

Racial discrimination and health: protective effects of ethnic density

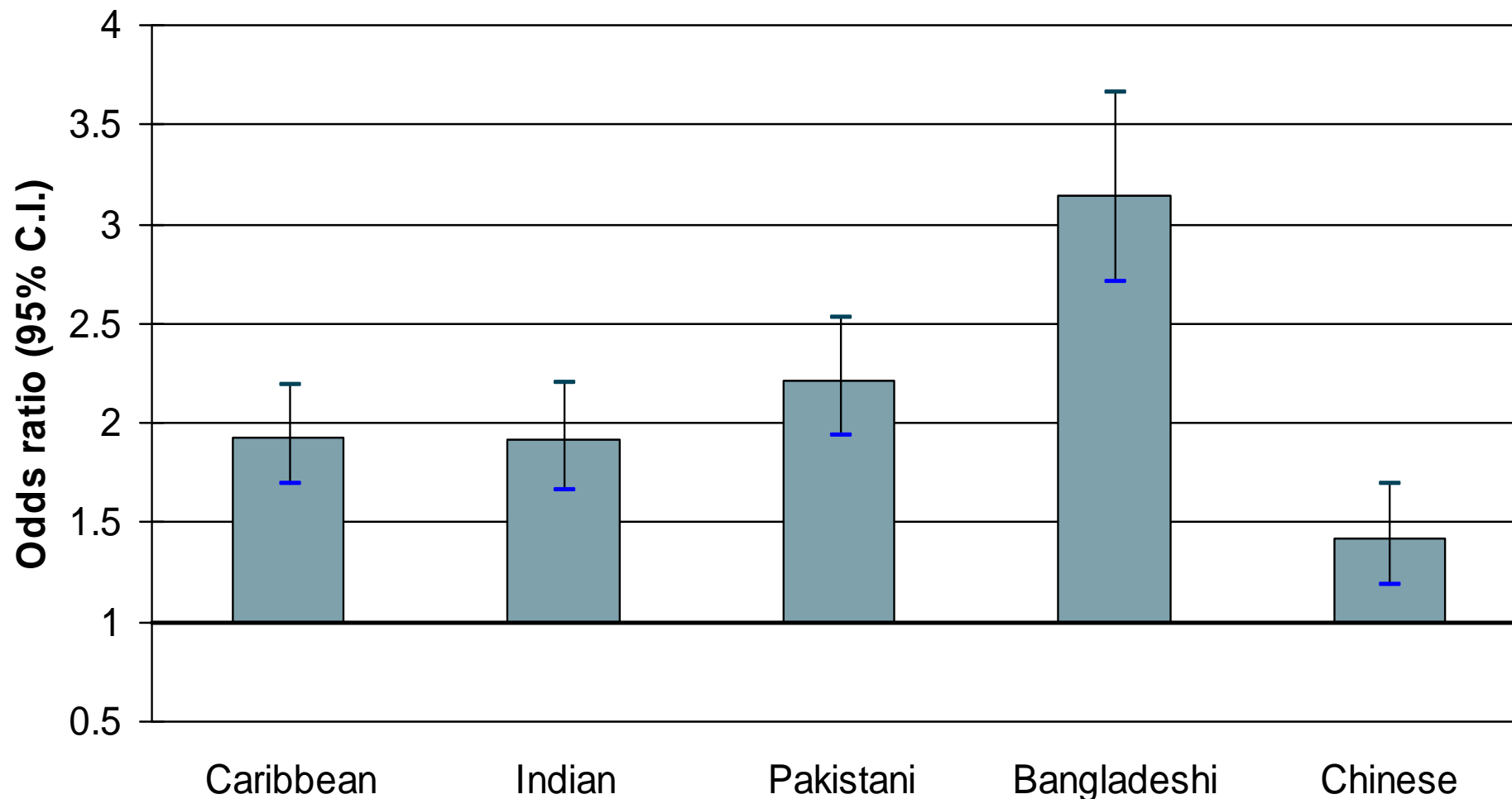
Laia Bécaries, James Nazroo & Mai Stafford

