KING'S College LONDON

Using health survey data to understand and document the fundamental role of racism on ethnic inequities in health

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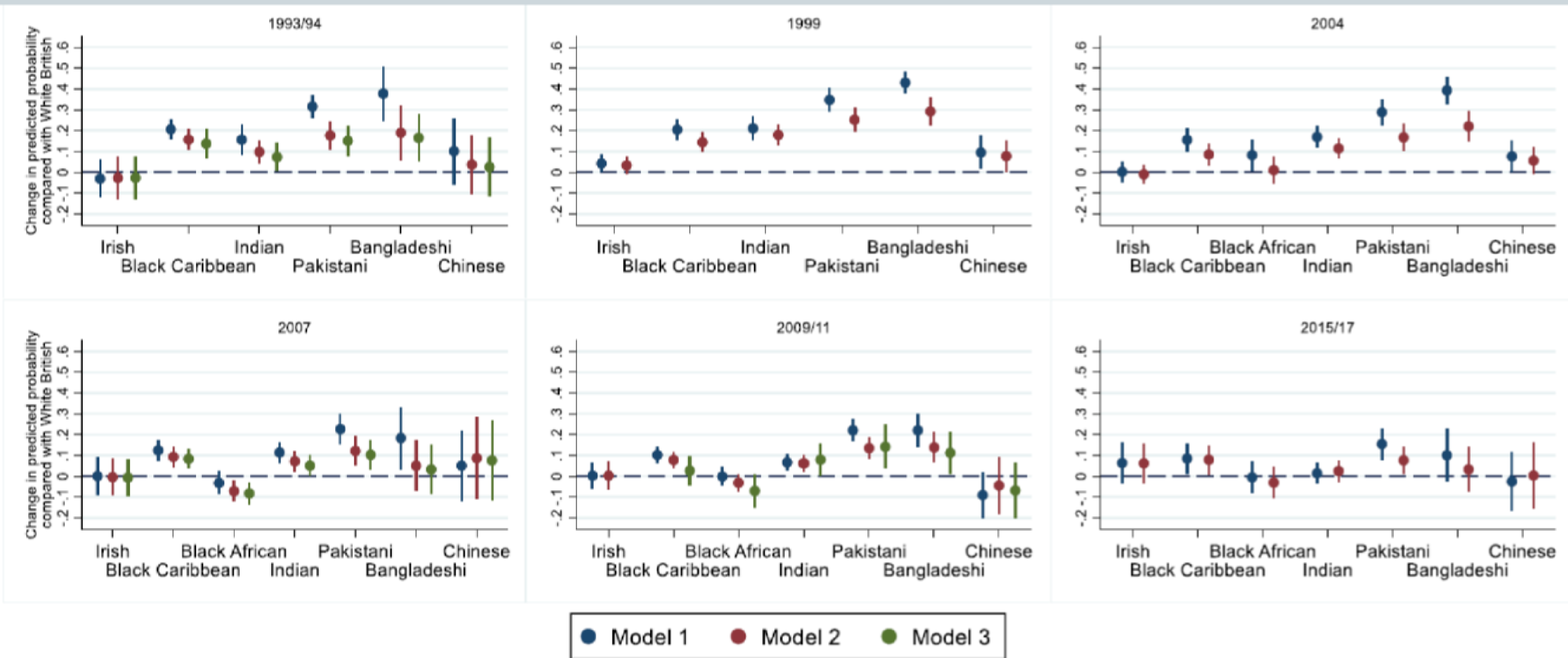
Fundamental role of racism in leading to ethnic inequities in health

1. Role of racism in leading to poor health of minoritised ethnic groups
2. Cumulative exposure to racial discrimination across life course
3. Incremental worsening of cumulative exposure to racial discrimination and health
4. Structural vs community forces

Relative probabilities of fair or poor self-rated health by ethnic group, compared to White/White British people (aged 40 and older)



Sources: Fourth National Survey 1993; Health Survey for England 1999; Health Survey for England 2004; Citizenship Survey 2007; Understanding Society wave 1 2009/11; Understanding Society wave 7 2015/17.
Model 1 adjusts for ethnicity, age, age-squared, and sex. Model 2 additionally adjusts for socio-economic position. Model 3 additionally adjusts for racism and racial discrimination.
Note that Model 3 for Understanding Society wave 1 is estimated on the extra five minute sample only (n=2730).

Stopforth, Kapadia, Nazroo & Bécares, 2023

Racism

- Racism is fundamental cause of ethnic inequalities in health (Phelan and Link, 2015)

- Racism (or, as I will argue, global white supremacy) is a political system, a power structure of formal or informal rule, socioeconomic privilege, and norms for the differential distribution of material wealth and opportunities, benefits and burdens, rights and duties (Mills 1997; p.3)

How does racism lead to poor health of minoritised ethnic groups?

1. Unequal exposure to toxins in the environment (environmental racism)
2. Interpersonal violence
3. Psychosocial trauma (via interpersonal racial discrimination, micro-aggressions)
4. Targeted marketing of detrimental substances and social media
5. Socio-political exclusion (including from data)
6. Discrimination in health care (leading to unequal treatment)
7. Socioeconomic disadvantage
    - Racism in education (in classrooms, stereotype threat, underinvestment in schools)
    - Racism in employment (lower rates of recruitment, lower salary for same job, lower rates of promotion, unequal exposure to occupational hazards)
    - Neighbourhood mechanisms (via historical discrimination in housing market, underinvestment in areas, poorer transport connections)

Bailey et al., 2017

Ethnic inequalities in socioeconomic position

- **Unemployment**: Pakistani, Bangladeshi, and Black Caribbean men and women have much higher rates of unemployment than white men and women. Almost three times as high for Black Caribbean men, and more than three times as high for Pakistani women.
- **Housing**: Rates of overcrowding highest in Bangladeshi (22.5%), Arab (17.1%), Black African (16.3%), and Pakistani (13.5%) households. Overcrowding rates in white British households is 1.7%.
- **Pensions**: The percentage difference in pension income for pensioners from a minoritised ethnic group compared to white pensioners is 24.4% a year. For women from minoritised ethnic groups compared to white men, the difference is 51%.

Source: Department for Levelling Up, Housing and Communities, 2023; Nazroo & Kapadia, 2013; People's Pensions 2020.

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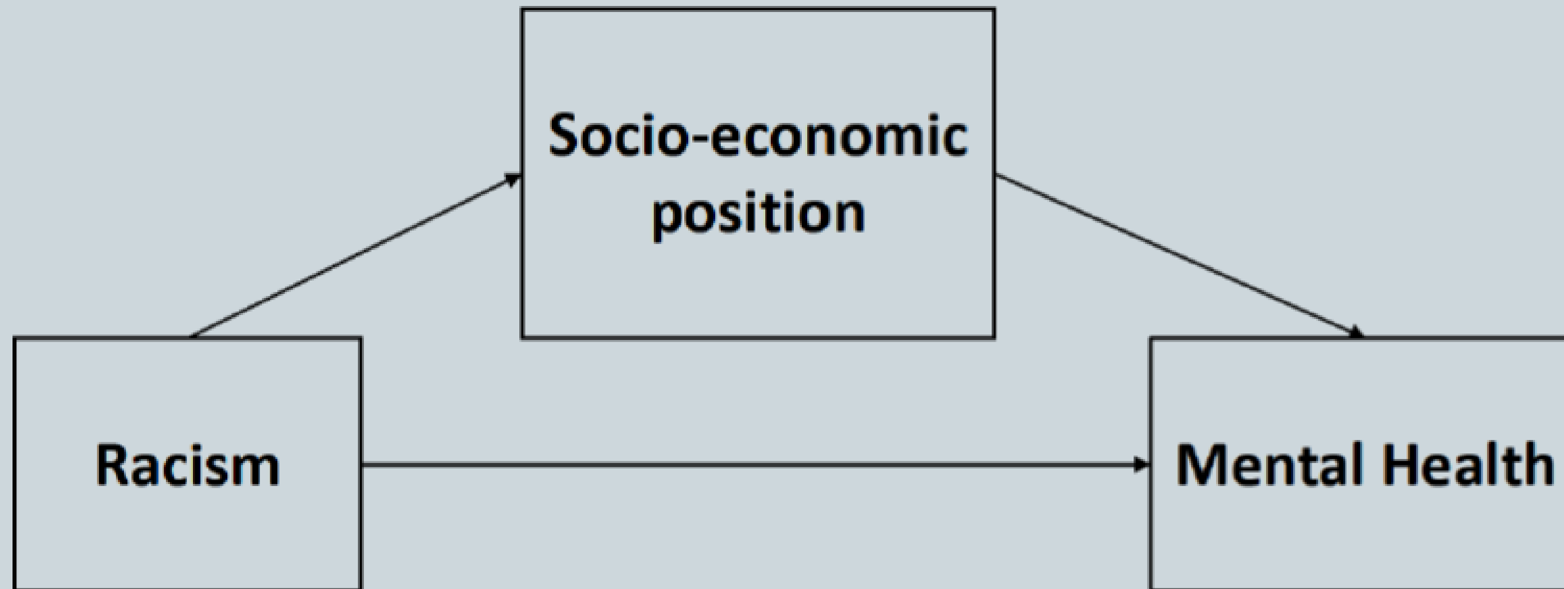
Bailey et al., 2017

