

EQUALITY, POVERTY AND SOCIAL SECURITY

Which ethnic groups have the poorest health?

An analysis of health inequality and ethnicity in Scotland

1. Executive Summary

This report examines differences in the health of ethnic groups in Scotland and uses census health data to identify variations between groups. The analysis employs age-standardised rates to compare people of similar age, which avoids the often misleading direct comparisons between populations with very different age structures. The analysis revealed the following key findings:

- Most ethnic groups in Scotland reported better health than the ‘White: Scottish’ ethnic group;
- Across most ethnic groups, older¹ men reported better health than older women. Older Indian, Pakistani and Bangladeshi women reported poor health, and considerably worse health than older men in these ethnic groups;
- Gypsy/Travellers² in Scotland had by far the worst health, reporting twice the ‘White: Scottish’ rate of ‘health problem or disability’³ and over three and a half times the ‘White: Scottish’ rate of ‘poor general health’⁴;
- ‘White: Polish’ people aged under 65 reported relatively good health, whereas those aged 65 or over reported relatively poor health;
- The age-standardised rates of ‘health problem or disability’ by ethnic group in Scotland followed a similar pattern to the results for England and Wales;
- Older Bangladeshi men in Scotland were relatively healthier than older Bangladeshi men in England and Wales.

1 In this paper ‘older men’ or ‘older women’ refers to those aged ‘65 or over’

2 This report will refer to those who identified as the census category ‘White: Gypsy/Traveller’ group as ‘Gypsy/Travellers’

3 This report will refer to ‘long-term limiting health problems or disability’ as ‘health problems or disability’ and will cover those who said they were limited ‘a little’ or ‘a lot’.

4 This report will refer to those who said they had ‘bad’ or ‘very bad’ general health as having ‘poor general health’

2. Background

Poor health is caused by a wide range of factors, including biological determinants such as age, sex, hereditary factors, and wider social determinants such as education, social position, income, local environment, and experiences of racism and racial discrimination⁵.

The social determinants of health are unequally distributed across ethnic groups, leading to unjust and preventable inequalities. There is a policy commitment in Scotland to address discrimination against minority ethnic groups and health inequalities⁶.

As this analysis shows, ethnic groups have very different levels of health. Addressing the social determinants of health can play an important part in improving the health of the population of Scotland, reducing ethnic health inequalities.

There exists other evidence that ethnicity is strongly associated with health outcomes. For example, people from minority ethnic groups generally have lower rates of mortality than the general population, and rates of heart disease and diabetes vary by ethnic group. The Ministerial Task Force⁷ for Health Inequalities notes that differences in health between ethnic groups are at least as large as between rich and poor.

3. Methodology

The 2011 Census asked Scotland's population the following two questions⁸ about their health:

1. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? The response categories were: 'Yes, limited a little'; 'Yes, limited a lot'; and 'No'. This analysis considers those who answered either of the 'Yes' options to have a 'health problem or disability'.
2. How is your health in general? The response categories were: 'Very Good', 'Good', 'Fair', 'Bad', 'Very Bad'. This analysis considers those who answered either 'Bad' or 'Very Bad' to have 'poor general health'.

Results for these questions by ethnic group and gender are published in data tables on Scotland's Census website⁹ by National Records of Scotland (NRS). Further

⁵ Centre on Dynamics of Ethnicity 'Which Ethnic Groups Have The Poorest Health?' <http://www.ethnicity.ac.uk/medialibrary/briefingsupdated/which-ethnic-groups-have-the-poorest-health.pdf>

⁶ Ethnic Minorities: Key Points <http://www.scotpho.org.uk/population-groups/ethnic-minorities/key-points>

⁷ Equally Well <http://www.gov.scot/Resource/Doc/229649/0062206.pdf>

⁸ See Annex A

⁹ Scotland's Census <http://www.scotlandscensus.gov.uk/>

analysis, including charts and commentary, was published in the Scottish Government's 'Analysis of Equality Results in the 2011 Census' analytical reports¹⁰.

However, interpreting these health results at face value could be misleading, as ethnic groups tend to have younger age profiles than the overall population. This analysis therefore attempts to address the issue by providing age-standardised results, a technique which is used to compare the results of populations whose age profiles are quite different.

The Scotland analysis replicates some of the work already carried out on England and Wales census data by the Centre on Dynamics of Ethnicity¹¹, allowing comparison across the nations¹².

Older age is strongly associated with an increase in poor health, and since most minority ethnic groups in Scotland are younger than the 'White: Scottish' ethnic group, the overall proportion of a group that has a 'health problem or disability', or 'poor general health' can be low even when their rates are high at each age. Figures in this report are produced with the indirect standardisation method, which calculates how much higher or lower the group's rate of disability or poor health is compared to the average for Scotland. For males and females separately, the calculation applies the Scotland age-specific rates to the group's population to compute an 'expected' number. The age-standardised ratio is the observed number divided by the expected number. In order to compare the rates of minority ethnic groups to that of the 'White: Scottish' ethnic group, we have divided the age-standardised rate of each ethnic group by the rate of the 'White: Scottish'. A figure greater than 1 means that there is higher 'health problem or disability' or 'poor general health', and a figure lower than 1 means there is lower 'health problem or disability' or 'poor general health' than the 'White: Scottish' population.

It should be noted that the Scottish Health Survey (SHeS), a major source of health data for Scotland, tends to report higher overall rates of limiting long-term condition or disability for the population. However, the question wording used in the SHeS¹³ differs from that used in the census, and the question is asked as part of a face-to-face interview on people's health. These factors may contribute to the higher estimates observed in SHeS. Since the census collected results for the whole population it provides richer information for smaller groups such as ethnic minorities.

¹⁰ *Analysis of Equality Results in the 2011 Census* <http://www.gov.scot/Publications/2014/10/8378>

¹¹ *Centre on Dynamics of Ethnicity 'Which Ethnic Groups Have The Poorest Health?'* <http://www.ethnicity.ac.uk/medialibrary/briefingsupdated/which-ethnic-groups-have-the-poorest-health.pdf>

¹² *The Scotland analysis splits the 16-64 group in to three separate age bands*

¹³ *Scottish Health Survey* <http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey>

4. Structure of the Report

This report covers both the 'health problem or disability' and the 'general health' census questions set out above. Since the health of women and men varies considerably within some ethnic groups, this analysis presents results by gender separately to draw out these differences.

Gender is a well-established determinant of health outcomes. Many health conditions and risk behaviours, such as physical activity and overweight/obesity, follow different patterns by gender. Mental health problems affect more women than men. Also, gender-based violence is a major public health and equalities issue.