Royal Geographical Society Annual Conference

26th August 2009



Odds of reporting fair or poor health compared with White English



Controlled for age and gender

Source: Health Survey for England 2004

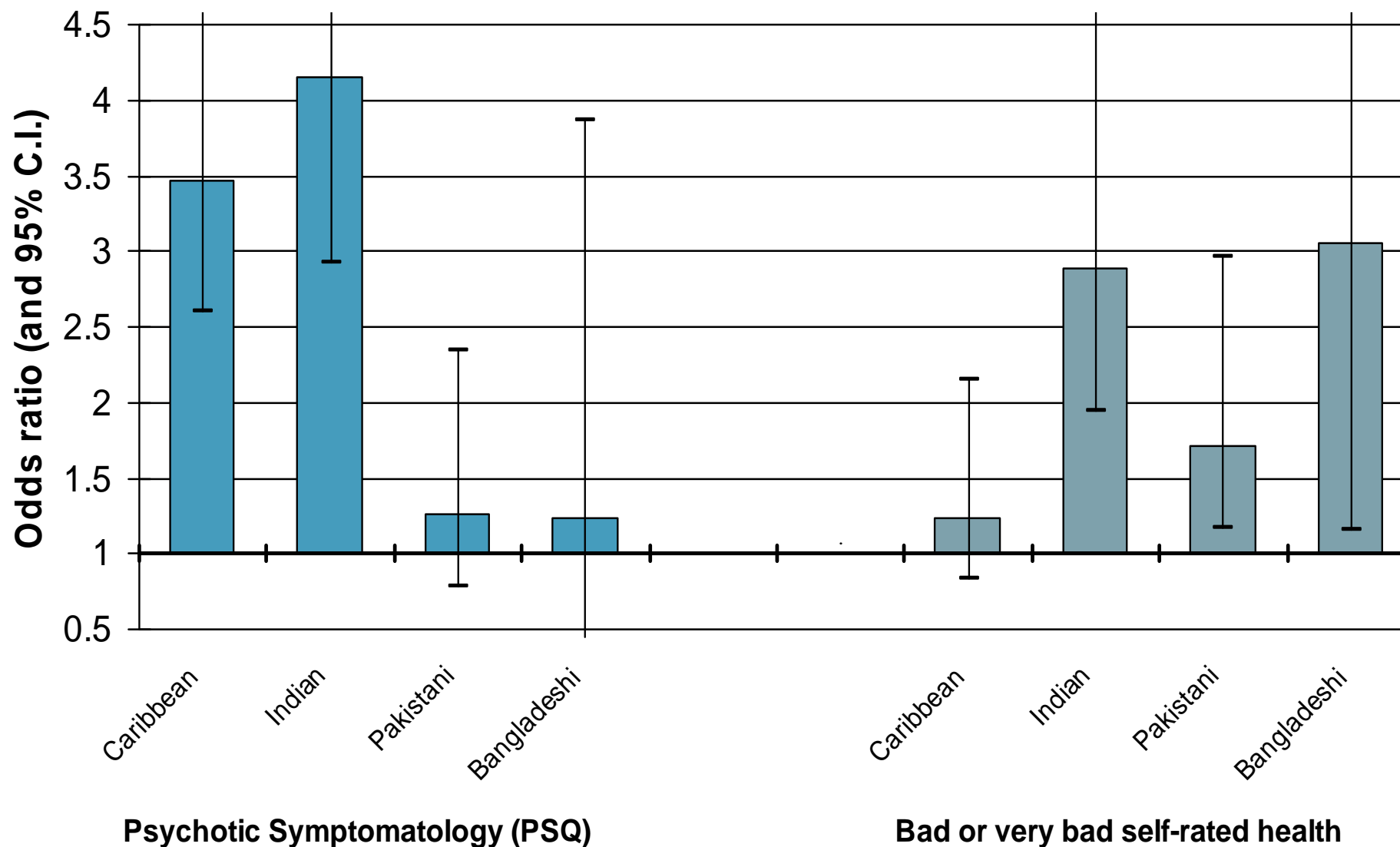
Health Inequalities

- Socio-economic inequalities
- Migration effects
- Culture – lifestyle
- Genetic differences
- Access to and quality of healthcare
- Racial harassment and discrimination

Racial Discrimination in the UK

- 25% of ethnic minority people fearful of racial harassment
- 20% of ethnic minority people report being refused a job for racial reasons
 - 3/4 of them say it has happened more than once
- 20% of ethnic minority people believe that most employers would refuse somebody a job for racial reasons

Racial discrimination and health



Residential Concentration

- Explained by many factors, including:
 - Desire to share cultural, linguistic and religious characteristics
 - Need for security against racially driven harassment and discrimination
 - Existent interpersonal connections
 - Employment opportunities in area
 - Housing tenure adopted by early migrants
- Caribbean, Pakistani, Bangladeshi, and to some extent Indian people, more likely to reside in disadvantaged wards
- Associated with an increased risk of all-cause mortality, infant and child health, chronic disease among adults, and health behaviour²

