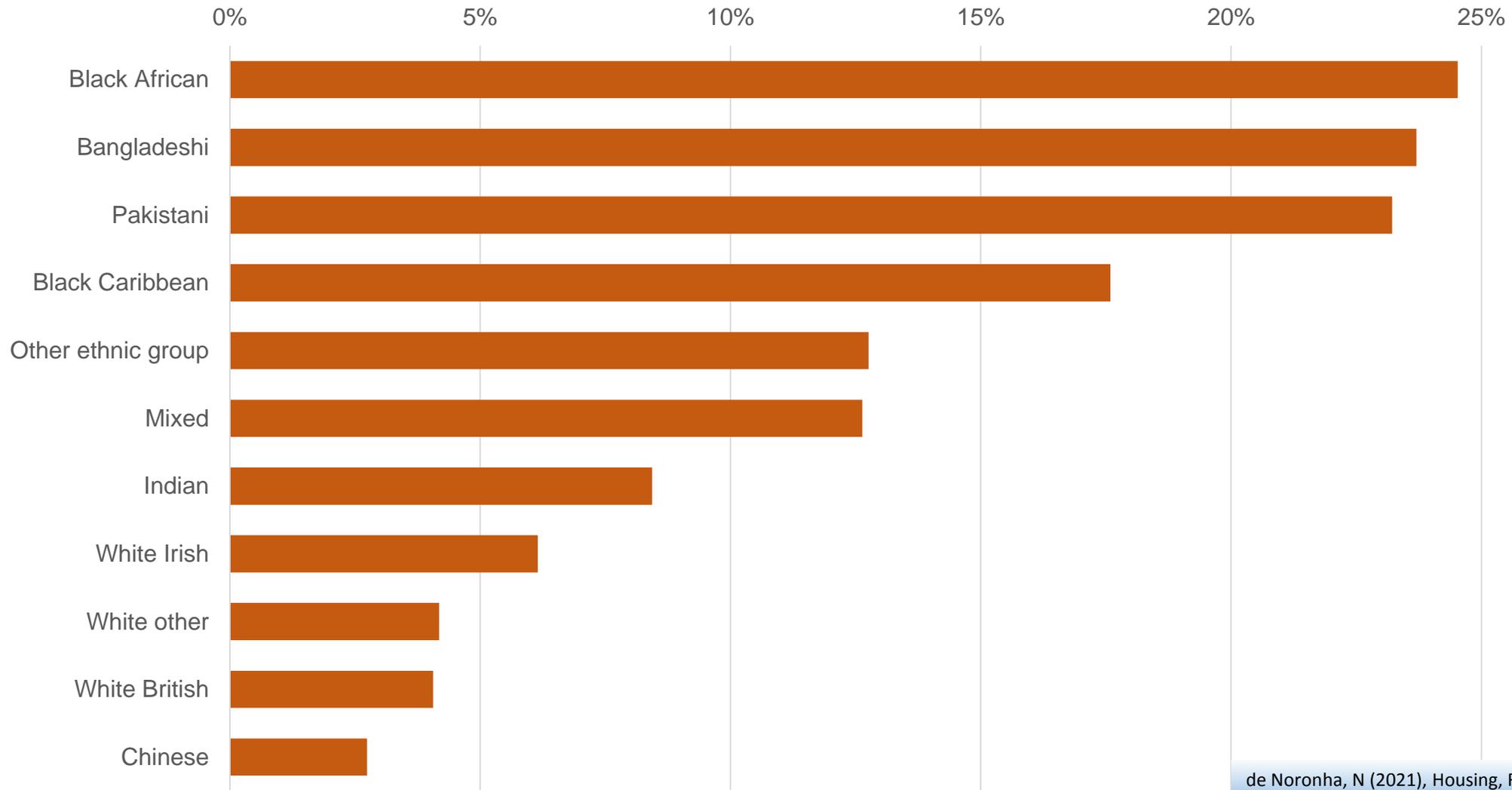
Kenway, P and Butt, J (2020), Evidence into action, Race Equality Foundation

The relative chance of dying following a positive test (IFR) after accounting for deprivation, by ethnic group and sex



