

# Ethnic Inequalities in Later Life

Centre for Ageing Better  
Friday 14<sup>th</sup> January 2022

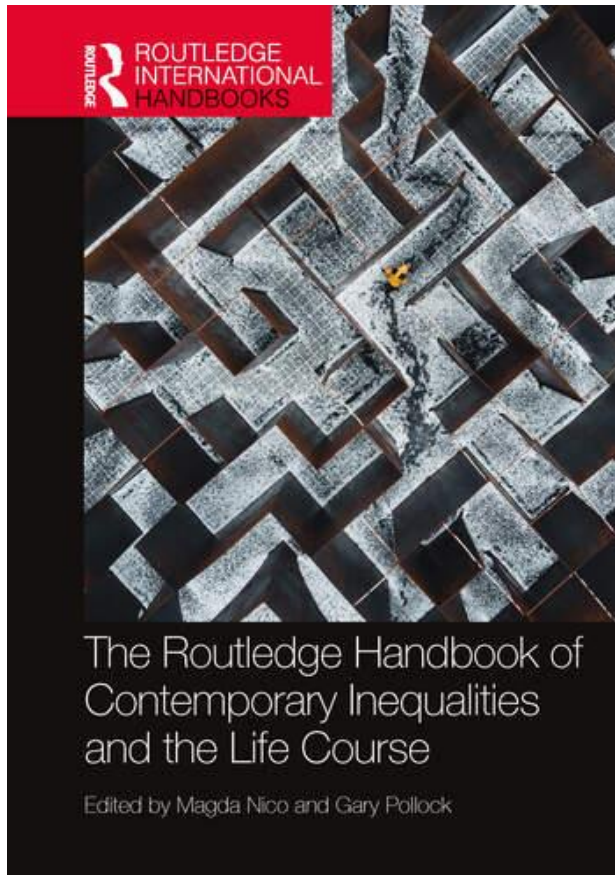
Sarah Stopforth  
s.stopforth@sussex.ac.uk





# Background

- Ethnic inequalities in health and wellbeing across the early and mid-life course have been well-documented
- Explanations for ethnic health inequalities are complex
- Socio-economic inequalities often used to explain health inequalities – less about underlying causes e.g. racism
- Much less known about ethnic inequalities in *later* life
- This project uses existing data resources to address the data and evidence gap