Ethnic Density Effect

- As the proportion of an ethnic minority group increases, their health complications will decrease
- Greater ethnic density associated with lower rates of psychosis, suicide, psychiatric admissions
- Also associated with lower prevalence of low birthweight, higher breastfeeding rates
- Mixed evidence for CHD and all-cause mortality

Pathways between Ethnic Density & Health

UPTAP project hypothesises that ethnic density impacts on health through:

- 1. Social norms**
- 2. Buffering effect against racism**
- 3. Increased political mobility**

1. Social Norms Model

Decreased likelihood that an ethnic minority person will experience racial harassment through:

Informal social control



Low tolerance against discrimination

2. Buffering Effect Model

- Social support protects from potentially pathogenic influence of stressful events such as discrimination
- Hypothesised to act through 2 ways:
 - change in appraisal process of stressful event
 - recognition and discussion of event with others

Operationalising Ethnic Density

- Measured co-ethnic density from 1991 census

Indian density = $\frac{\text{no. Indian residents}}{\text{total no. residents in ward}}$

- Measured overall ethnic density from 2001 census

Overall ED = $\frac{\text{sum no. ethnic minority residents}}{\text{total no. residents in ward}}$

Data: Fourth National Survey of Ethnic Minorities (1993-1994)

- Nationally representative sample of 5196 people of Caribbean, Indian/African Asian, Pakistani, and Bangladeshi origin
- Health:
 - Psychosis Screening Questionnaire (PSQ),
 - Self-rated overall health
- Interpersonal Racism:
 - Any experience of racial harassment in the past 12 months (racially motivated physical attacks, property damage or verbal attacks)