Section 5.1 of the 'Analysis' section covers responses to the 'health problem or disability' question, firstly presenting results for the age-standardised data for each gender. It then shows the rates of 'health problem or disability' for the five different age bands and for each gender separately. The final chart in the section presents the age group with the highest rate of 'health problem or disability' - the 65 or over group - comparing the rates for women and men across all of the ethnic groups.

In the second section (5.2) this analysis is repeated for those who have responded that they have 'poor general health'.

5. Analysis

5.1. Health Problem or Disability

Charts 5.1.1 and 5.1.2 show, for women and men separately, which ethnic groups have the best and worst health relative to the 'White: Scottish' reference group.

Chart 5.1.1: Ethnic Inequalities in Health for Women, 2011 - Age-standardised ratios of long-term limiting health problem or disability for ethnic groups compared to the 'White: Scottish' group

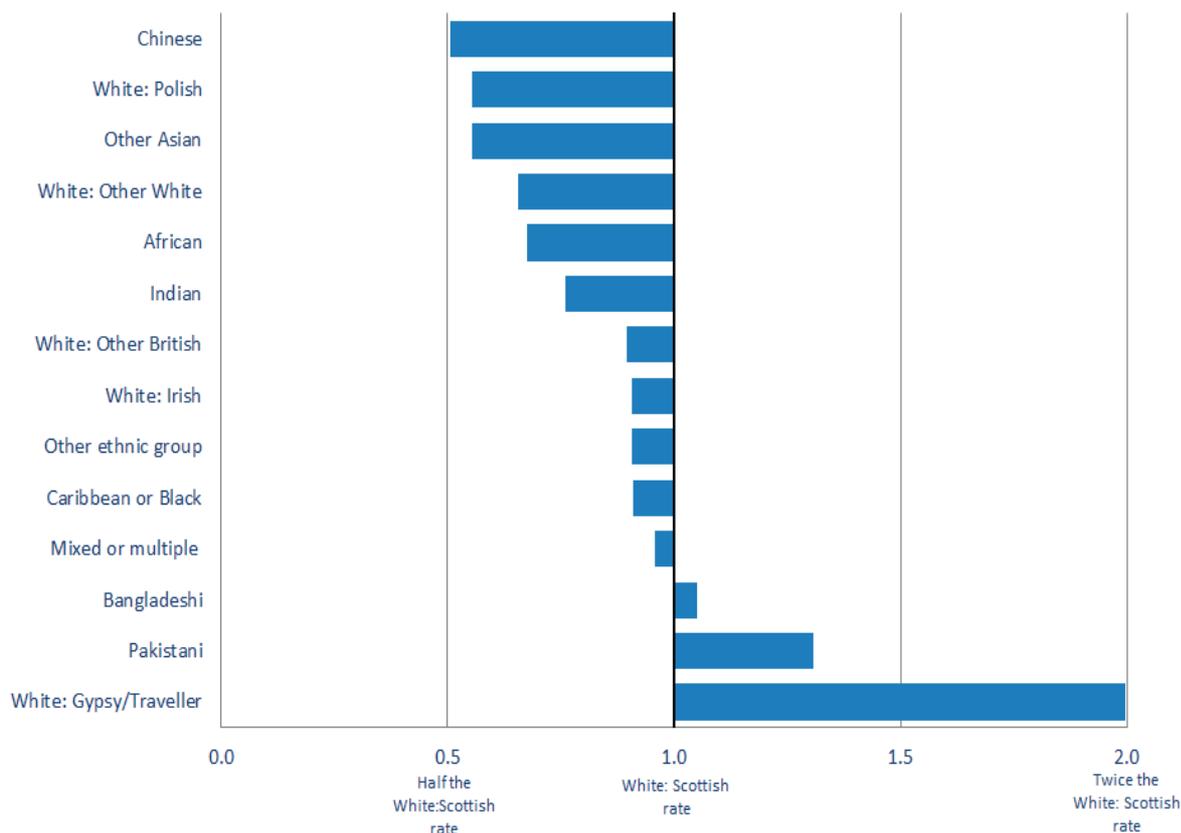


Chart 5.1.1 shows that in 2011 there was a wide variation in health problems or disability amongst women from different ethnic groups. Women from three groups - Bangladeshi, Pakistani and Gypsy/Traveller - recorded higher rates of 'health problem or disability' than women from the 'White: Scottish' ethnic group. Gypsy/Traveller women recorded twice the rate.

However, women from all the other ethnic groups recorded lower rates of 'health problem or disability' than those from the 'White: Scottish' ethnic group. 'Chinese', 'White: Polish' and 'Other Asian' women recorded almost half the rate.

The picture for women in Scotland was similar across ethnic groups to that of England and Wales. In England and Wales,¹⁴ Chinese women also recorded the lowest rate of 'health problem or disability',¹⁵ and this was less than half that of the 'White: British',¹⁶ group. Similar to the picture in Scotland, Gypsy/Traveller women

14 Centre on Dynamics of Ethnicity 'Which Ethnic Groups Have The Poorest Health?' <http://www.ethnicity.ac.uk/medialibrary/briefingsupdated/which-ethnic-groups-have-the-poorest-health.pdf>

15 The same question on long-term limiting health problem or disability was asked in England and Wales

16 The England and Wales analysis shows rates relative to the 'White: British' group

recorded around twice the rate of the 'White: British' group. In England and Wales, as in Scotland, Pakistani and Bangladeshi women recorded higher rates than the 'White: British' group.¹⁷

Chart 5.1.2: Ethnic Inequalities in Health for Men, 2011 - Age-standardised ratios of long-term limiting health problem or disability for ethnic groups compared to the 'White: Scottish' group