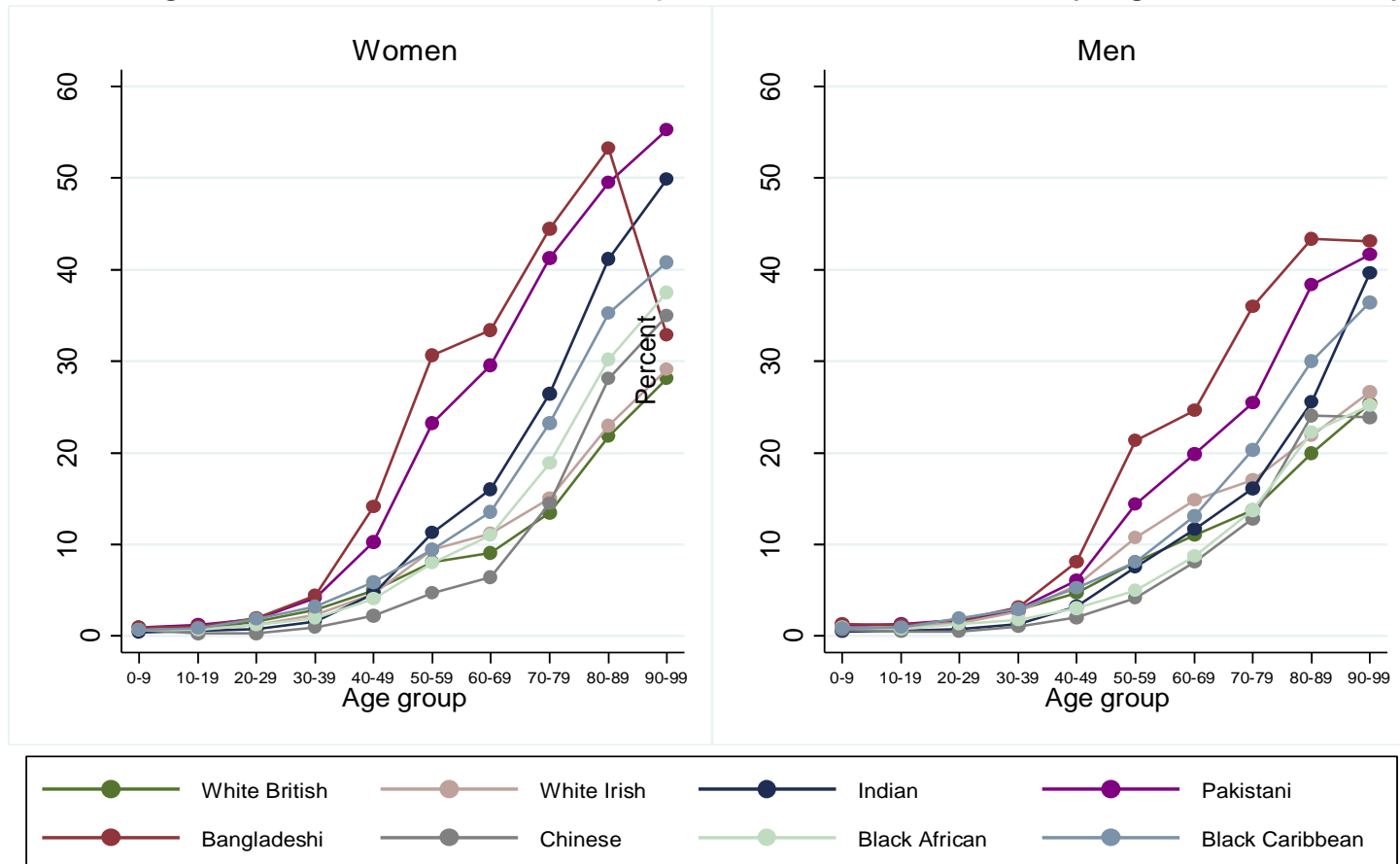


## Census data analysis

- Over the life course, ethnic inequalities widen after the age of 30
- Many ethnic minority groups exhibit poorer health outcomes than the White British group
- Ethnic health inequalities persist over time and tend to be more pronounced, particularly for women

# Ethnic inequalities widen after age 30

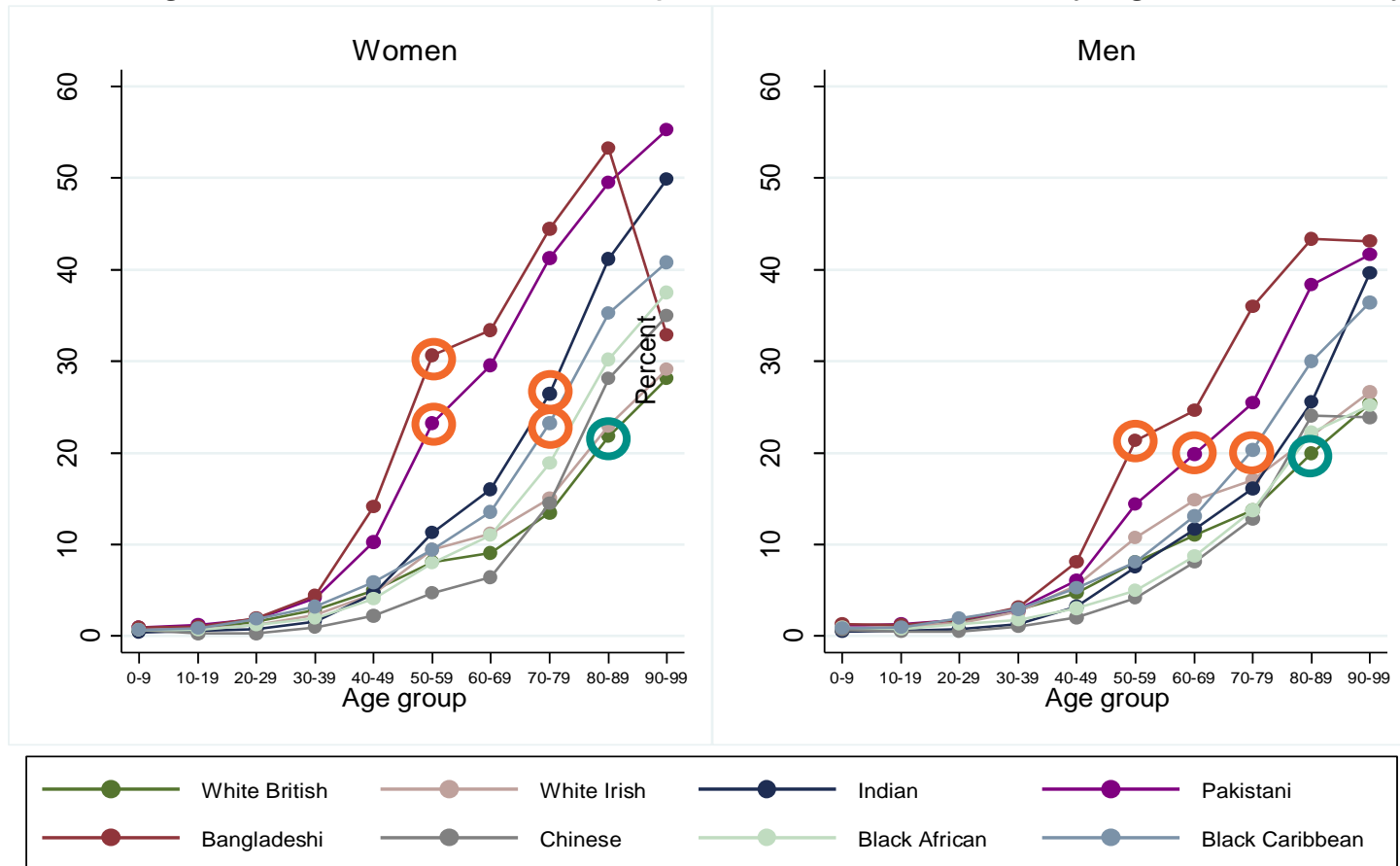
Percentage of men and women with poor self-rated health by age and ethnicity