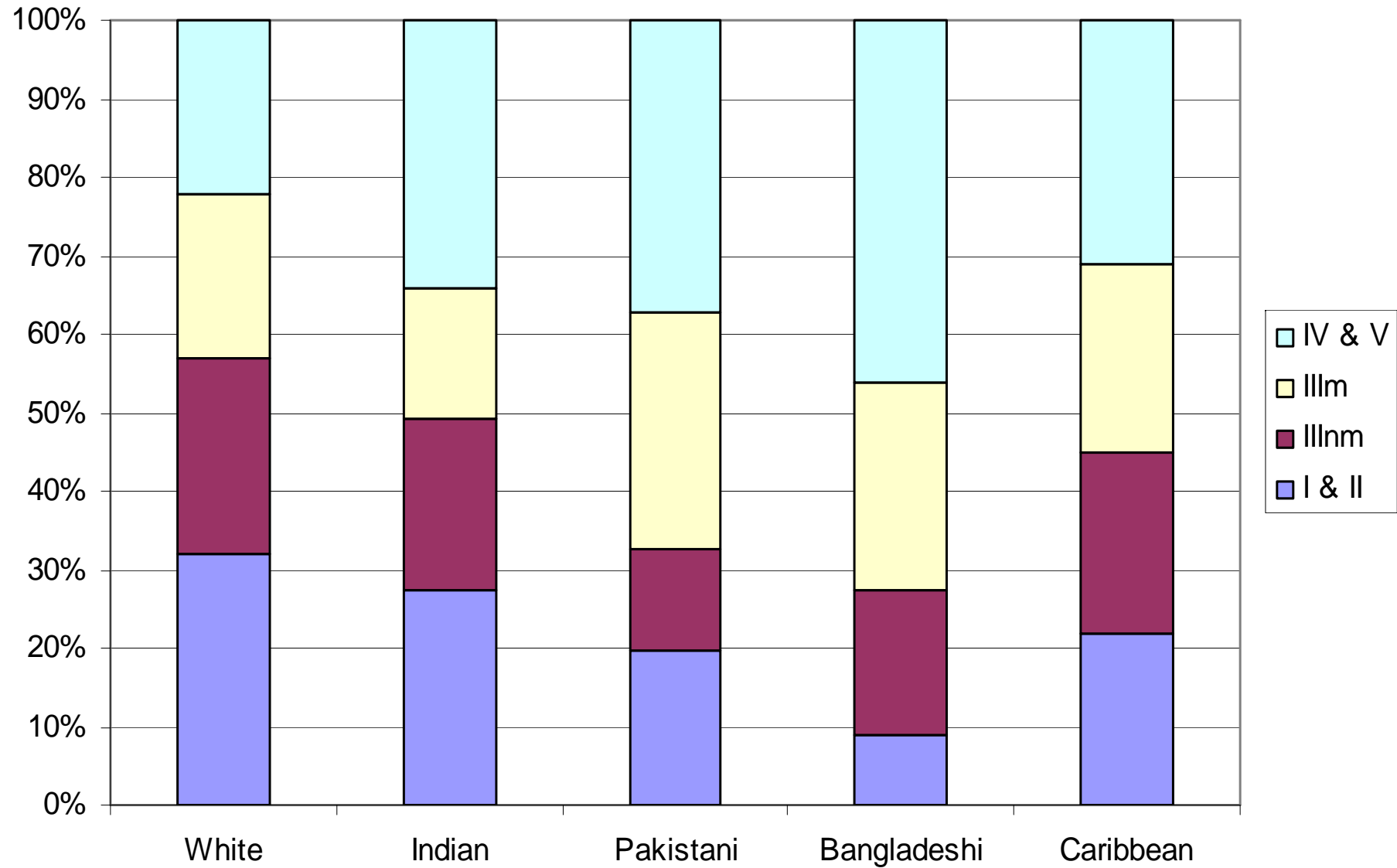
Statistical Analysis

- Ethnicity-stratified logistic regressions adjusted for age, sex, individual socioeconomic status, and area deprivation.
- For buffering analysis: models included ethnic density, experienced racism and the interaction between ethnic density and experienced racism.
- All data were weighted, and robust standard errors were used to correct for non-independence of observations due to geographic clustering.