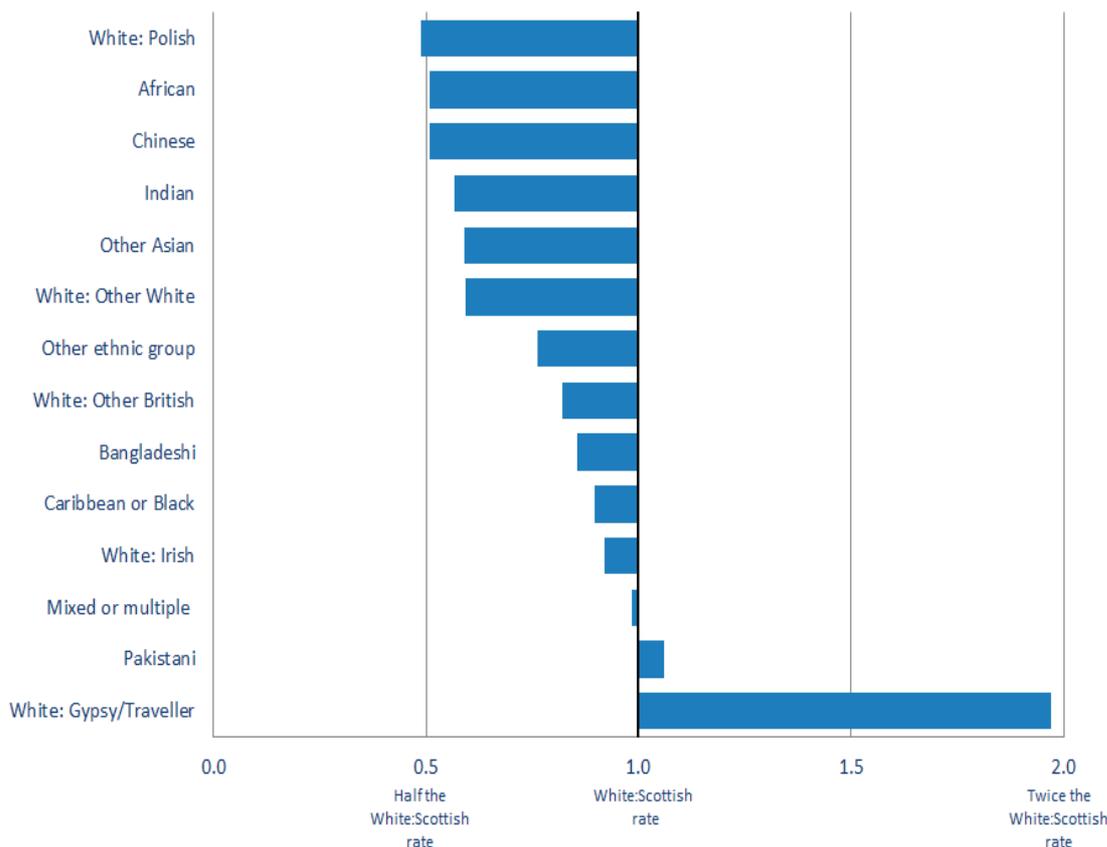


Chart 5.1.2 shows that, in 2011, men from only two ethnic groups – Pakistani and Gypsy/Traveller - recorded higher rates of 'health problem or disability' than men from the 'White: Scottish' ethnic group. Similar to the results for women, Gypsy/Traveller men recorded almost twice the rate.

As was the case for women, men from most ethnic groups recorded lower rates of 'health problem or disability' than those from the 'White: Scottish' ethnic group. 'White: Polish', 'African' and 'Chinese' men recorded the lowest prevalence at around half the rate.

The picture for men in Scotland was similar across ethnic groups to that of England and Wales. In England and Wales, Chinese men had the lowest rates of 'health problem or disability' and recorded a rate of less than half that of 'White: British' men. Similar to the results in Scotland, Gypsy/Traveller men in England and Wales also recorded almost twice the rate of the 'White: British' group.

¹⁷ The Scotland analysis shows rates relative to the 'White: Scottish' group

Pakistani men in England and Wales recorded roughly the same as the 'White: British' rate whereas Pakistani men in Scotland recorded slightly higher rates than 'White: Scottish' men.

Charts 5.1.3 and 5.1.4 show how the rates of 'health problem or disability' increase with age and show how each ethnic group compares for five different age bands, again for women and men separately.

Chart 5.1.3: Long-term limiting health problem or disability for Women, by ethnic group and age band, 2011

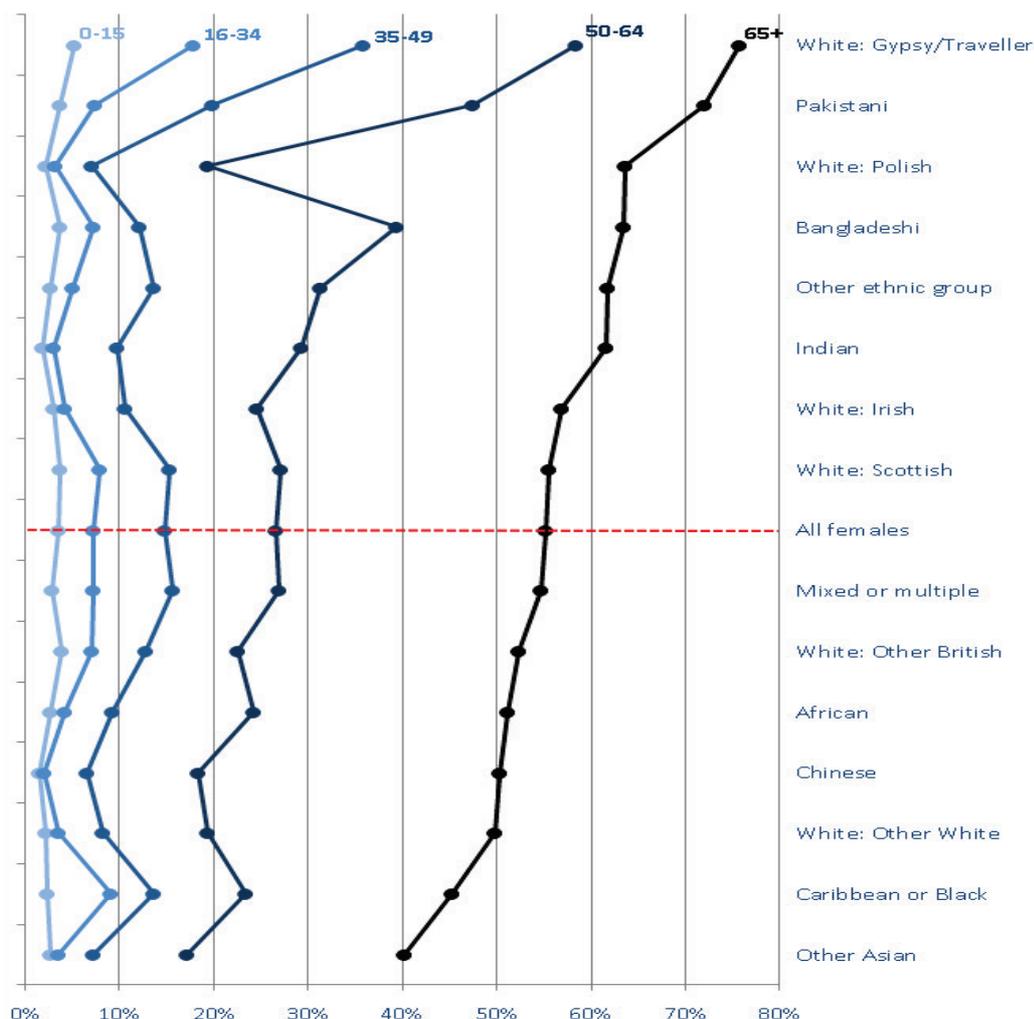


Chart 5.1.3 shows that health problems or disability for women are much more prevalent in older age bands - the majority (55 per cent) of women aged 65 or over reported a problem compared to only 7 per cent of women aged 16-34. Amongst those aged 65 or over, 'Other Asian' women reported the lowest rate (40 per cent) and Gypsy/Traveller women reported the highest (76 per cent).