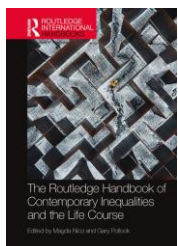
Source: 2011 Census data, own calculations. Poor self-rated health aggregates 'bad' and 'very bad' health.

# Poorer health outcomes for many minority groups

Percentage of men and women with poor self-rated health by age and ethnicity

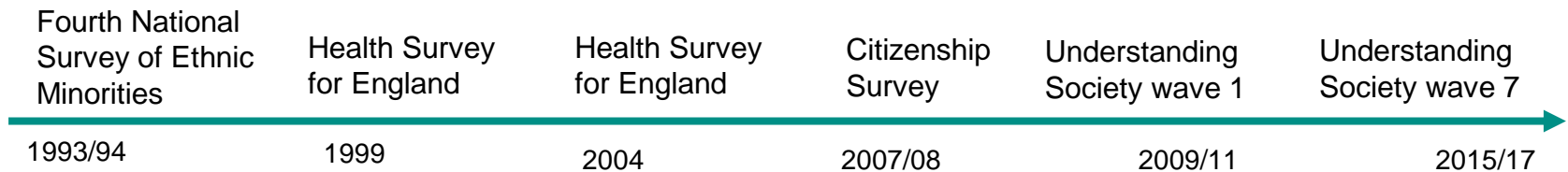


Source: 2011 Census data, own calculations. Poor self-rated health aggregates 'bad' and 'very bad' health.





# Survey data analysis



- Significant ethnic inequalities in health outcomes exist after the age of 40
- Significant ethnic inequalities observed across all survey years
- Ethnic inequalities partially explained by contemporaneous socio-economic position and experiences of racism (where measures available)

Ageing & Society (2021), 1–29  
doi:10.1017/S0144680X2100146X



ARTICLE

## Ethnic inequalities in health in later life, 1993–2017: the persistence of health disadvantage over more than two decades

Sarah Stopforth<sup>1\*</sup>, Dharmi Kapadia<sup>2</sup>, James Nazroo<sup>2</sup> and Laia Bécares<sup>1</sup>

<sup>1</sup>Department of Social Work and Social Care, School of Education and Social Work, University of Sussex, Falmer, Brighton, UK and <sup>2</sup>Department of Sociology, School of Social Sciences, University of Manchester, Manchester, UK

\*Corresponding author. Email: s.stopforth@sussex.ac.uk

(Accepted 9 September 2021)

### Abstract

Ethnic inequalities in health and wellbeing across the early and mid-lifecourse have been well-documented in the United Kingdom. What is less known is the prevalence and persistence of ethnic inequalities in health in later life. There is a large empirical gap focusing on older ethnic minority people in ethnicity and ageing research. In this paper, we take a novel approach to address data limitations by harmonising six nationally representative social survey datasets that span more than two decades. We investigate ethnic inequalities in health in later life, and we examine the effects of socio-economic position and racial discrimination in explaining health inequalities. The central finding is the persistence of stark and significant ethnic inequalities in limiting long-term illness and self-rated health between 1993 and 2017. These inequalities tend to be greater in older ages, and are partially explained by contemporaneous measures of socio-economic position, racism, and discrimination. Future data collection endeavours must better represent older ethnic minority populations and enable more detailed analyses of the accumulation of socio-economic disadvantage and exposure to racism over the lifecourse, and its effects on poorer health outcomes in later life.