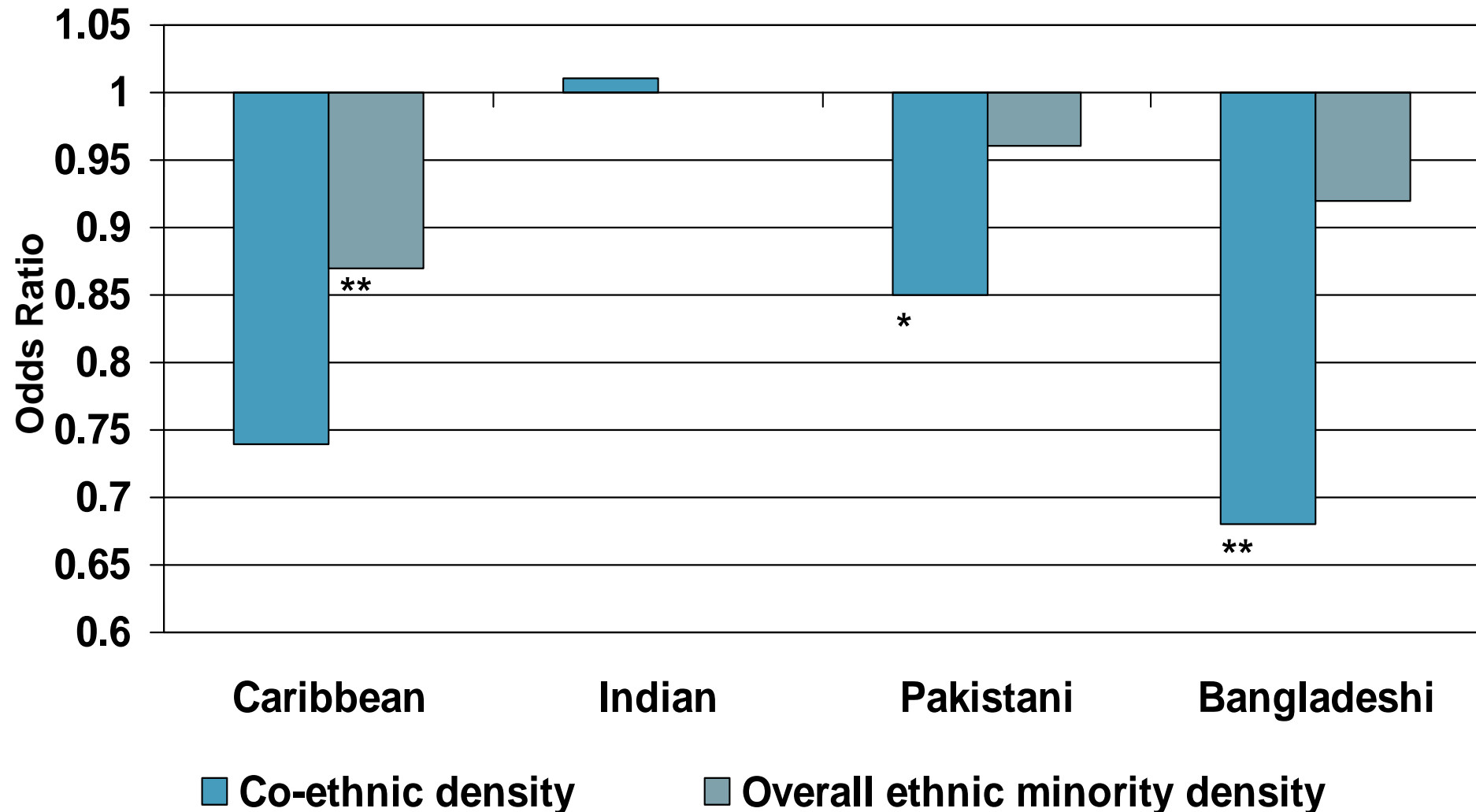
Sample Characteristics

	White (n=2980) %	Indian (n=1278) %	Pakistani (n=1190) %	Bangladeshi (n=594) %	Caribbean (n=1215) %
Age M(SD)	45(18)	37(16)	35(14)	35(15)	39(16)
Sex					
Male	45	47	51	55	45
Female	55	53	49	45	55
Townsend Index M(SD)	0.73 (3.55)	4.54 (3.94)	6.58 (3.30)	9.03 (3.88)	5.96 (3.97)