Using UKHLS data to centre the role of racism in pathways to inequity



Stopforth, Kapadia, Nazroo, & Bécares, 2022

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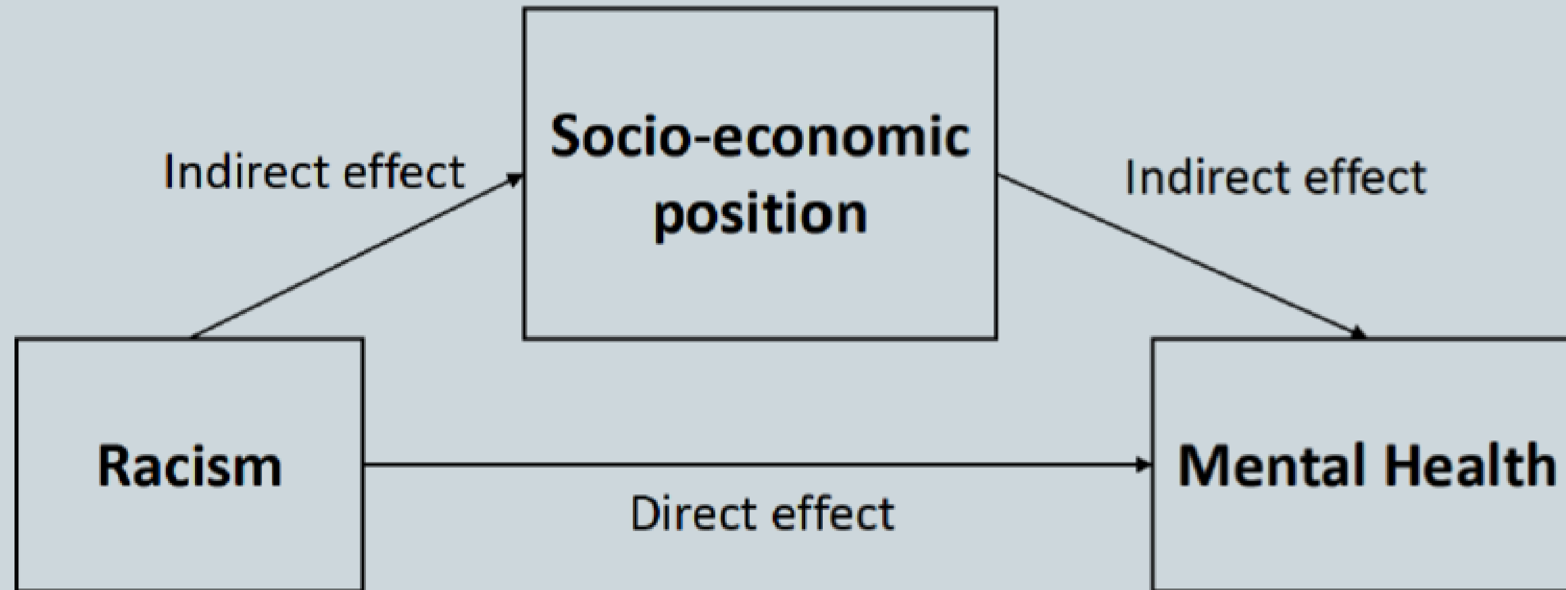


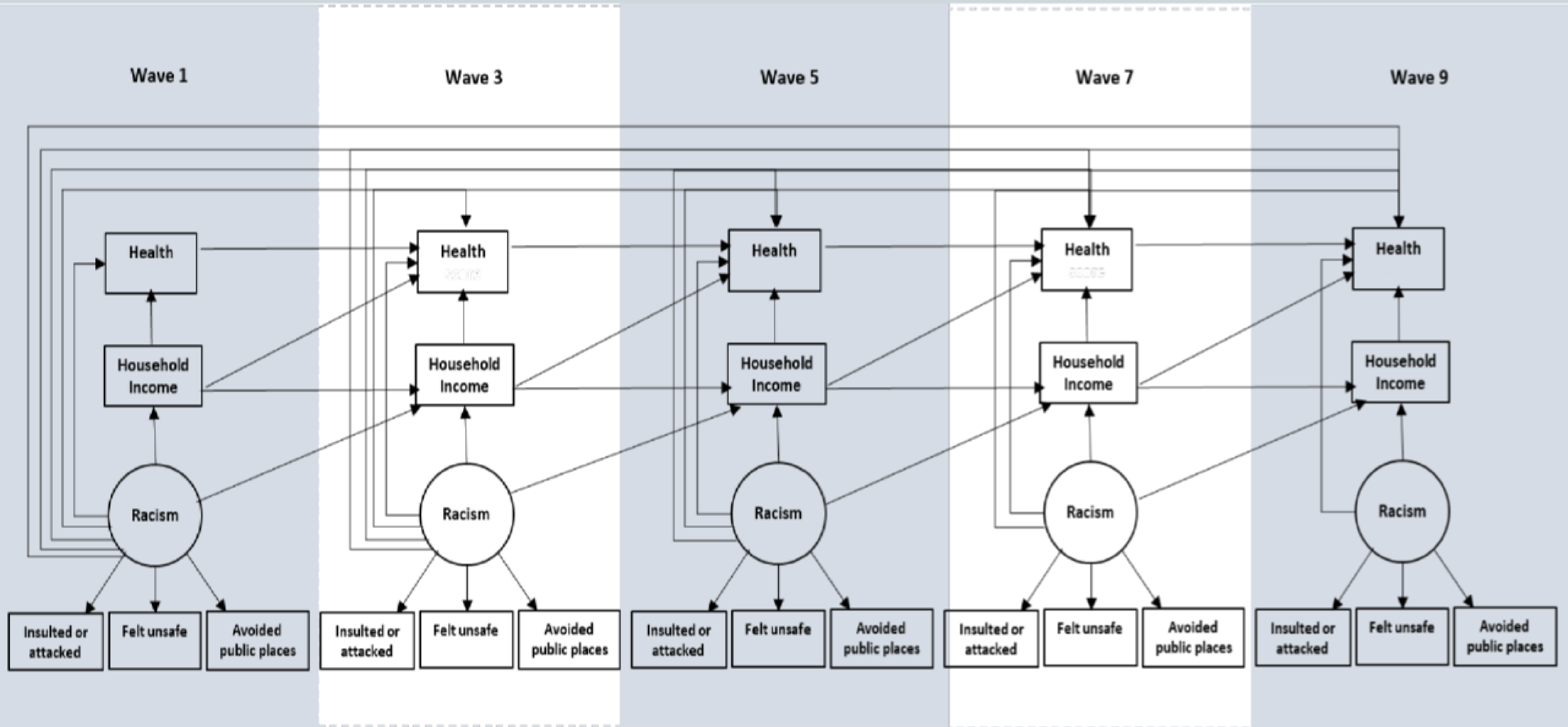
Stopforth, Kapadia, Nazroo, & Bécares, 2022

Data: UKHLS (Understanding Society)

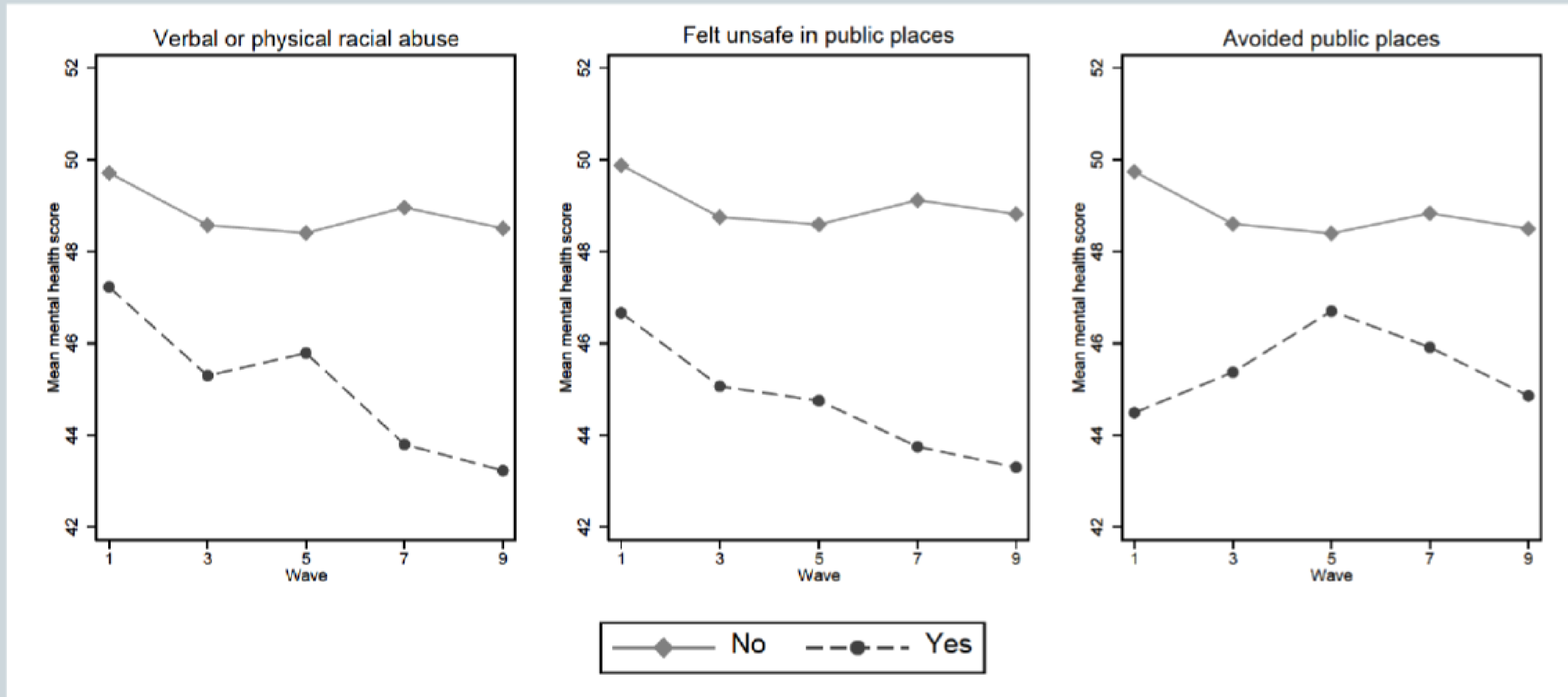
Waves 1 (2009/11), 3 (2011/13), 5 (2013/15), 7 (2015/17), and 9 (2017/19)

- N=4,444 minoritised ethnic group participants who responded to the questions on racism in the adult interview, and who were part of the Understanding Society samples eligible for the survey from wave 1
- SF12 Mental health score (non-specific psychological distress)
- Racial discrimination in last 12 months (physically attacked/verbally abused, felt unsafe in public, or avoided places)
- Equivalised household income
- Adjusted for age and gender