**Keywords:** ethnicity; health inequalities; later life; socio-economic disadvantage; racism and discrimination

### Introduction

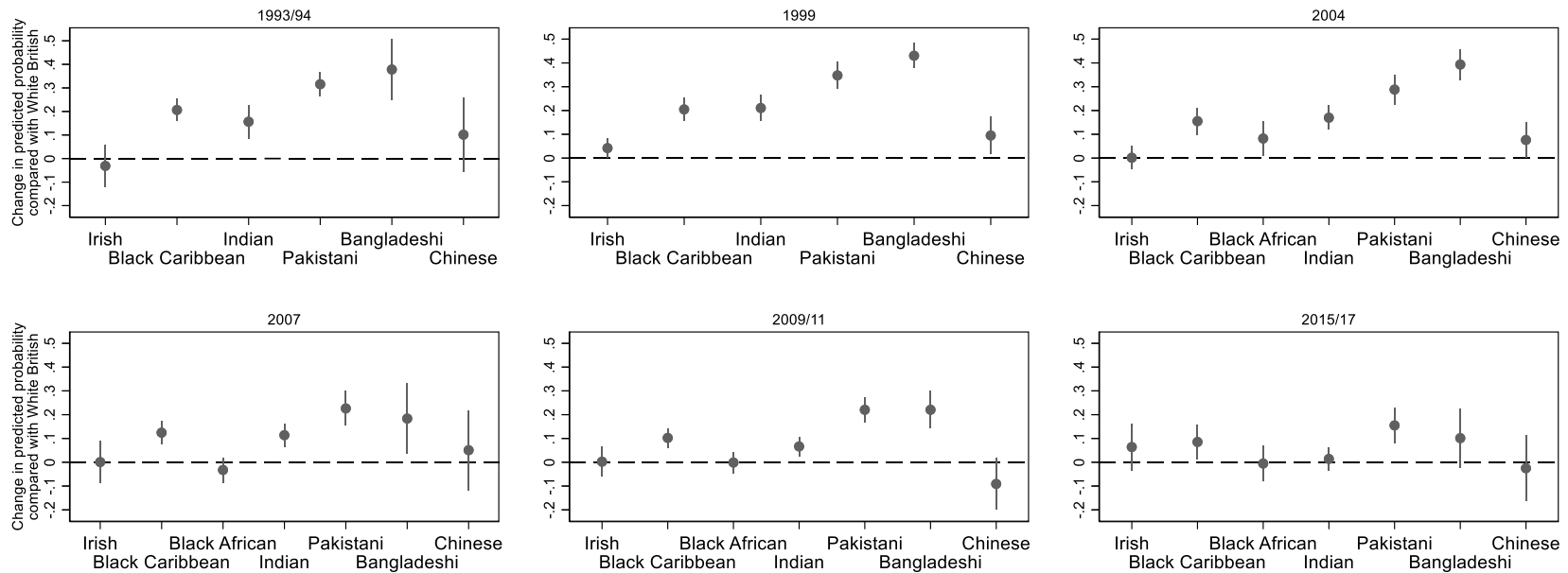
Ethnic inequalities in health and wellbeing across the early and mid-lifecourse have been well-documented in the United Kingdom (UK) (Nazroo, 2001b). People from minoritised ethnic groups tend to have much poorer health outcomes over the lifecourse than the white majority group. Ethnic inequalities are clearly observable in the early years and over childhood, e.g. in birthweight (Kelly *et al.*, 2009), asthma

© The Author(s), 2021. Published by Cambridge University Press. This is an Open Access article, distributed under the terms of the Creative Commons Attribution licence (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted re-use, distribution and reproduction, provided the original article is properly cited.