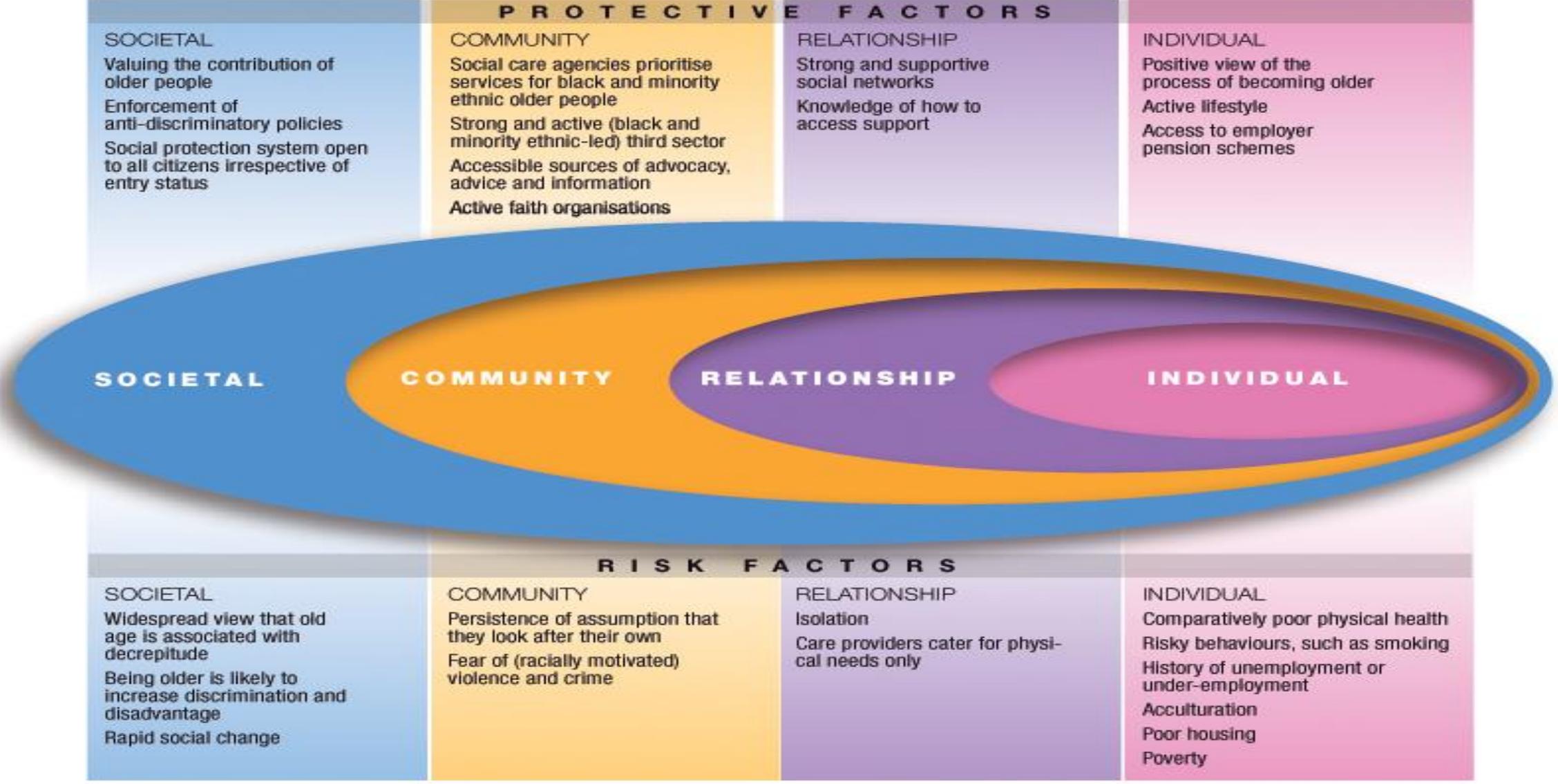
de Noronha, N (2021), Housing, Race Equality Foundation

Percentage in housing arrears by ethnicity



de Noronha, N (2021), Housing, Race Equality Foundation

Percentage behind with bill payments



An ecological approach to wellbeing and black and minority ethnic older people

- Wohland, P et al (2014) Inequalities in healthy life expectancy between ethnic groups in England and Wales in 2001, **Ethnicity and Health 20**.
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- Marmot M, Allen, J, Boyce, T, Goldblatt, P and Morrison, J (2020). **Health Equity in England: The Marmot Review 10 Years On**. The Institute of Health Equity and The Health Foundation.
- Public Health England (2020) **Disparities in the risk and outcomes of COVID-19**, PHE.
- Holden, J and Kenway, P (2020) **The PHE report on why BAME groups are hit harder by Covid has been badly misunderstood**, New Policy Institute.
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References

Please visit our website for more information and sign up to our newsletter

www.raceequalityfoundation.org.uk

Also sign up to the Health Equals campaign at:

<https://healthequals.org.uk/>