SEM model examining racism, income, and mental health

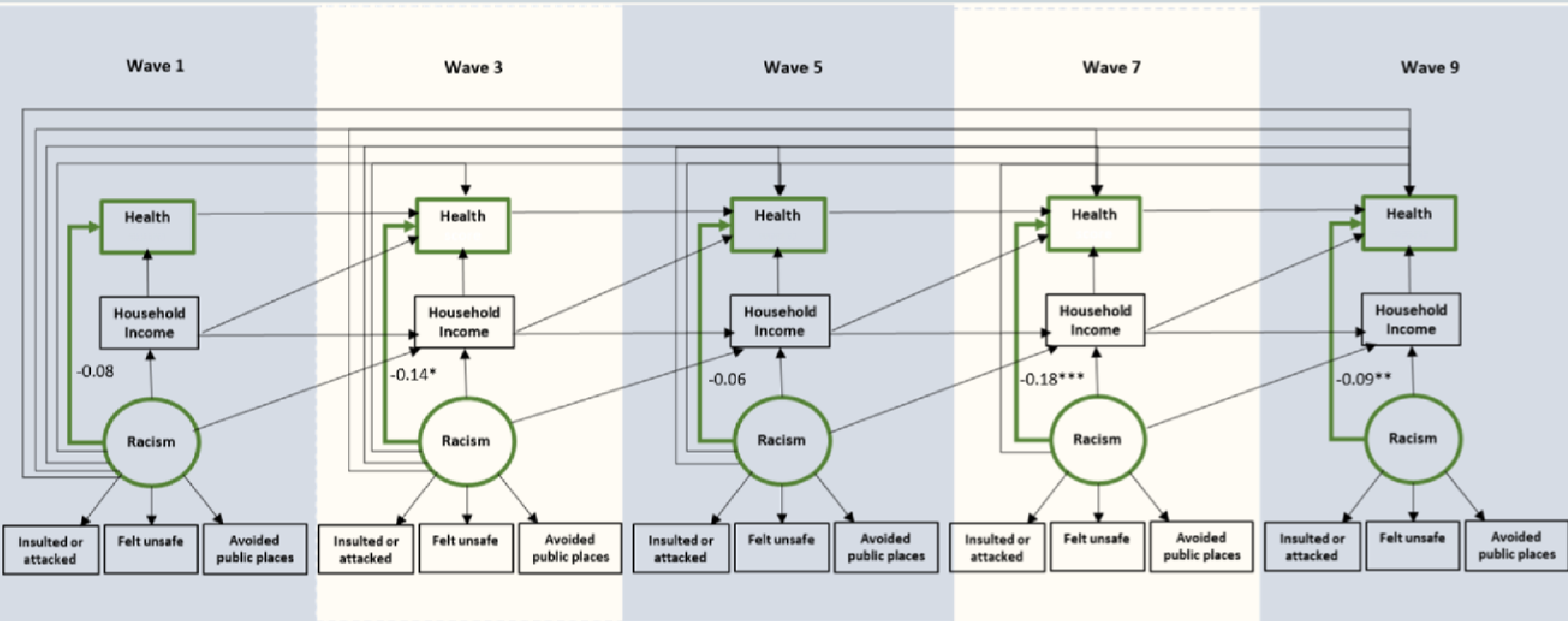


Mean mental health by experienced interpersonal racism over time



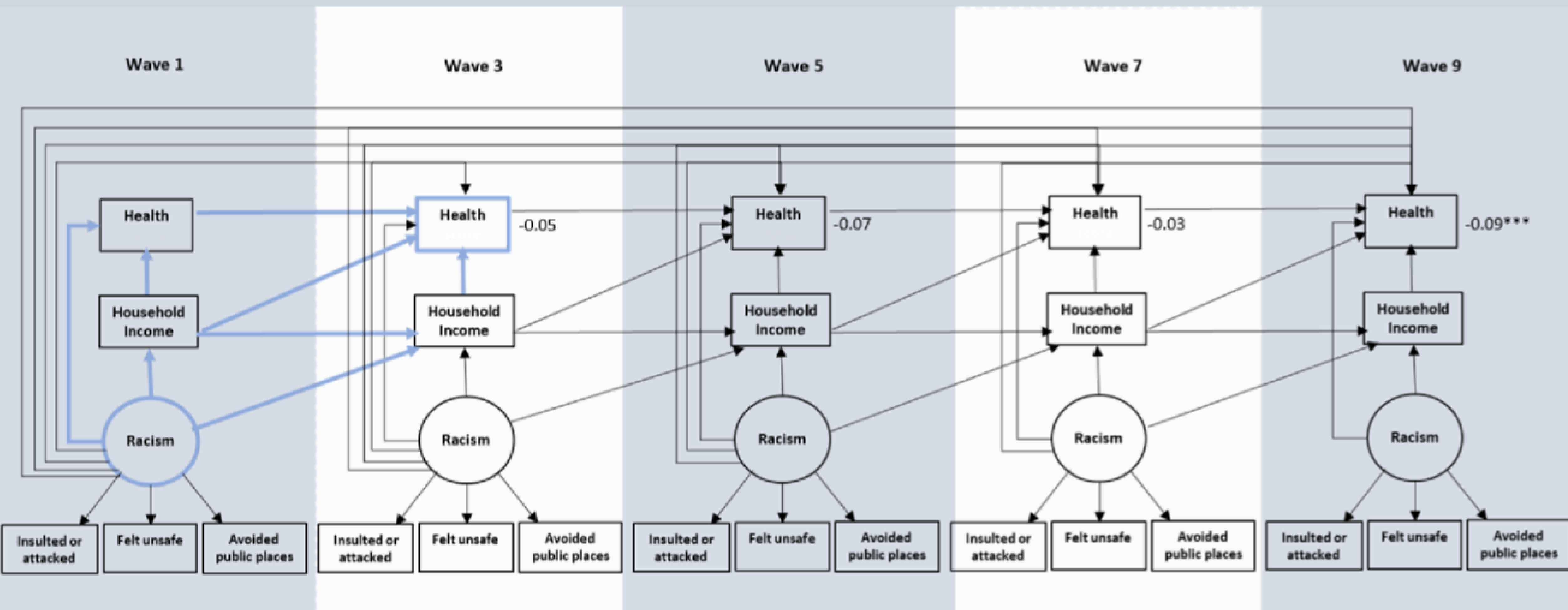
Stopforth, Kapadia, Nazroo, & Bécares, 2022. UKHLS

Cross-sectional direct effects of racism on poor mental health



Stopforth, Kapadia, Nazroo, & Bécares, 2022. Adjusted for complex survey design. Model also adjusts for age and gender.
*p<0.05 **p<0.01 ***p<0.001; standardised coefficients presented.

Longitudinal indirect effects of racism on poor mental health

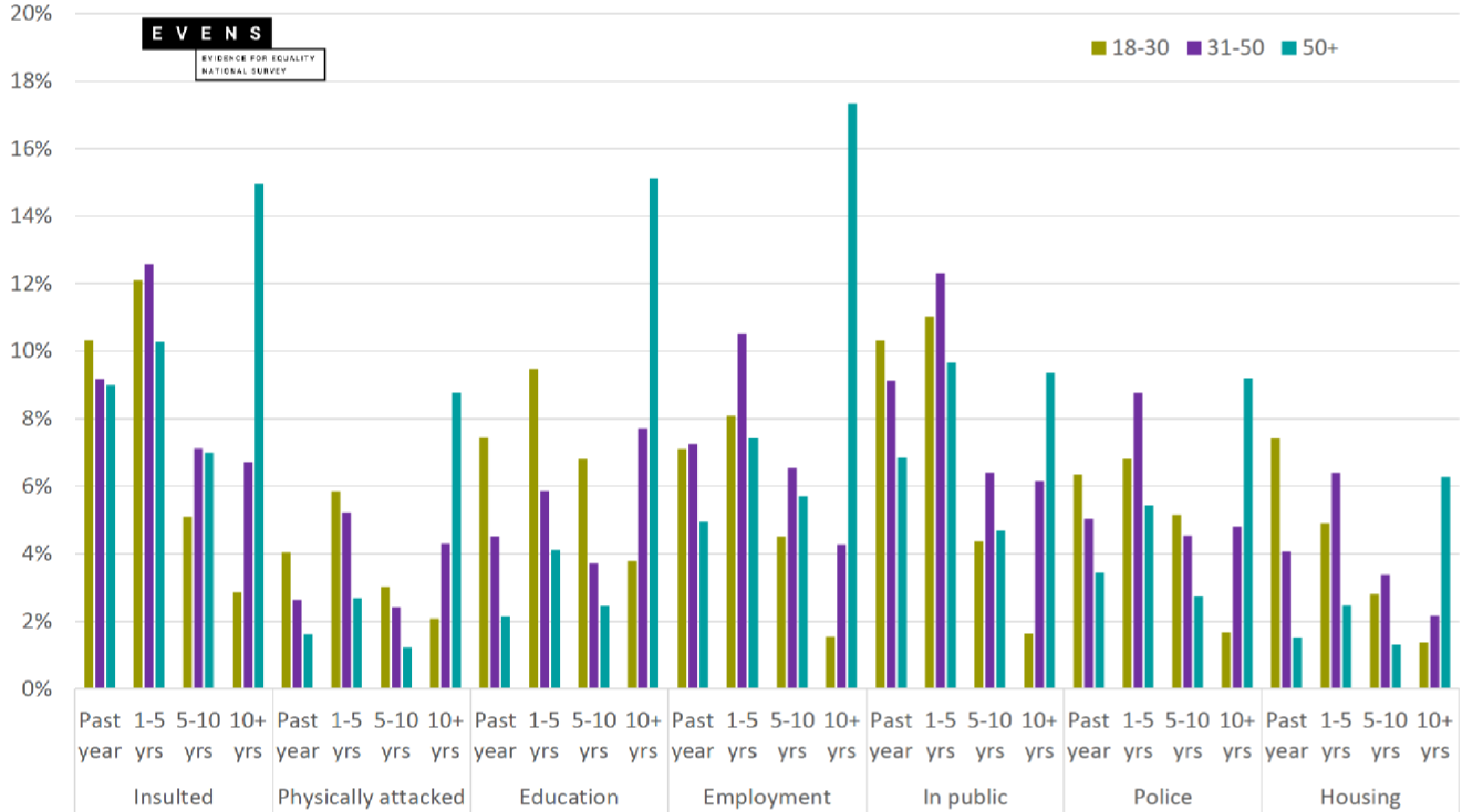


Stopforth, Kapadia, Nazroo, & Bécares, 2022. Adjusted for complex survey design. Model also adjusts for age and gender.
*p<0.05 **p<0.01 ***p<0.001; standardised coefficients presented.