The disadvantage for Gypsy/Traveller females starts early, with the youngest age groups showing higher rates than any other ethnic group. Those aged 16-34, 35-49 and 50-64 were more than twice as likely to have a 'health problem or disability' compared to all women in the population in these age bands.

'White: Polish' women aged under 65 reported relatively low prevalence of 'health problem or disability', whereas those aged 65 or over reported relatively high rates.

Like the results in England and Wales, older Pakistani and Bangladeshi women recorded high prevalence of health problems or disability, while Chinese women recorded low prevalence. In England and Wales, older Pakistani and Bangladeshi women actually recorded higher rates than older Gypsy/Traveller women.

Chart 5.1.4: Long-term limiting health problem or disability for Men, by ethnic group and age band, 2011

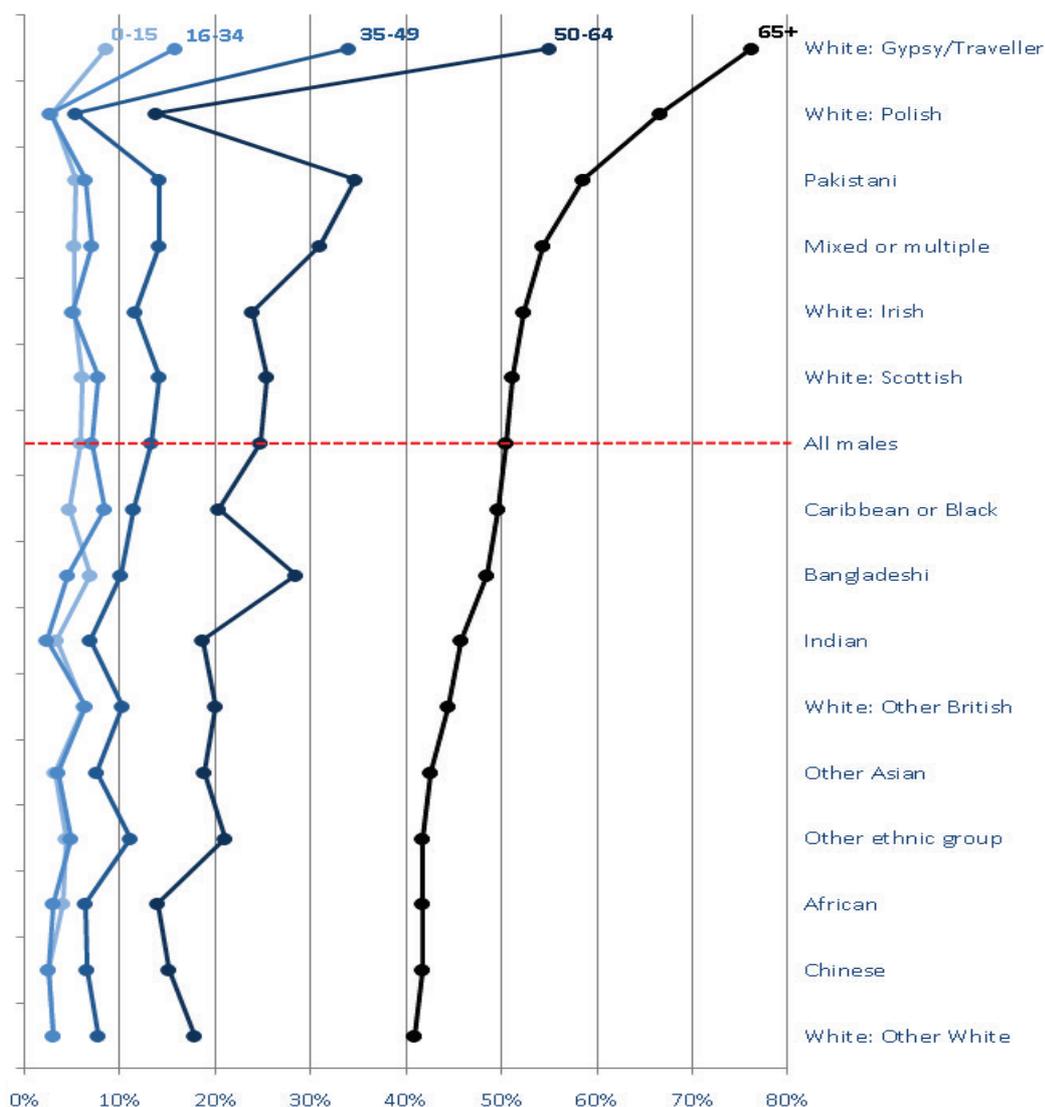


Chart 5.1.4 shows that half (50 per cent) of men aged 65 or over reported a 'health problem or disability'.

Older Gypsy/Traveller men in Scotland reported the highest rate (76 per cent) whereas older African, Chinese and 'White: Other White' men reported relatively low rates of around 40 per cent.

The disadvantage for Gypsy/Traveller males starts early, with the youngest age groups showing higher rates than any other ethnic group. Those aged 16-34, 35-49 and 50-64 were more than twice as likely to have a 'health problem or disability' compared to all men in the population in these age bands.

'White: Polish' men aged under 65 reported a relatively low prevalence of 'health problem or disability', whereas those aged 65 or over reported relatively high rates. Pakistani and Bangladeshi men aged 50-64 recorded relatively high rates.

Bangladeshi men in Scotland aged 65 or over recorded a lower prevalence than the 'White: Scottish' group, whereas Bangladeshi men in England and Wales recorded a much higher prevalence than the 'White: British' group.

As illustrated in the previous charts, older people have the highest rates of 'health problem or disability'. To draw out gender differences within ethnic groups the following chart, Chart 5.1.5 compares the rates for older women and men across the ethnic groups.