Employment Characteristics

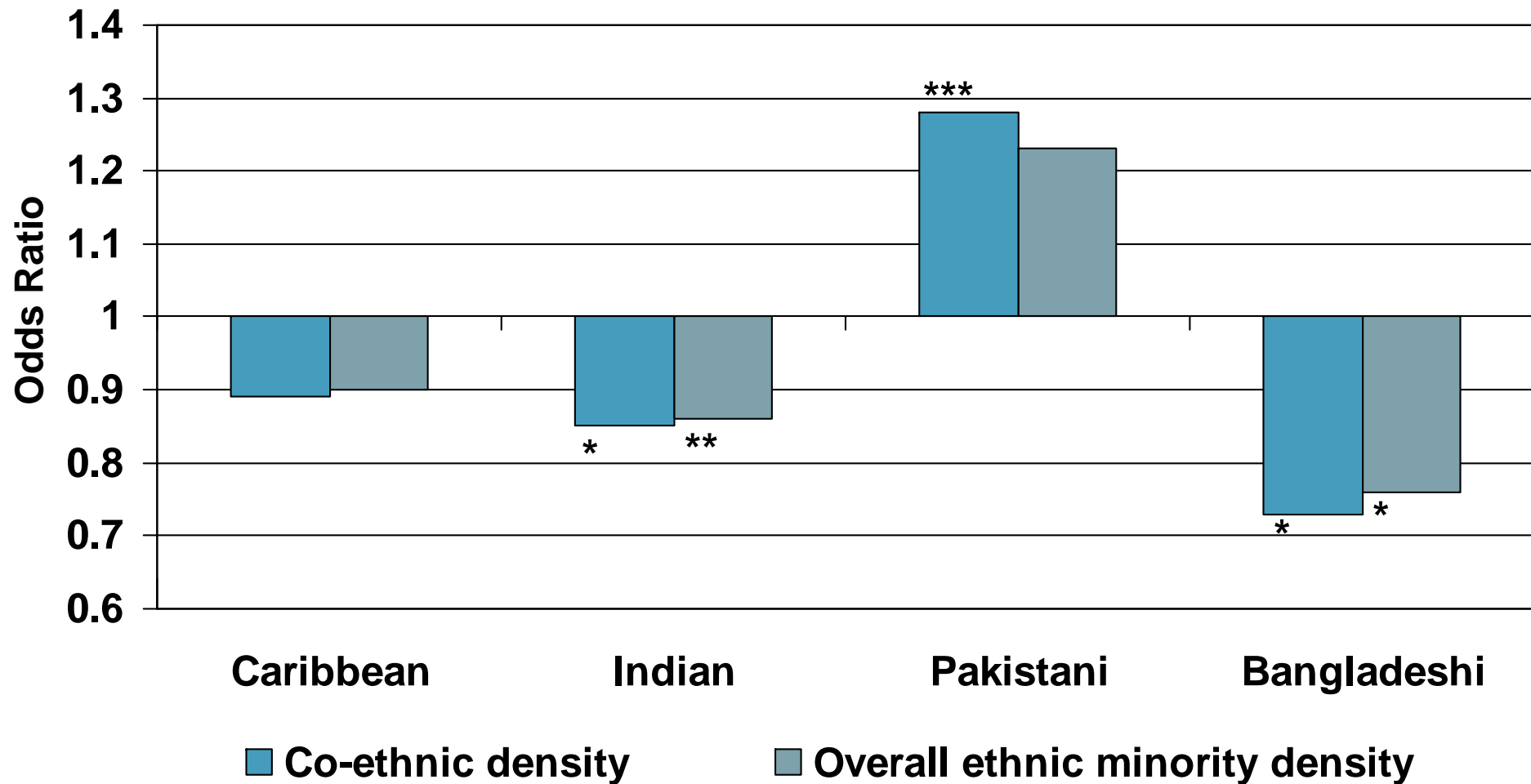


Experiences of racism by a 10% increase in co- and overall ethnic density

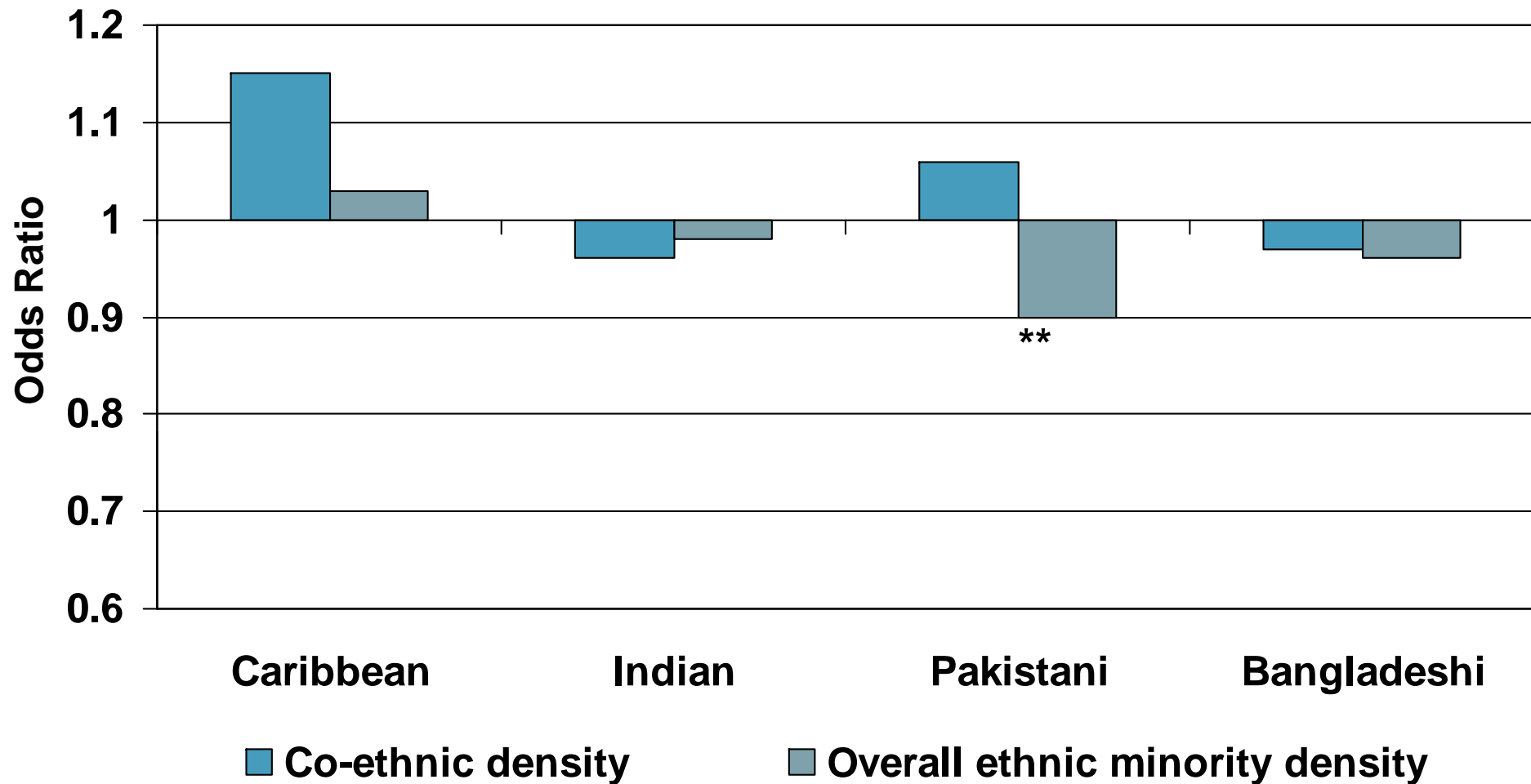


Adjusted for age, sex, individual socioeconomic position and area deprivation; *p<.05, **p<.01, ***p<.001