Longer term effects of racial discrimination operating through lower income and poorer mental health over time

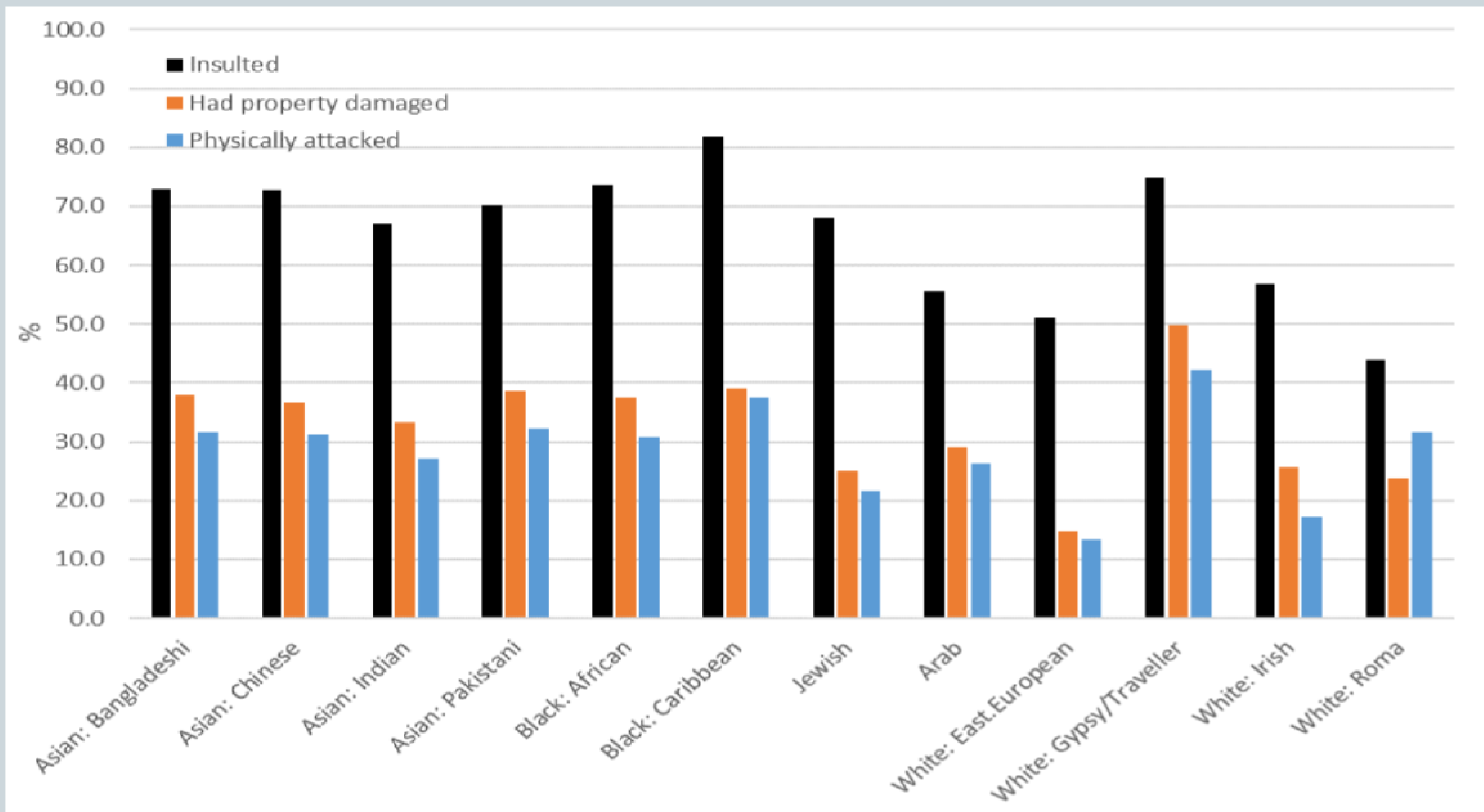
- Enduring effect of racial discrimination which operates both directly at the time of experiencing racial discrimination and indirectly, through lower income and poorer health over time.
  - Majority of the effect of racism on mental health measured at the same wave is direct, with negligible indirect effects through income.
  - Direct effects of racism on mental health in subsequent waves are small.
  - Racial discrimination has indirect effects on mental health in the subsequent wave.

- Findings underestimate role of racism in leading to lower SEP, and to poor health:
  - Measure of interpersonal racism, limited in timeframe, intrapersonal experiences only (no household or generational effects captured).



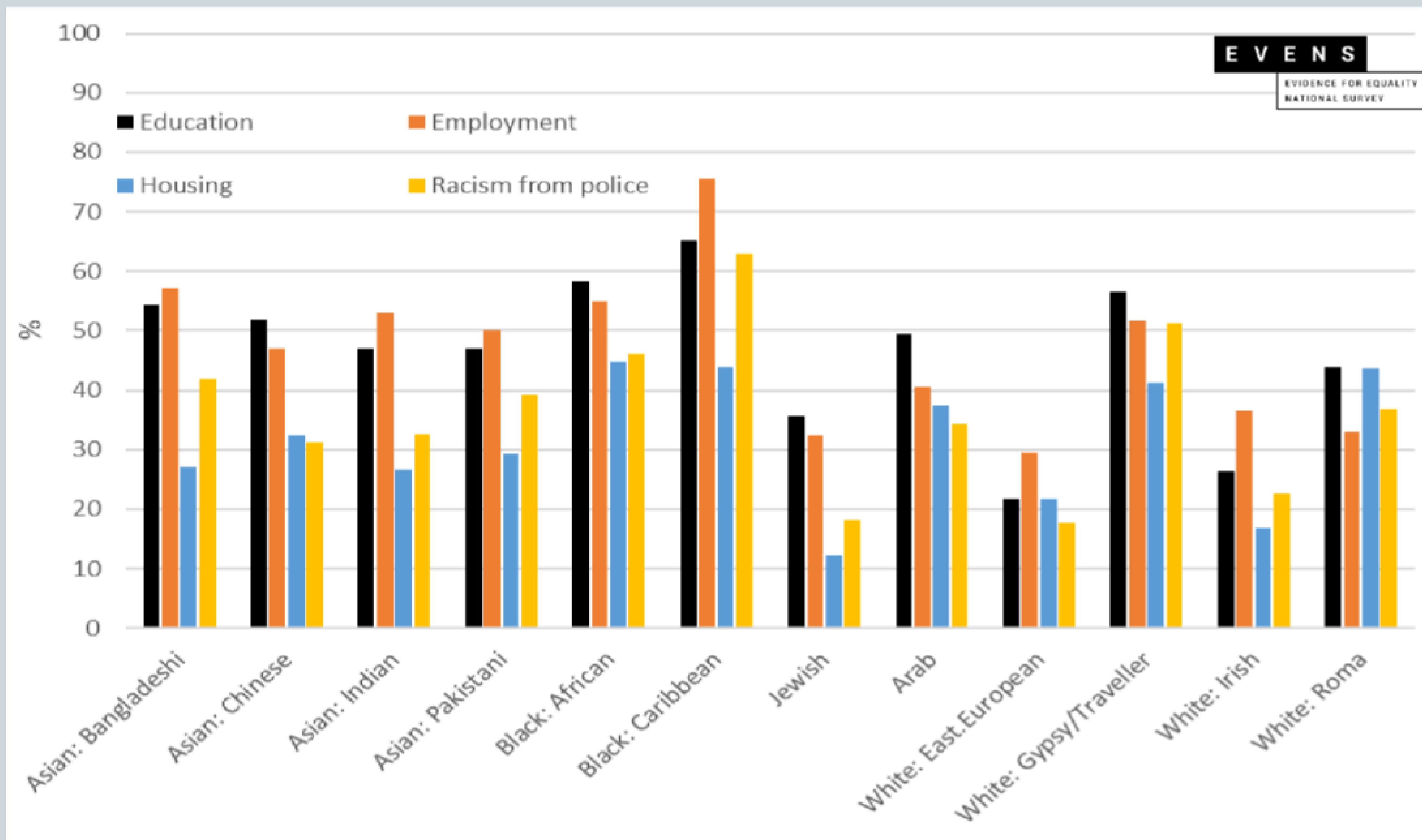
EVENS
EVIDENCE FOR EQUALITY NATIONAL SURVEY
18-30
31-50
50+
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
Past year
1-5 yrs
5-10 yrs
10+ yrs
Insulted
Physically attacked
Education
Employment
In public
Police
Housing