Chart 5.1.5: Long-term limiting health problem or disability, by ethnic group and gender for those aged 65+, 2011

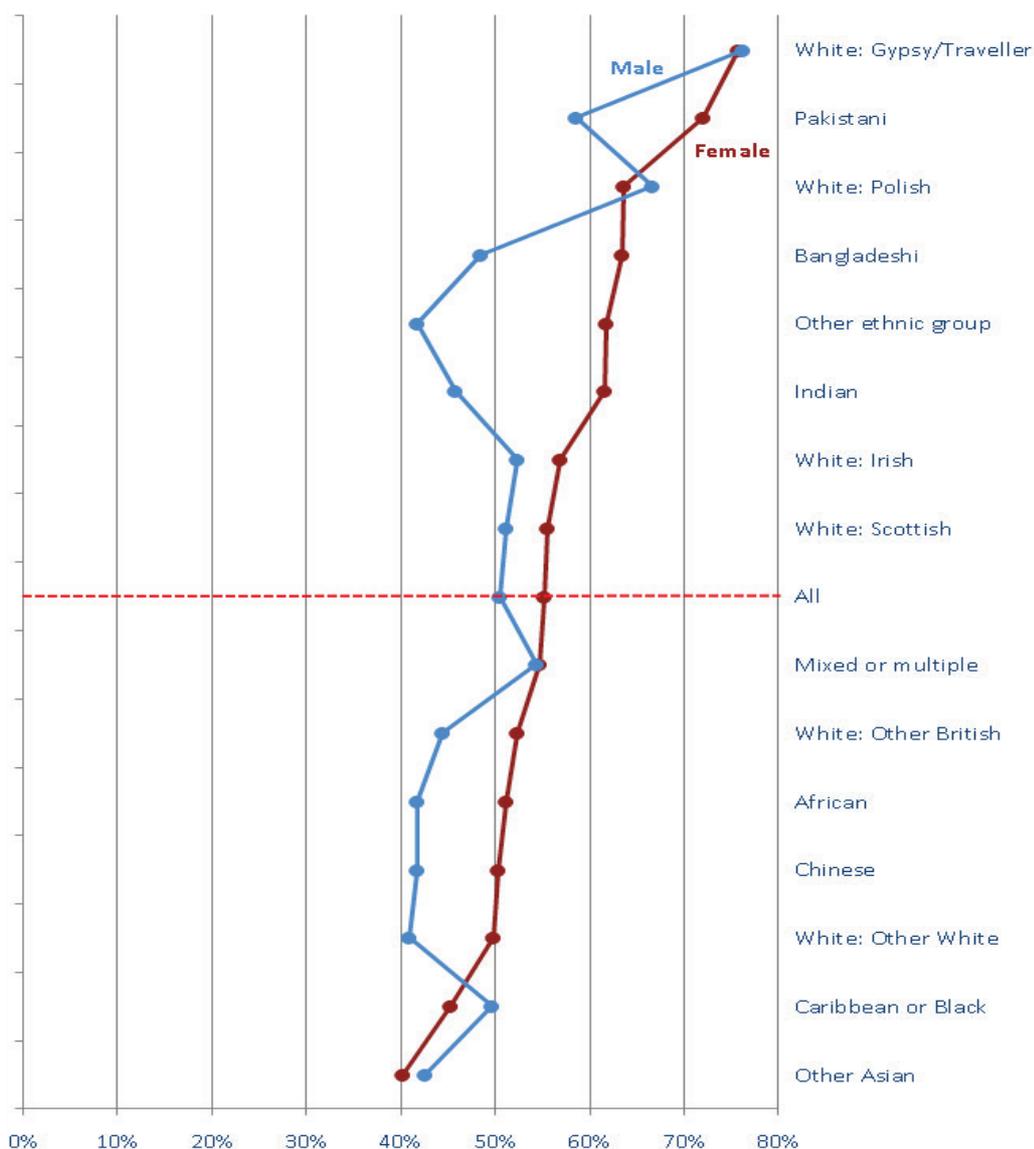


Chart 5.1.5 shows that women aged 65 or over reported higher rates of ‘health problem or disability’ than men across almost all of the ethnic groups, except for ‘Caribbean or Black’, ‘White: Polish’, ‘Other Asian’ and ‘White: Gypsy/Traveller’.

The largest differences were for ‘Indian’, ‘Bangladeshi’, ‘Pakistan’ and ‘Other Ethnic Group’, where older women’s health was much worse than older men’s.

5.2. Poor General Health

The following section presents age-standardised ‘poor general health’ data. Charts 5.2.1 and 5.2.2 show, for women and men separately, which ethnic groups had the poorest general health relative to the ‘White: Scottish’ reference group. This analysis is based on the census question where respondents were asked to rate their ‘health in general’ whereas the previous analysis in section 5.1 covered the question on ‘long-term limiting health problems or disability’.

Chart 5.2.1: Ethnic Inequalities in Health for Women, 2011 - Age-standardised ratios of General Health (Bad or Very Bad) for ethnic groups compared to the 'White: Scottish' group

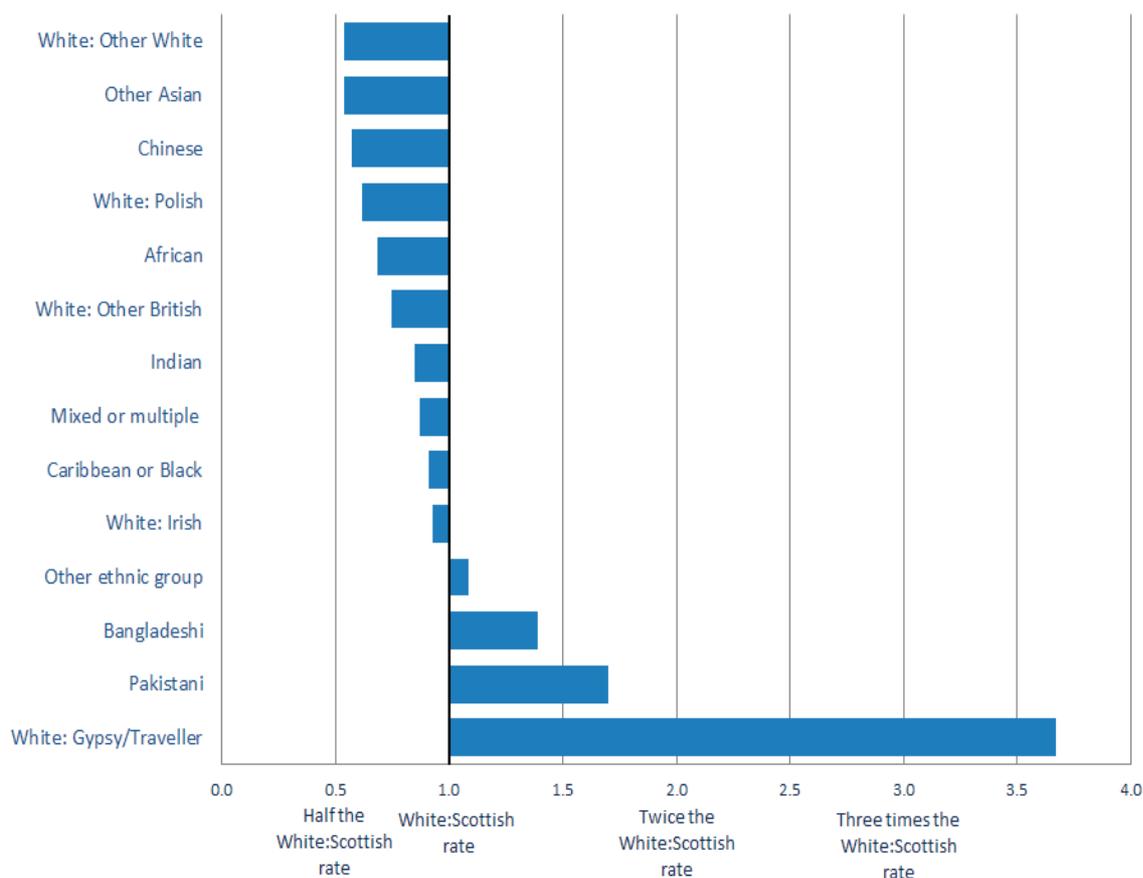


Chart 5.2.1 shows that the rate of 'poor general health' for women by ethnic group followed a similar order to the 'health problem or disability' data shown in Chart 5.1.1.