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



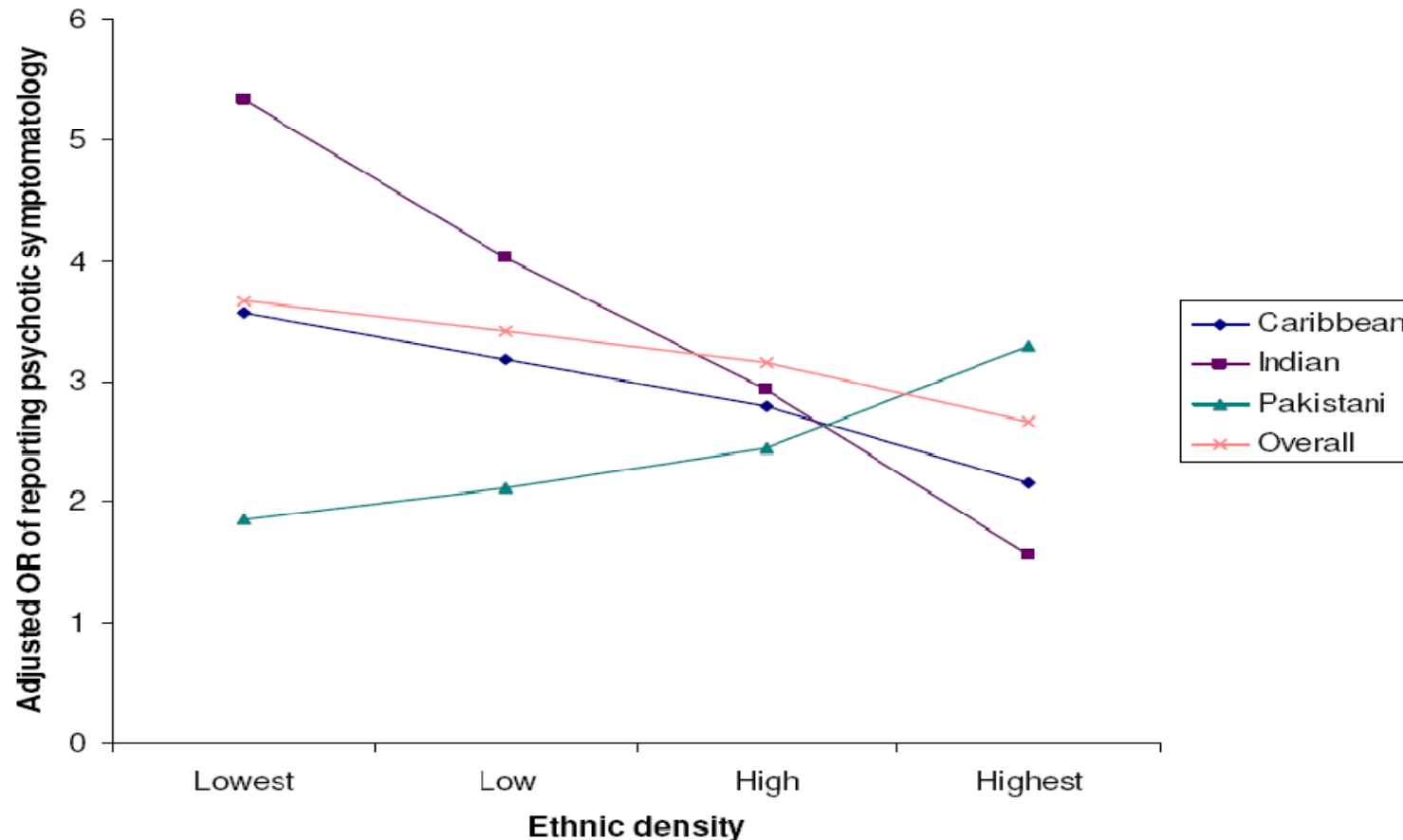
Reports of fair, poor or very poor health by a 10% increase in co- and overall ethnic minority density