Persistent exposure to racial discrimination



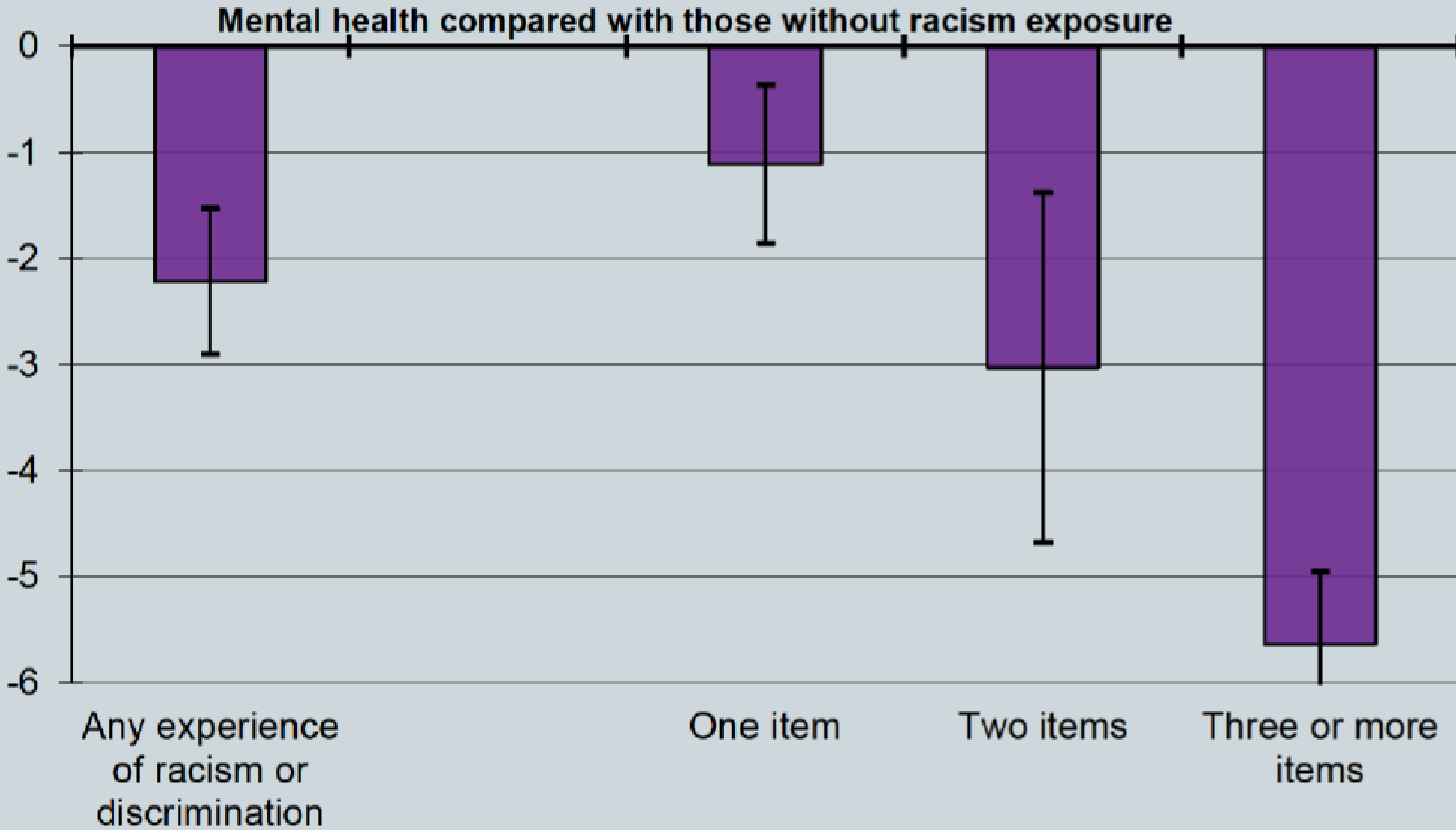
Becares et al., in press

Persistent exposure to racial discrimination across domains



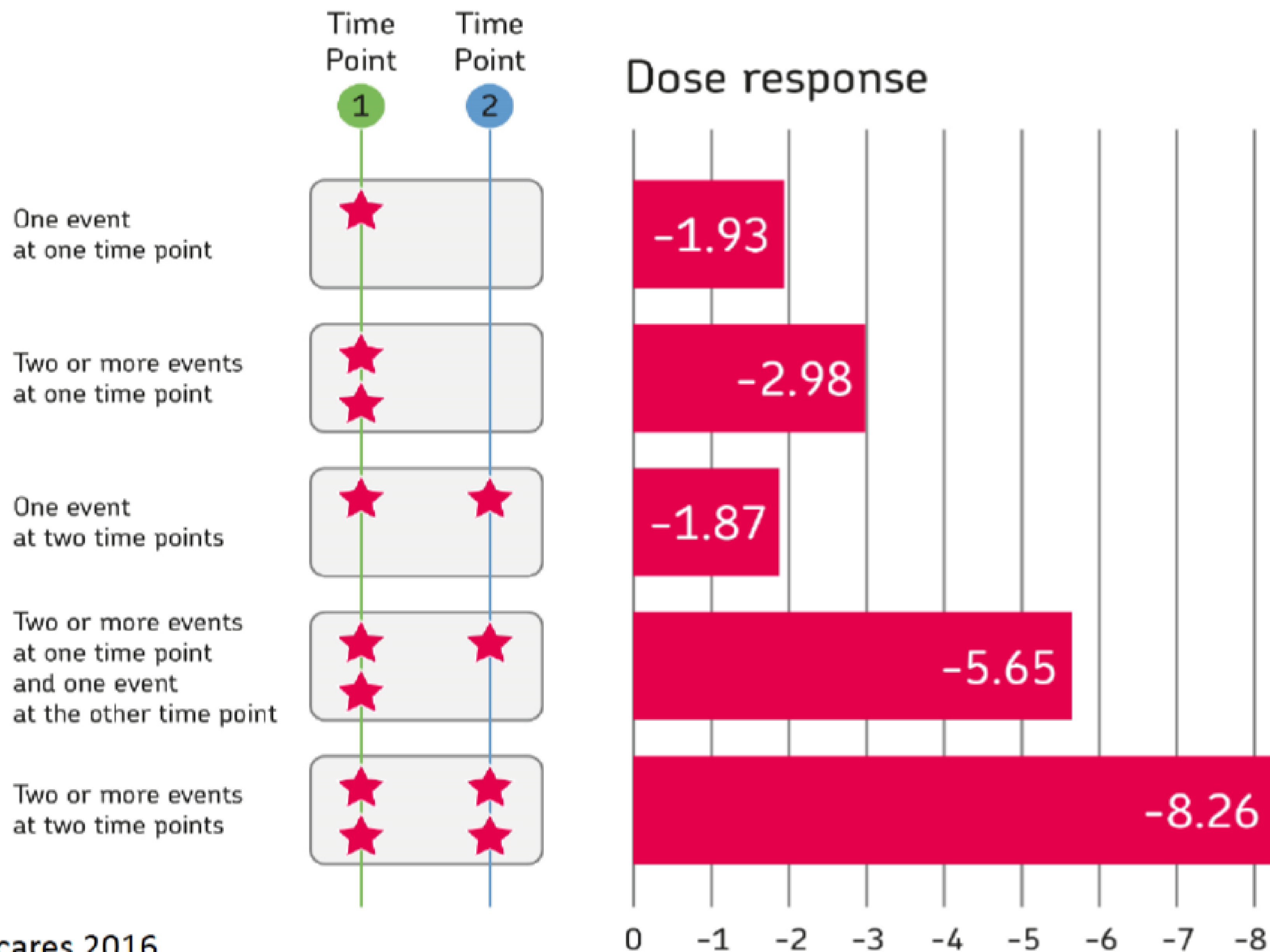
Becares et al., in press

Accumulated experiences of interpersonal racism and worsening of mental health – cross-sectional findings (using UKHLS)



Wallace, Nazroo & Bécares. Am J Public Health. 2016 Jul;106(7):1294-300. Adjusted for age, sex, and equivalised hhld income

Longitudinal association between accumulation of racial discrimination and mental health at Wave 4 (UKHLS)



Wallace, Nazroo & Bécares 2016

Accumulation over domains, across time, and through vicarious and indirect exposure

Is growing up in an environment where experiences of racial discrimination are common, associated with socioemotional development of children?

Data: UK Millennium Cohort Study

- Prospective cohort study; 18,818 children born in 2000/2001
- Over-sample of ethnically mixed and disadvantaged areas
- Study sample restricted to complete data from singletons born to ethnic minority mothers who were productive from MCS3 (5 years) to MCS5 (11 years) (n=1,608).

- Children's socioemotional development measured with SDQ (Goodman, 1997) in MCS5 (11 years)
- Maternal mental health measured with Kessler 6-item scale (Kessler et al., 2002) in MCS4 (8 years)

Experiences of racial discrimination in environment

Asked to main respondent at MCS3 (5 years). In the past 12 months…

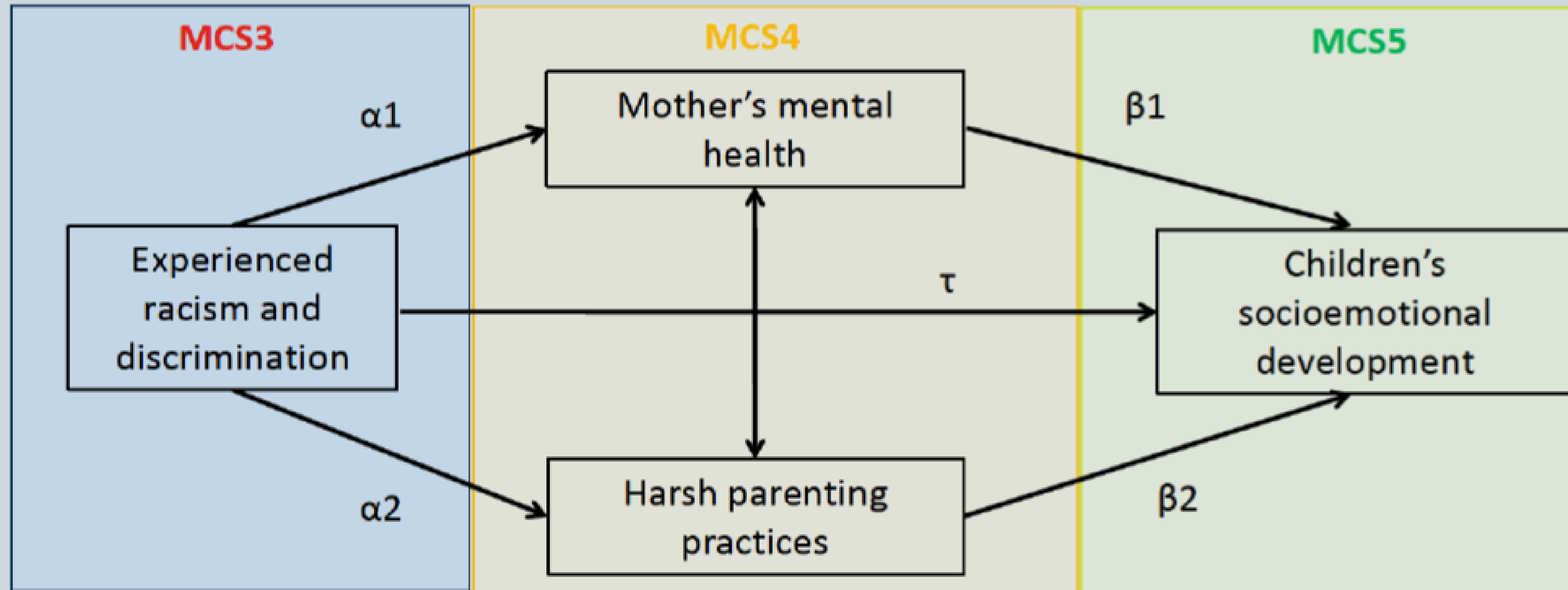
- “How often has someone said something insulting to you just because of your race or ethnicity?”
- “How often has a shop keeper or sales person treated you in a disrespectful way just because of your race or ethnicity?”
- “how often have you been treated unfairly just because of your race or ethnicity?”
- “how often have members of your family been treated unfairly just because of their race or ethnicity?”

  (0: never; 1: once or more)

- “In this area, how common are insults or attacks to do with someone's race or ethnicity?”

  (0: not very, not at all common; 1: fairly, very common)

Analytical model



adjusted for cohort member's gender and age, mother's age at the time of birth, languages spoken at home (only or mostly English vs. other), mother's nativity (born in the UK vs. abroad), marital status, equivalised household income, maternal educational qualifications, and maternal mental health at MCS3.

Children who grow up in households and families where experiences of racial discrimination are common have lower socioemotional development

	Direct effect	Indirect effect via maternal mental health
	Coeff. (95% CI)	Coeff. (95% CI)
Received Insults	**1.038 (0.42 – 1.78)**	**0.042 (0.01 – 0.12)**
Disrespectful treatment from shop staff	**1.195 (0.34 – 1.97)**	**0.057 (0.01 – 0.17)**
Unfair Treatment	0.725 (-0.14 – 1.43)	**0.049 (0.01 – 0.15)**
Family treated unfairly	**0.703 (0.10 – 1.45)**	**0.055 (0.01 – 0.18)**
Racism in area is fairly/very common	0.385 (-0.56 – 1.28)	0.005 (-0.06 – 0.08)