Gypsy/Traveller women were most likely to report that they had 'poor general health' - this was over three and a half times the rate of the 'White: Scottish' ethnic group. Pakistani and Bangladeshi women were also more likely than the 'White: Scottish' group to report 'poor general health'. Along with 'Other ethnic group' these were the only groups who reported higher levels of 'poor general health' than the 'White: Scottish' ethnic group.

'White: Other White', 'Other Asian', 'Chinese' and 'White: Polish' women had low prevalence of 'health problem or disability' and also low prevalence of 'poor general health', at almost half the 'White Scottish' rate.

Chart 5.2.2: Ethnic Inequalities in Health for Men, 2011 - Age-standardised ratios of General Health (Bad or Very Bad) for ethnic groups compared to the 'White: Scottish' group

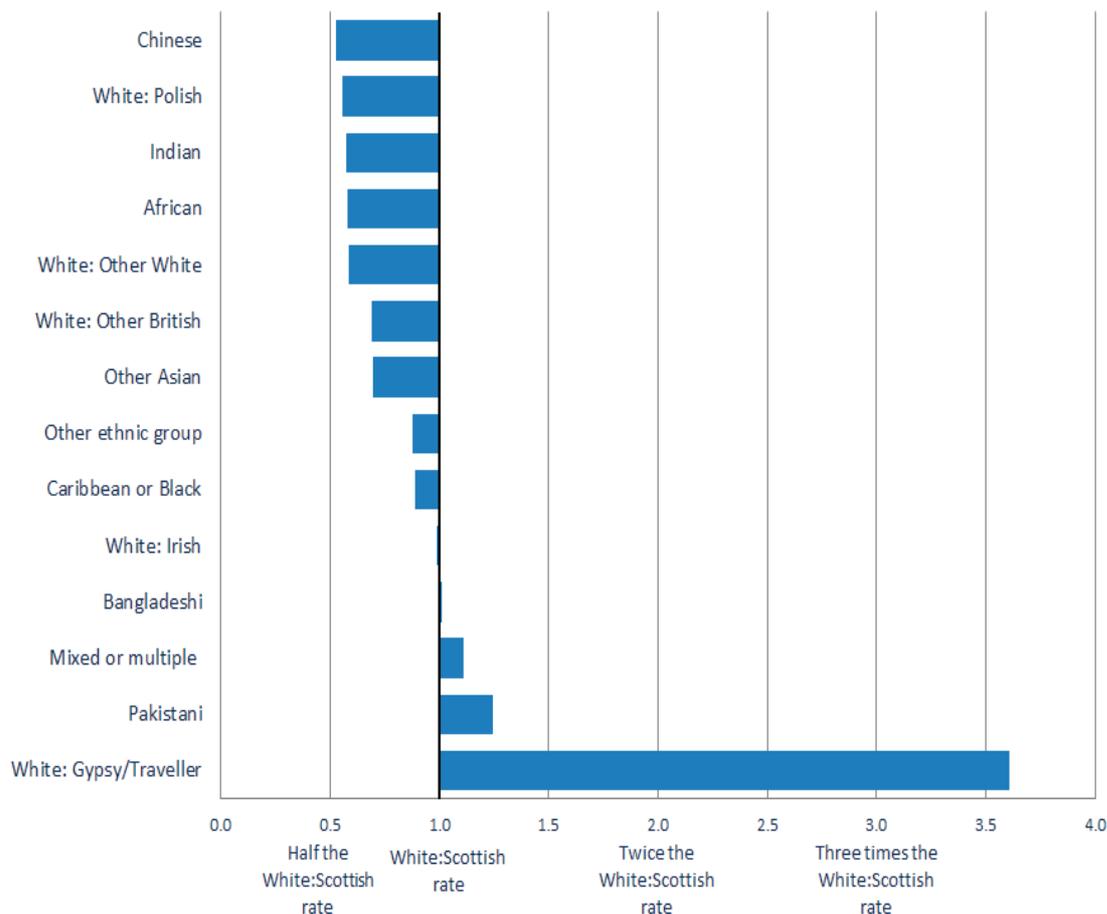


Chart 5.2.2 shows that the rate of Gypsy/Traveller men with 'poor general health' was over three and a half times that of the 'White: Scottish' ethnic group. This was similar to the result for Gypsy/Traveller women shown in Chart 5.2.1. Pakistani men and those with 'Mixed or multiple' ethnicity also had a higher rate of 'poor general health' than the 'White: Scottish' group.

Bangladeshi men had a similar rate of 'poor general health' to the 'White: Scottish' group, whereas Bangladeshi women had a higher rate.

'Chinese', 'White: Polish', 'Indian' and 'African' men recorded low rates of 'poor general health', almost half the 'White: Scottish' group.

Rates of 'poor general health' increase with age. The following charts, Charts 5.2.3 and 5.2.4, show these rates for each ethnic group across five different age bands. The information is presented separately for women and men.

Chart 5.2.3: General Health (Bad or Very Bad) of Women, by ethnic group and age band, 2011