# Ethnic inequalities persist over time

- Significant ethnic inequalities in health outcomes exist after the age of 40
- Significant ethnic inequalities observed across all survey years

Change in predicted probabilities of fair/poor self-rated health

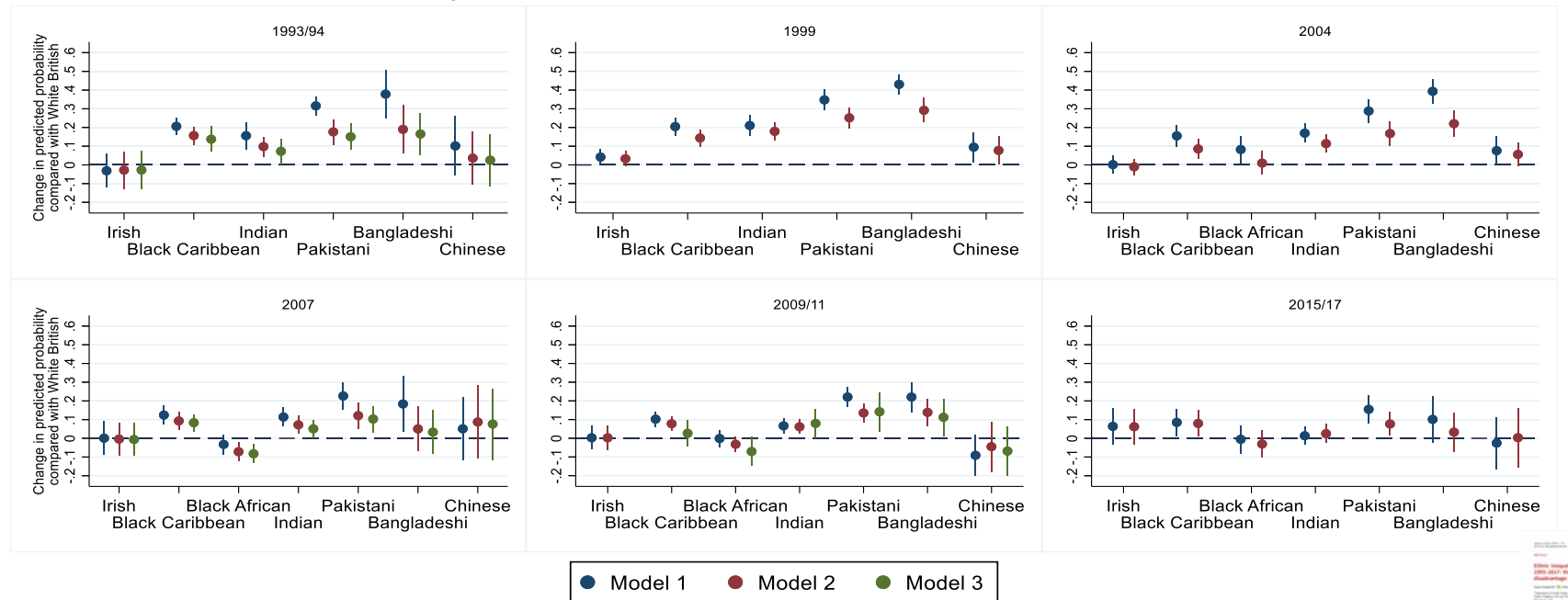




# Ethnic inequalities persist over time

- Significant ethnic inequalities in health outcomes exist after the age of 40
- Significant ethnic inequalities observed across all survey years

Change in predicted probabilities of fair/poor self-rated health



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  
 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).



# Conclusions

- Ethnic health inequalities persist over time (across Census years and across 20 years of survey data)
- Many ethnic minority groups exhibit poorer health outcomes than the White British group – Pakistani and Bangladeshi people have the worst health outcomes
- Inequalities are partially explained by socio-economic position and racism
- Similar patterns for self-rated health and limiting long-term illness

# Outputs

- Bécares, L. (2021). Ethnic health inequalities in later life: The persistence of health disadvantage over more than two decades. Centre for Ageing Better briefing paper, available at <https://ageing-better.org.uk/sites/default/files/2021-11/health-inequalities-in-later-life.pdf>.
- Stopforth, S., Kapadia, D., Nazroo, J., & Bécares, L. (2021). Ethnic inequalities in health in later life, 1993-2017: The persistence of health disadvantage over more than two decades. *Ageing & Society*, pp.1-29. doi:10.1017/S0144686X2100146X.
- Stopforth, S., Bécares, L., Nazroo, J., & Kapadia, D. (2022). A life course approach to understanding ethnic health inequalities in later life: an example using the United Kingdom as national context. In: Pollock, G., & Nico, M (Eds.). *The Routledge Handbook of Contemporary Inequalities and the Life Course* (Oxon: Routledge), pp.383-393.

# Acknowledgements

Project team:

- Dr Laia Bécares (University of Sussex)
- Dr Dharmi Kapadia (University of Manchester)
- Prof. James Nazroo (University of Manchester)

Project funded by the Nuffield Foundation

# Ethnic Inequalities in Later Life

Centre for Ageing Better  
Friday 14<sup>th</sup> January 2022

Sarah Stopforth  
s.stopforth@sussex.ac.uk