Bécares et al., 2015

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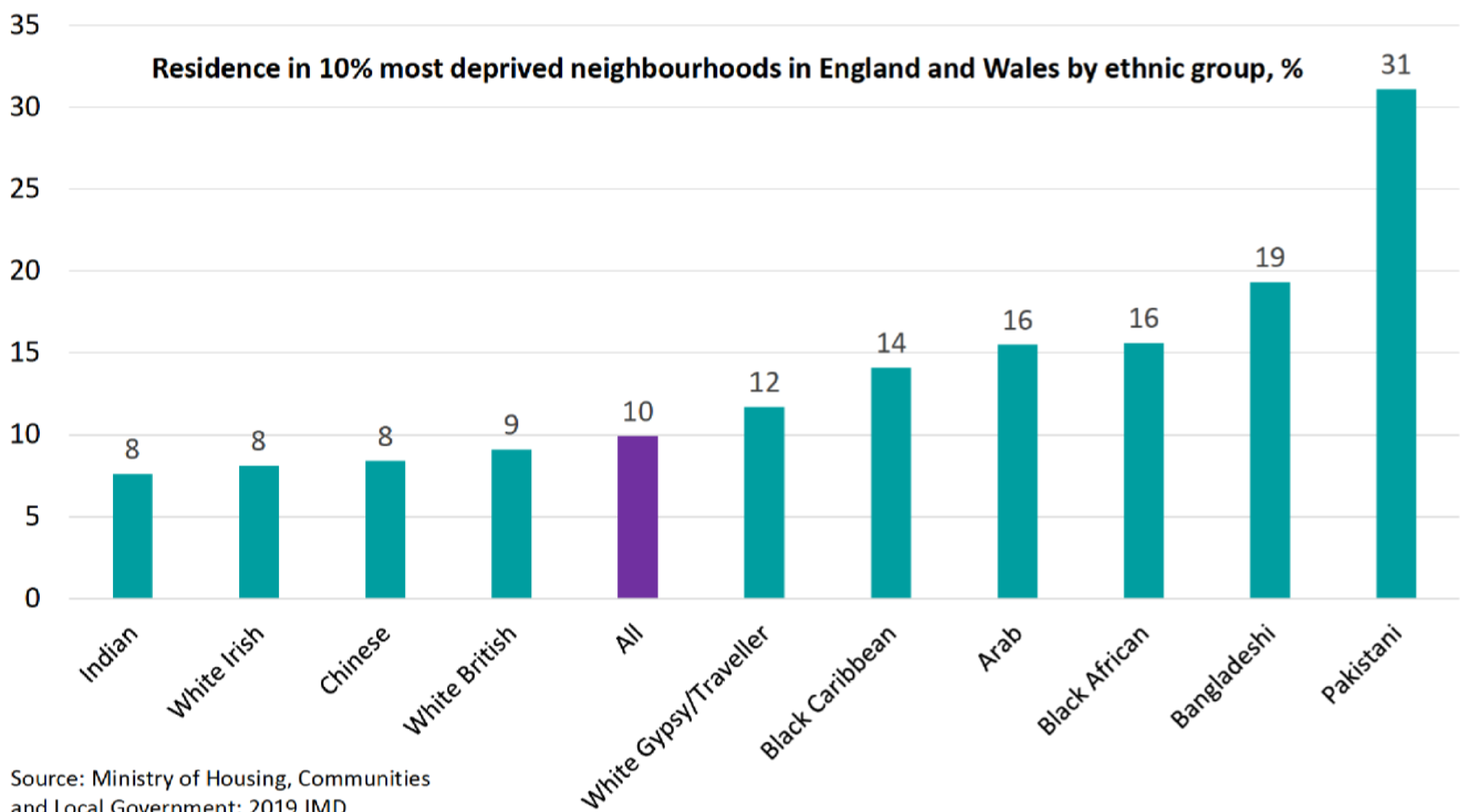
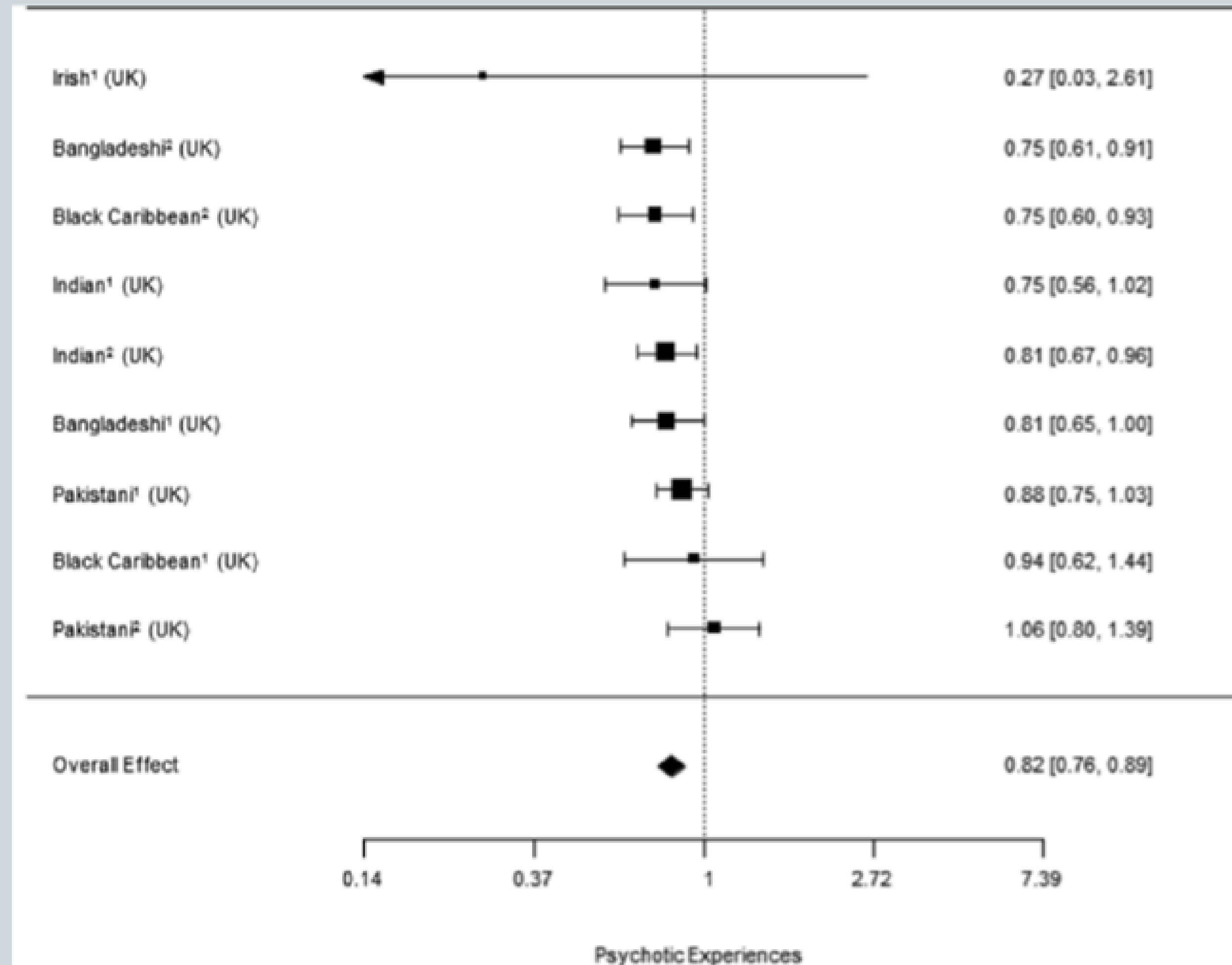


Residence in 10% most deprived neighbourhoods in England and Wales by ethnic group, %
35
30
25
20
15
10
5
0
8
8
8
9
10
12
14
16
16
19
31
Indian
White Irish
Chinese
White British
All
White Gypsy/Traveller
Black Caribbean
Arab
Black African
Bangladeshi
Pakistani
Source: Ministry of Housing, Communities
and Local Government; 2019 IMD

Structural vs community forces: ethnic density effect

Despite association between area deprivation and health, areas with high concentrations of ethnic minority residents hypothesised to provide residents with protective effects through the ethnic density effect.



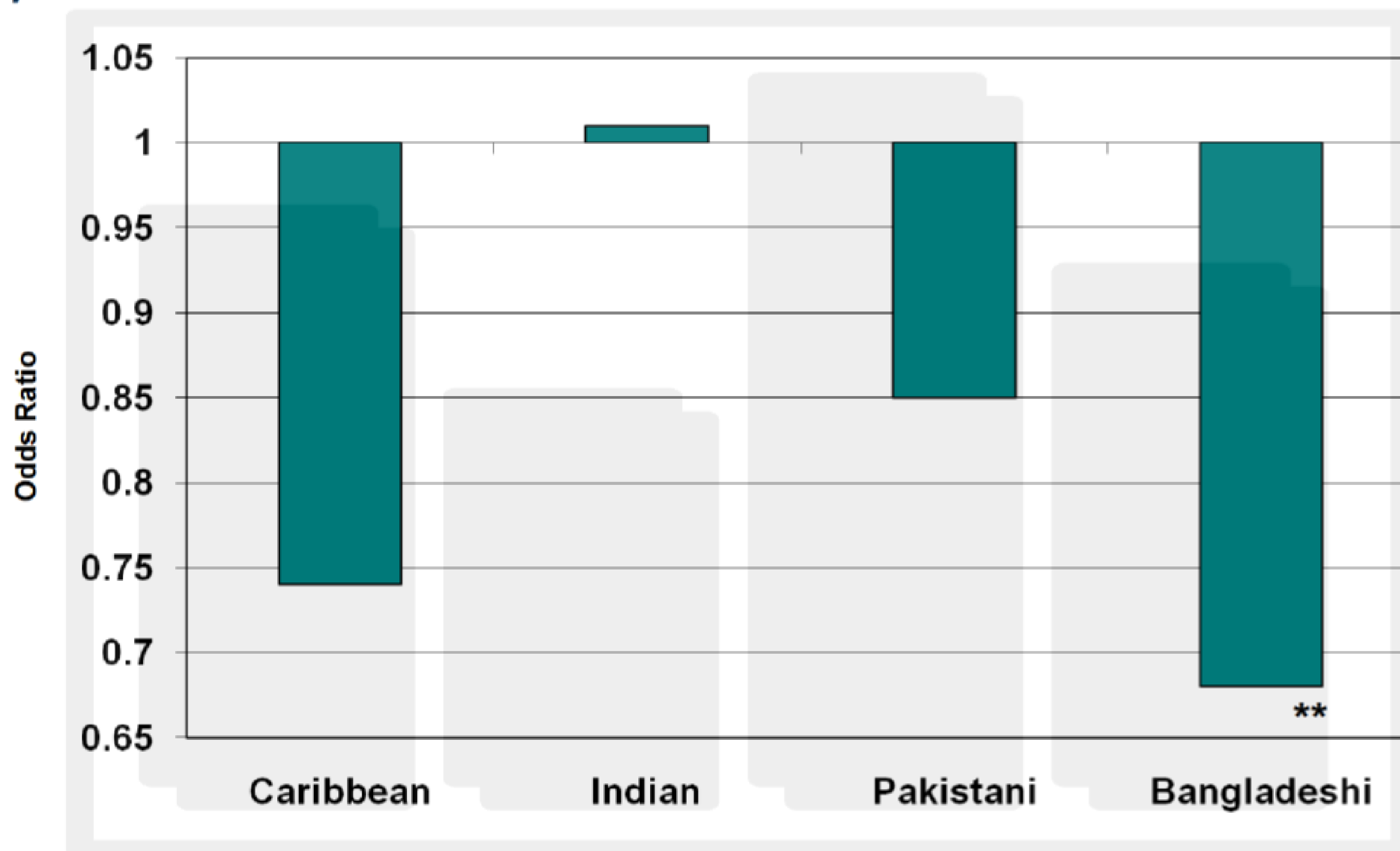
Halpern & Nazroo, 2000; Bécares et al., 2017