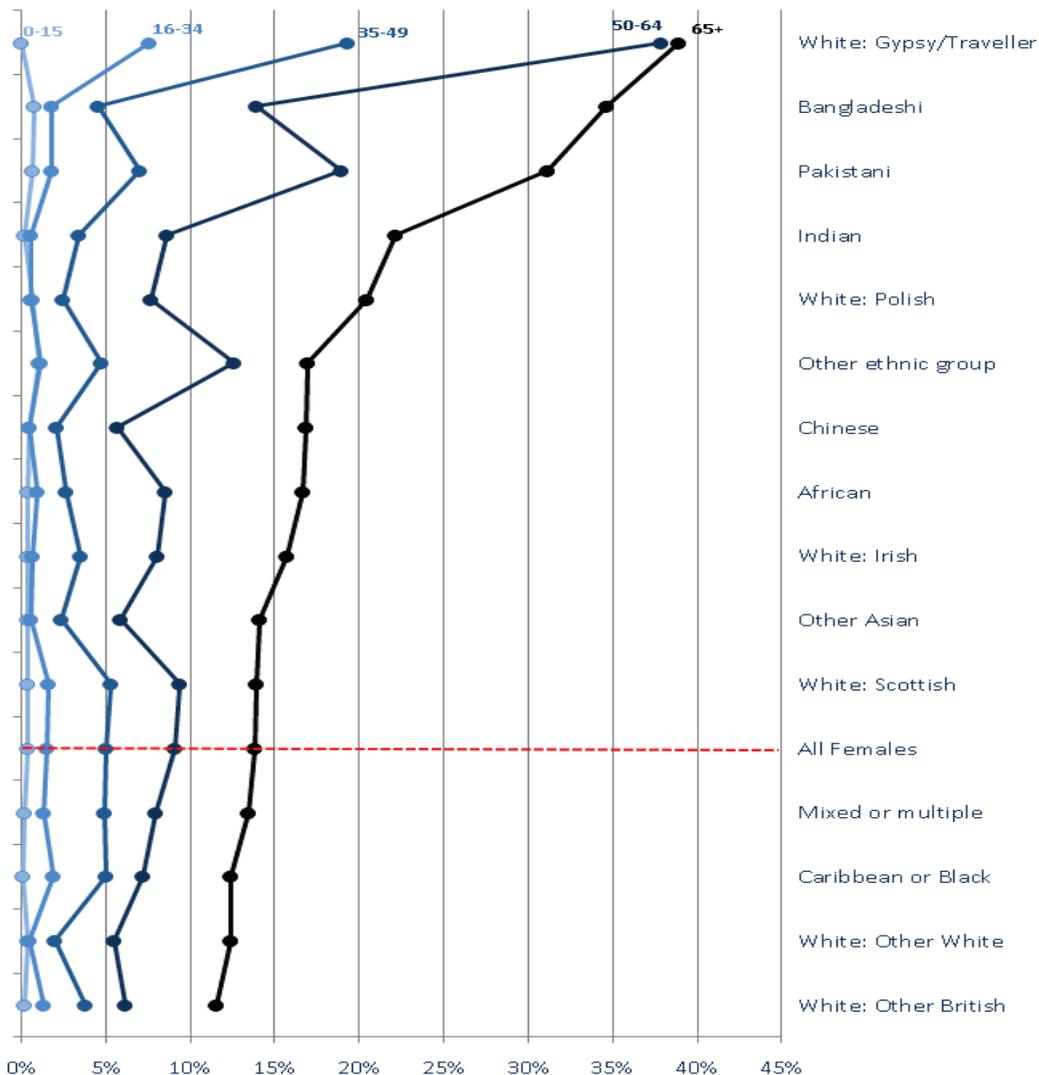


Chart 5.2.3 shows that the prevalence of ‘poor general health’ for women increases with age. Women aged 65 or over were most likely to report that they had ‘poor general health’ (14 per cent). However, this figure is much lower than those who reported a ‘health problem or disability’ (55 per cent).

Older Gypsy/Traveller women were almost three times more likely to report ‘poor general health’ compared to older women in the overall population. Gypsy/Traveller women aged 50-64 were almost as likely to report bad or very bad health as those aged 65 or over.

Older Bangladeshi, Pakistani and Indian women reported relatively high rates of ‘poor general health’. Whereas older ‘White: Other British’, ‘White: Other White’, ‘Caribbean or Black’ and ‘Mixed or Multiple’ women recorded lower than average rates.

Chart 5.2.4: General Health (Bad or Very Bad) of Men, by ethnic group and age band, 2011

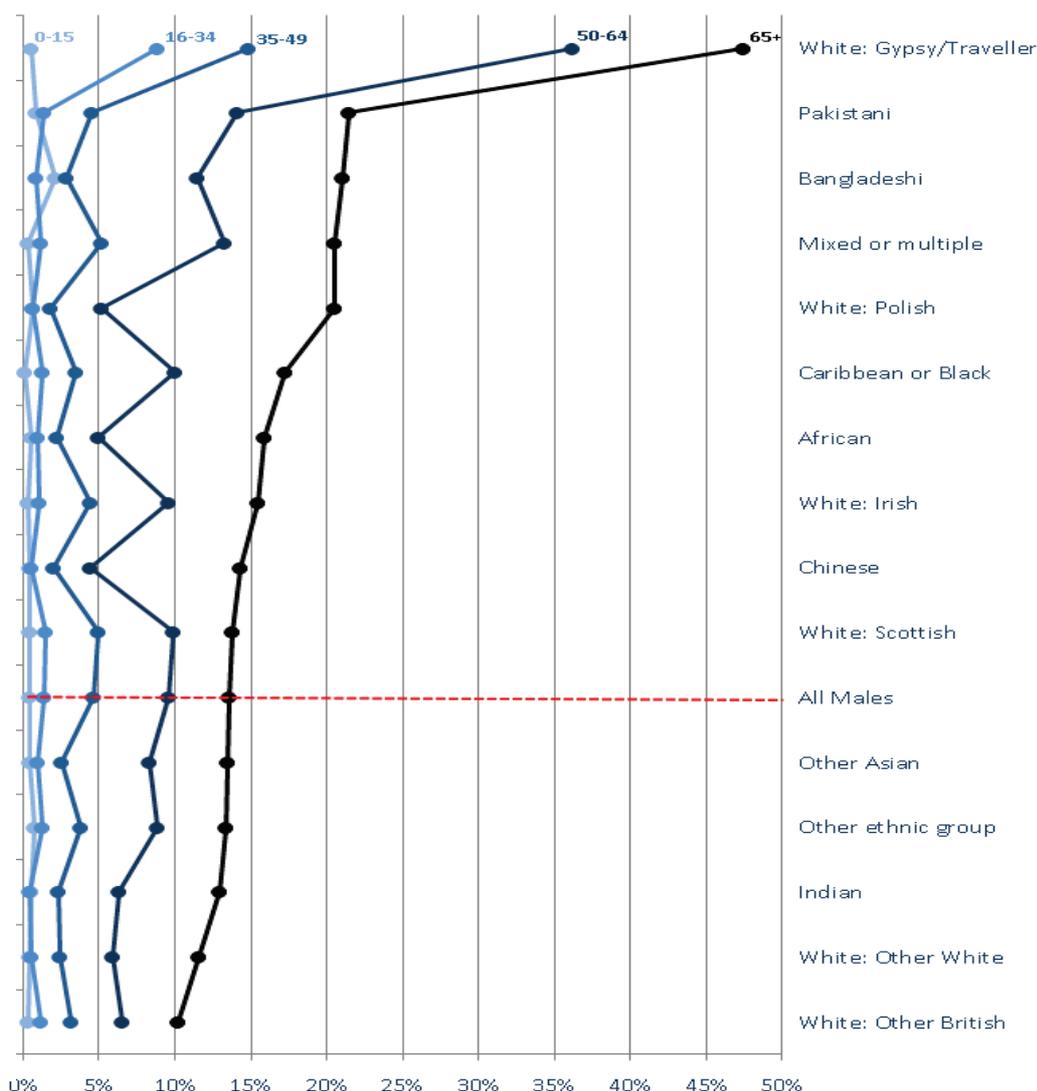


Chart 5.2.4 shows that Gypsy/Traveller men reported higher levels of ‘poor general health’ - almost half (47 per cent) of those aged 65 or over reported ‘poor general health’. Around a fifth of older men with ‘Pakistani’, ‘Bangladeshi’ and ‘Mixed or Multiple’ ethnicity reported ‘poor general health’.