Source: FNS data *p<.05, **p<.01, ***p<.001

Buffering effect: mental health

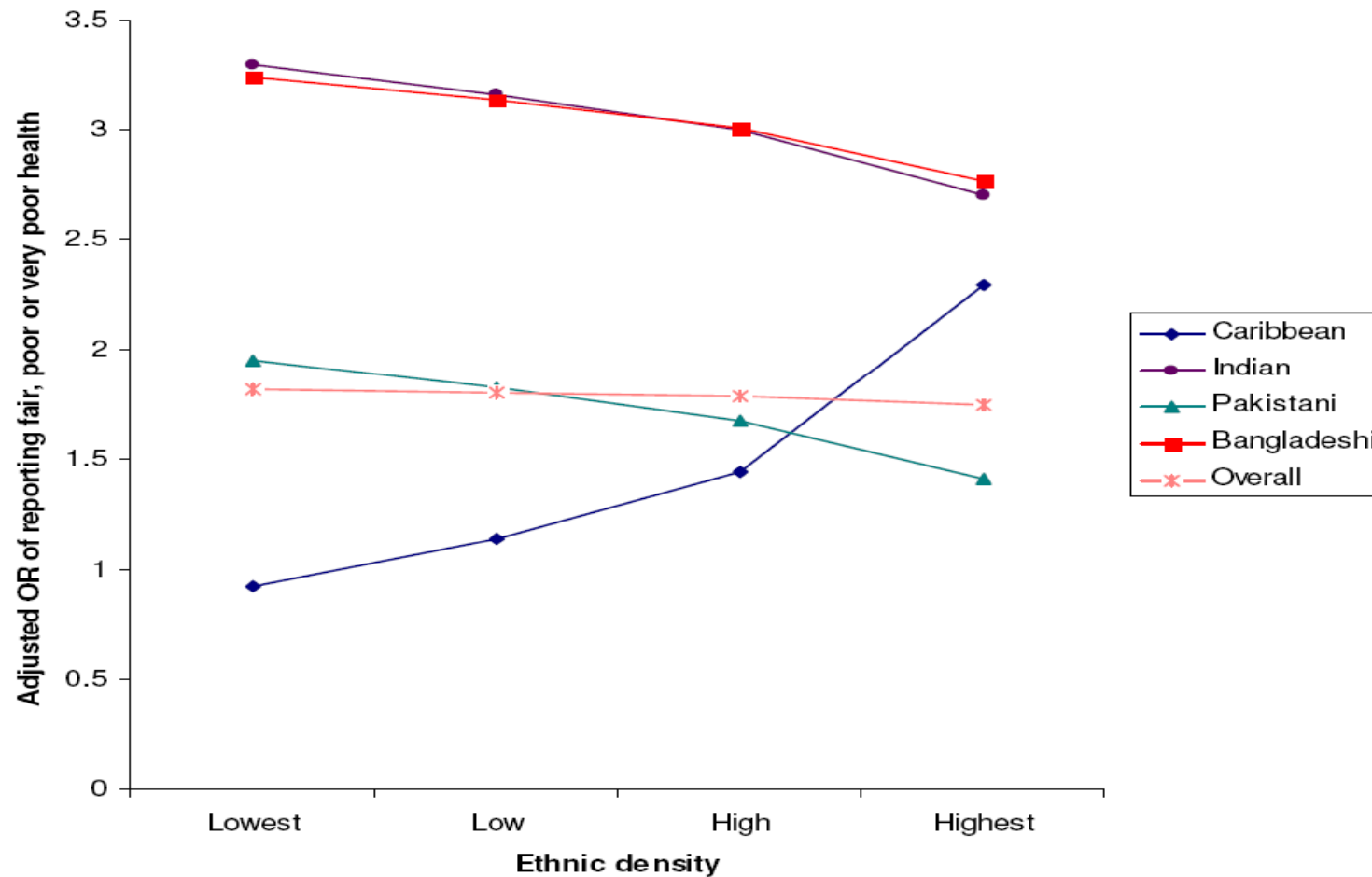
Figure 1. Odds ratios of reporting psychotic symptomatology with increasing ethnic density among people who have experienced interpersonal racism, relative to those who have not



Estimates for Bangladeshi people not shown due to unreliable estimates produced from small sample size
Ethnic density levels are as follow: lowest, 1%; low, 10%; high, 20%; highest, 40%. Due to the different degree of density between ethnic groups, Caribbean density is shown at 0.5%, 5%, 10% and 20%.

Buffering effect: self-rated health

Figure 2. Odds ratios of reporting fair, poor or very poor health with increasing ethnic density among people who have experienced interpersonal racism, relative to those who have not



Ethnic density levels are as follow: lowest, 1%; low, 10%; high, 20%; highest, 40%. Due to the different degree of density between ethnic groups, Caribbean density is shown at 0.5%, 5%, 10% and 20%.

Conclusions

- Higher ethnic density associated with lower likelihood of experiencing racism
- Weaker association between racism and health as ethnic density increases
- Ethnic density protective of mental health
- Ethnic density performs differently across ethnic groups and health outcomes (e.g., Pakistani)

Other ethnic density results from UPTAP project

- No association between ethnic density and racism-related social norms (FNS)
- No association between ethnic density and increased social support (HSE)
- Increased satisfaction with local services in areas of high ethnic density (Citizenship Survey)
- As ethnic density increases, so do reports that (CS):
 - people respect ethnic differences
 - people get on well together

Racial discrimination and health: protective effects of ethnic density

Laia Bécaries, James Nazroo & Mai Stafford

Royal Geographical Society Annual Conference

26th August 2009