Structural vs community forces: ethnic density effect

- Ethnic density effects hypothesised to operate through:
  - Mutual social support
  - Stronger sense of community
  - Enhanced social cohesion
  - Reduced exposure to racial discrimination
  - Reduced strength of the association between racism and health

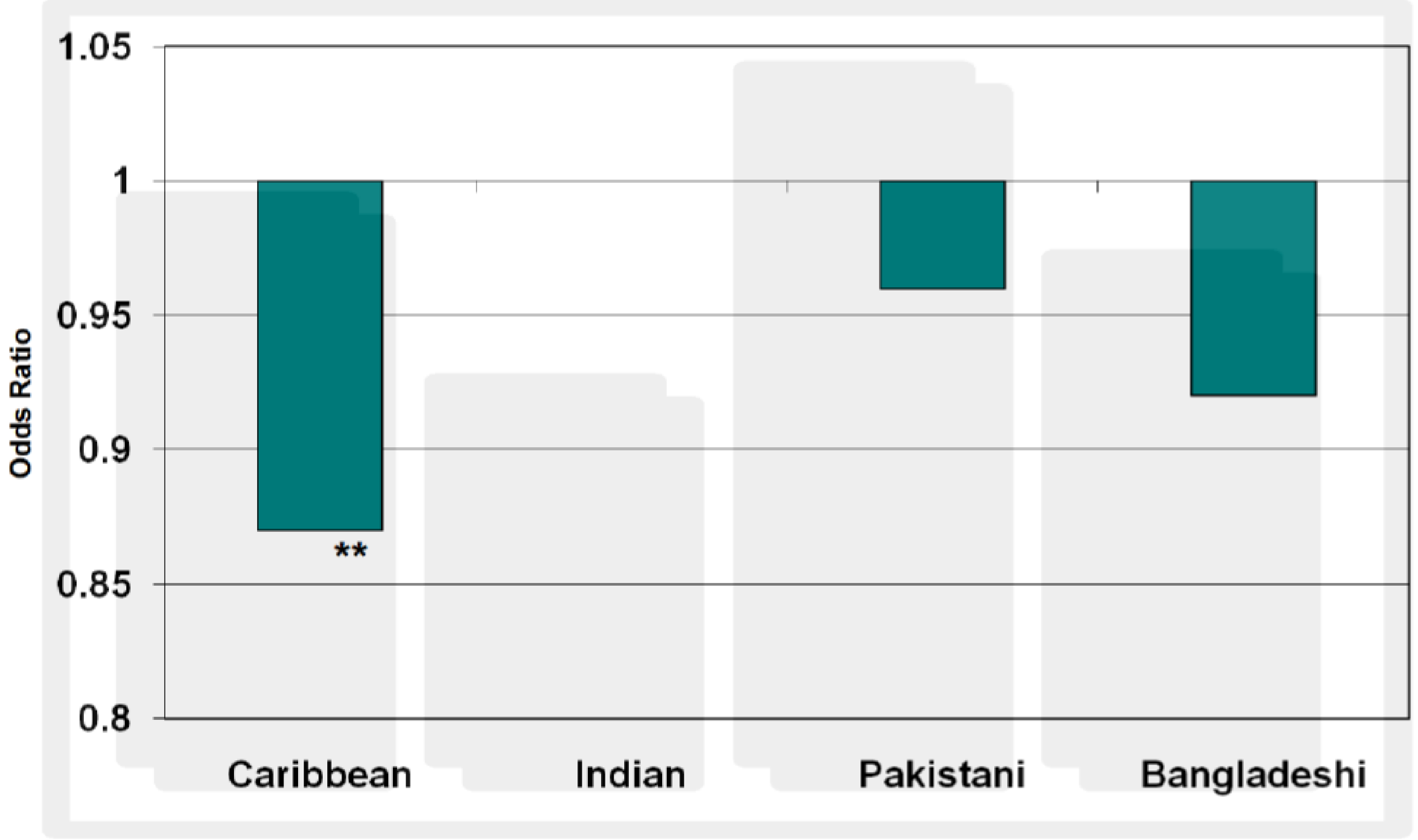
Halpern & Nazroo, 2000; Bécares et al., 2009

Experiences of interpersonal racism by a 10% increase in own ethnic density (data from FNS)



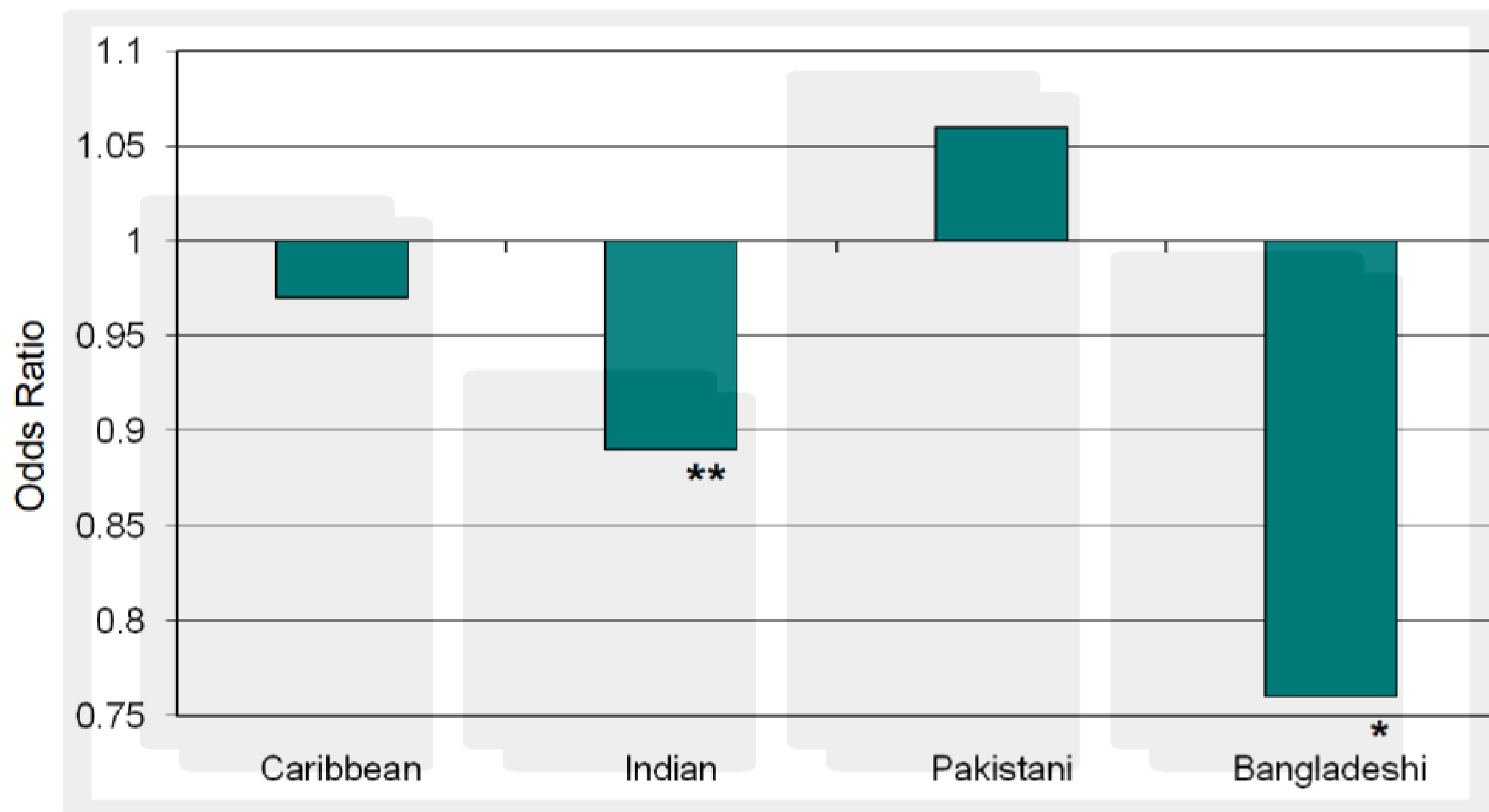
Bécares et al., 2009; Adjusted for age, sex, SES and area deprivation, *p<.05, **p<.01, ***p<.001

Experiences of interpersonal racism by a 10% increase in overall ethnic minority density (data from FNS)



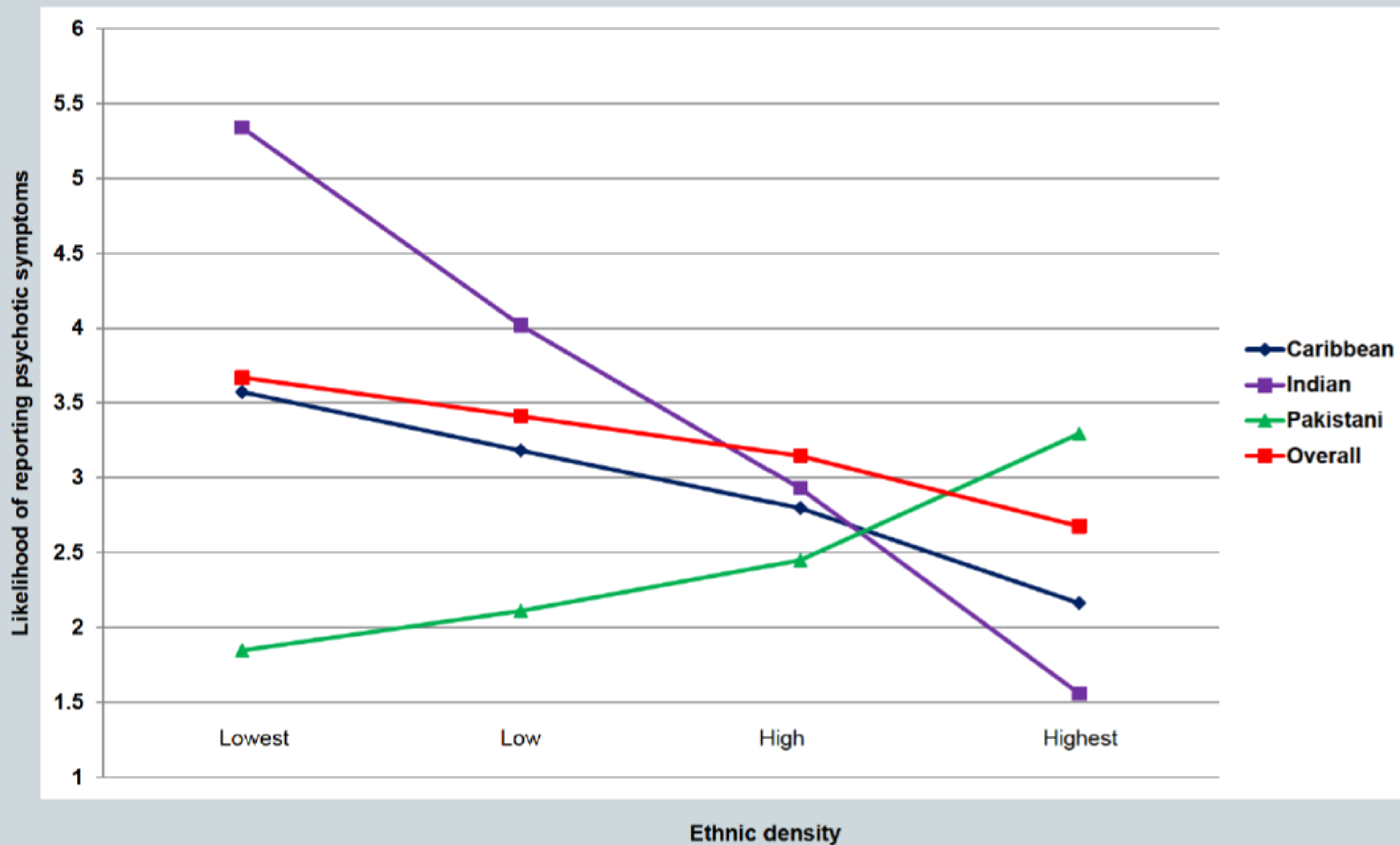
Bécares et al., 2009; Adjusted for age, sex, SES and area deprivation, *p<.05, **p<.01, ***p<.001