Older Indian men reported low rates, as did older men with a ‘White: Other British’ ethnicity, where only one in ten reported ‘poor general health’.

As illustrated in the previous charts, older people tend to have much higher rates of ‘poor general health’. To draw out gender differences within ethnic groups the following chart, Chart 5.2.5, compares the rates for older women and men across the ethnic groups.

Chart 5.2.5: General Health (Bad or Very Bad), by gender, ethnic group for those aged 65+, 2011

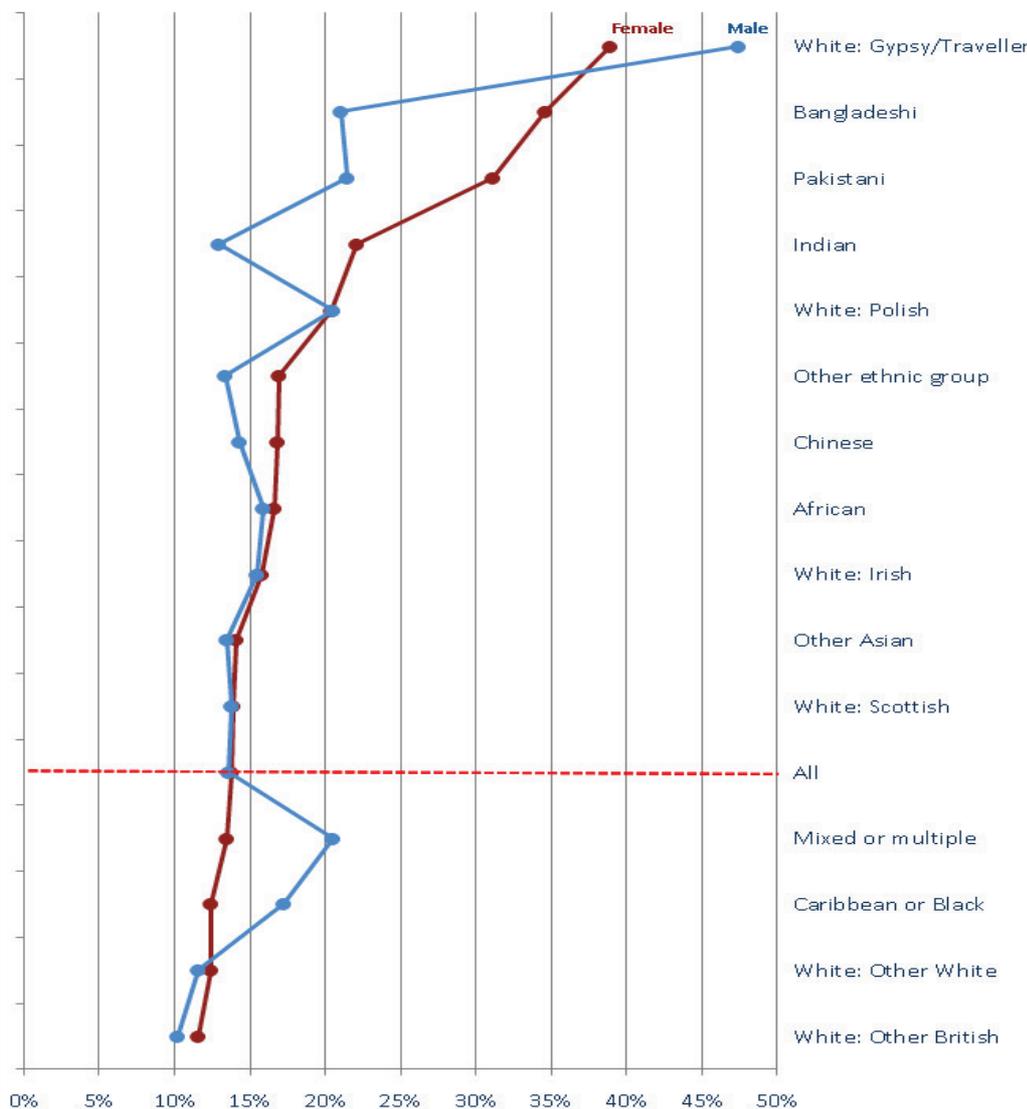


Chart 5.2.5 shows that the proportion of men aged 65 or over who reported ‘poor general health’ was the same as the proportion of women (14 per cent).

The chart highlights that Bangladeshi, Pakistani and Indian women aged 65 or over reported high rates of ‘poor general health’ compared to the rates for men in those groups.

The ethnic groups where older men reported higher rates of ‘poor general health’ than older women were ‘White: Gypsy/Traveller’, ‘Mixed or Multiple’ and ‘Caribbean or Black’.

6. Conclusion

This report reveals the extent of health inequalities across ethnic groups in Scotland. The very stark results for Gypsy/Traveller communities indicate that significant action is urgently required to address their health inequalities. This will be included in the Gypsy/Traveller Strategy and Action Plan which the Scottish Government will publish in 2016. The gender differences in relation to older women from Indian, Bangladeshi and Pakistani communities will be considered in the development of the Scottish Government's new race equality framework, as will health inequalities for men and women from Pakistani and Bangladeshi communities in general.

Annex A – 2011 Census Questions

15 What is your ethnic group?

◆ Choose **ONE** section from A to F, then tick **ONE** box which **best** describes your ethnic group or background.

A White

Scottish

Other British

Irish

Gypsy / Traveller

Polish

Other white ethnic group, please write in

B Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please write in

C Asian, Asian Scottish or Asian British

Pakistani, Pakistani Scottish or Pakistani British

Indian, Indian Scottish or Indian British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Other, please write in

D African

African, African Scottish or African British

Other, please write in

E Caribbean or Black

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other, please write in

F Other ethnic group

Arab, Arab Scottish or Arab British

Other, please write in

21 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

◆ Include problems related to old age.

Yes, limited a lot

Yes, limited a little

No

19 How is your health in general?

Very good Good Fair Bad Very bad

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How to access background or source data:

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