Reports of psychotic symptomatology by a 10% increase in overall ethnic minority density



Bécares et al., 2009; Adjusted for age, sex, SES and area deprivation, *p<.05, **p<.01, ***p<.001

Buffering effect of ethnic density on psychotic symptomatology



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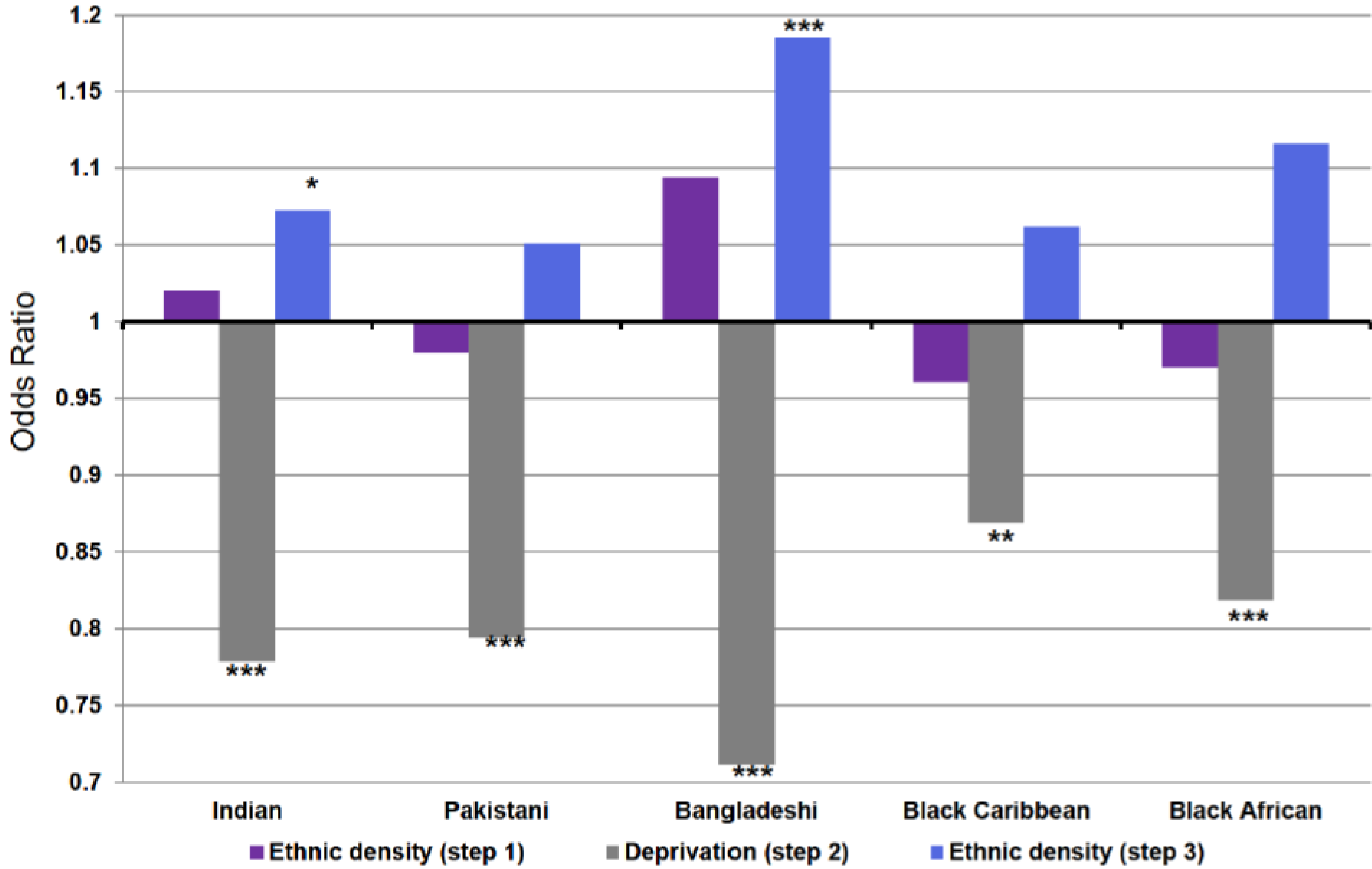
Structural vs community forces: ethnic density effect

Despite association between area deprivation and health, areas with high concentrations of ethnic minority residents hypothesised to provide residents with protective effects through the ethnic density effect.

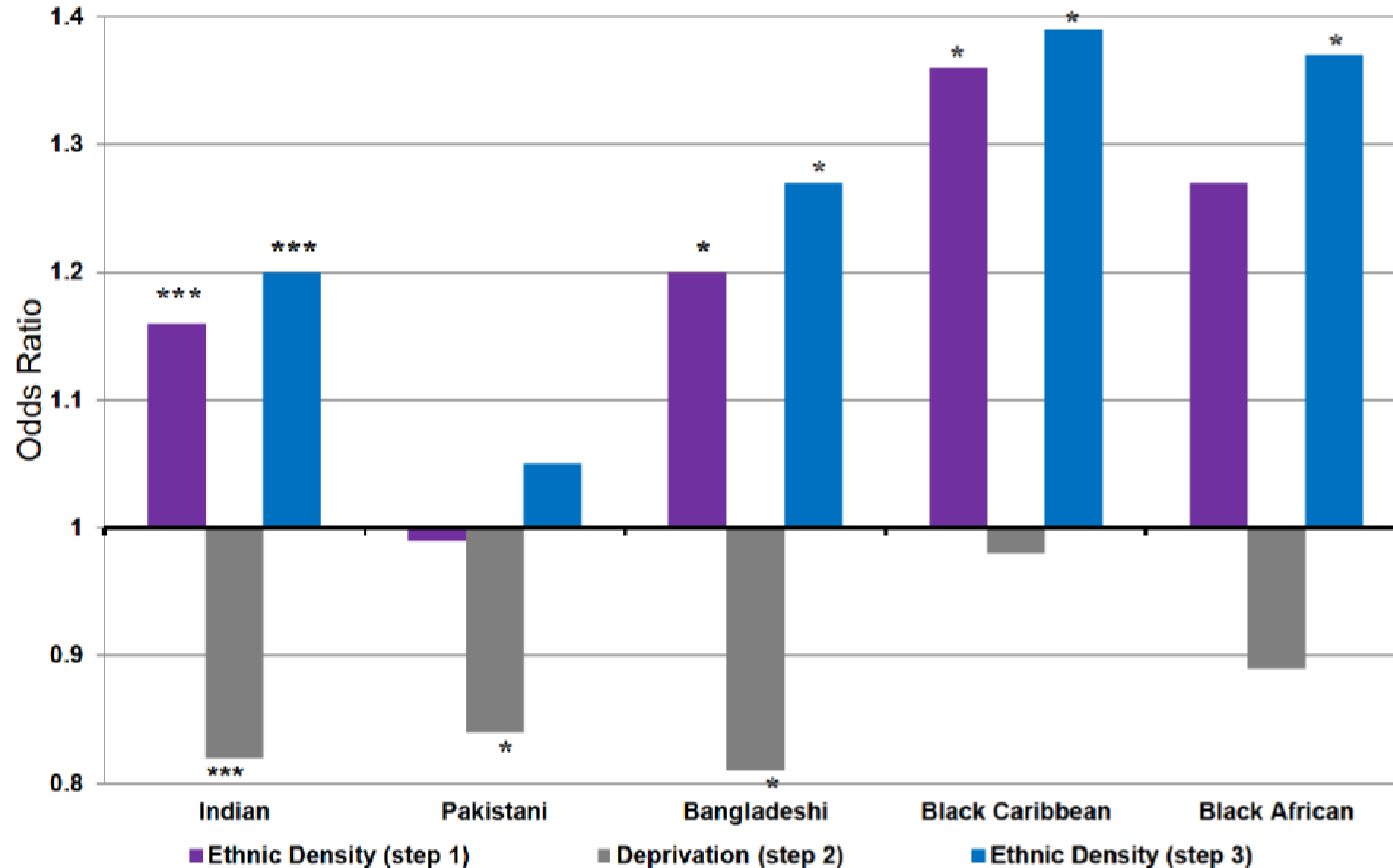
Halpern & Nazroo, 2000; Bécares et al., 2009

Odds of reporting social cohesion by a 10% increase in own ethnic density / increased area deprivation (data from 2005 and 2007 Citizenship Surveys)



Bécares et al., 2015; Adjusted for age, gender, SES, years in neighbourhood, and nativity; *p<.05, **p<.01, ***p<.001

Odds of reporting *people in the area respect ethnic differences* by a 10% increase in own ethnic density / increased area deprivation



Bécares et al., 2015; Adjusted for age, gender, SES, years in neighbourhood, and nativity; *p<.05, **p<.01, ***p<.001

Discussion

- Racism maintains and reproduces ethnic inequalities through multiple processes, some of which can be captured with health survey data
- Data are crucial to document inequities (prevalence and causes), and advocate for and monitor change
- Who is included in survey data, and what we ask determine what we can evidence (boosted samples, comprehensive measures of discrimination)
- Push to make other marginalised groups visible in data – with boosted samples, measures of sexual orientation and gender identity, as well as measures of discrimination due to multiple attributions (and population-specific questions) needed

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Thank you

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Acknowledgments

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