The unequal distribution of health

Sociology, Poverty

The Unequal Distribution of Health This essay aims to look at the unequal distribution of health, focussing on ethnic minority inequalities. Health is defined as a state of emotional, physical and social well being and not just the absence of illness and disease. Health has been steadily improving however not everyone is able to share the benefits of the improvements. The difference in one's health status is driven by inequalities in society. Health is shaped by many factors such as lifestyle, wealth, education, job security, housing conditions and psychosocial stress. Health inequalities start in early life and can continue not only into old age but also into subsequent generations. Parliamentary Office of Science and Technology (2007) inform us that Black and ethnic minority groups generally have the poorest health than the overall population. There is evidence to suggest that the poorer socio economic position of the black and minority ethnic groups is the main factor that drives health inequalities. Ethnicity results from many aspects of difference that are socially and politically important in the United Kingdom. These include race, culture, religion and nationality, which all have an impact on a person's identity and how others see them. They may see themselves as British, Punjabi, Asian or Indian at different times and in different circumstances. Black and minority ethnic groups are usually classified by methods used in the UK census, which asks people to indicate which group they feel they belong to. Parliamentary Office of Science and Technology (2007) tell us that large surveys were carried out, such as the health survey for England. This showed that Black and minority ethnic groups as a whole were more likely to have ill health and that ill health among them started at a younger age than that of the white British group. It appears that some

black and ethnic minority groups have worse health than others. For example — Surveys showed that Pakistani, Bangladeshi and Black Caribbean people had the poorest health. Indian, East African and Black African people reported the same health as white British and Chinese people reported better health. Patterns of ethnic health inequalities vary from one health condition to the next, they vary across age groups, gender and geographical areas. There is evidence to suggest that people from minority ethnic groups experience poorer health. Higher rates of diabetes, cardiovascular disease and mental illness were among certain minority groups. Tables 1 and 2 represent standard mortality rates for men and women of working age from all causes and from specific causes. Table 1 standard mortality rates for deaths among men aged 20-64 years, by country of birth, England and Wales, 1991-93 | | All causes | Ischaemic | Stroke | Lung cancer | Other cancer | Accidents | Suicide | | | heart disease | | | Injuries | | Total | 100 | 100 | 100 | 100 | 100 | 100 | | Caribbean | 89 | 60 | 169 | 59 | 89 | 121 | 59 | | West/South | 126 | 83 | 315 | 71 | 133 | 75 | 59 | | African | | | | | | | | East African | 123 | 160 | 113 | 37 | 77 | 86 | 75 | | Indian subcontinent| 107 | 150 | 163 | 48 | 65 | 80 | 73 | | Indian | 106 | 140 | 140 | 43 | 64 | 97 | 109 | | Pakistan | 102 | 163 | 148 | 45 | 62 | 68 | 34 | | Bangladesh | 133 | 184 | 324 | 92 | 74 | 40 | 27 | | Scotland | 129 | 117 | 111 | 146 | 114 | 177 | 149 | | Ireland | 135 | 121 | 130 | 157 | 120 | 189 | 135 | Table 2 standard mortality rates for deaths among women aged 20-64 years, by country of birth, England and Wales 1991-93 | | All | Ischaemic heart | Stroke | Lung | Other cancer | Accidents | Suicide | | | causes | disease | | cancer | | Injuries | | | Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | Caribbean | 104 | 100 | 178 |

32 | 87 | 103 | 49 | | West/South African | 142 | 69 | 215 | 69 | 120 | A | 102 | | East Africa | 127 | 130 | 110 | 29 | 98 | A | 129 | | Indian | 99 | 175 | 132 | 34 | 68 | 93 | 115 | | subcontinent | | | | | | | | Scotland | 127 | 127 | 131 | 164 | 106 | 201 | 153 | | Ireland | 115 | 129 | 118 | 143 | 98 | 160 | 144 | A = Too few deaths for analysis All cause mortality is higher for men and women that were born in West/South Africa, East Africa, Scotland and Ireland. Ischaemic heart disease and lung cancer were the major causes of death regardless of ethnic group. Stroke mortality is elevated for all the ethnic groups. The key points reported were that Bangladeshi and Pakistani men and women and black Caribbean women have the poorest health. Pakistani women and Bangladeshi men were more likely to report a long standing illness. Department Of Health (1999) tells us that a study of black and ethnic minority issues found that Black and Ethnic Minority groups are at a disadvantage when accessing health services. Many of the major illnesses such as cardiovascular disease, schizophrenia, stroke and diabetes are known to have a poorer outcome in black and ethnic minority groups. Factors like stress, unemployment, social exclusion, poor housing, addictions, poor social support, crime and poor nutrition are all linked to having a disadvantaged community, which decreases the status of their health further. Many black and minority ethnic groups experience higher rates of poverty than white British, in terms of income, benefits, area deprivation and lack of basic necessities. The black report produced in 1980 by Sir Douglas Black offered four theories to explain the inequalities in health. The cultural approach links health with the cultural behaviours of groups, looking at values and life styles and the choices made by individuals

and groups in the population. Diet, smoking, exercise and alcohol consumption are the key areas studied. The cultural approach however, fails to look at why these groups have poor diets and a high intake of alcohol and cigarettes. To conclude we have looked at the inequalities in health in black and ethnic minority groups. The findings suggest that these groups generally have poorer health and that it starts at a younger age and continues not only into old age but also through subsequent generations. It is important to recognise that the health inequalities are the result of a wide range of factors to include poor housing, poor education, unemployment and homelessness. The black and ethnic minority groups are more likely to suffer poorer health and an earlier death in comparison with the rest of the population. Although there have been recent government initiatives to tackle the inequalities in health there still remains a huge gap in the distribution of health. It maybe, that the ethnic groups should be better educated about the health system and that they should readjust to a new culture to claim the full benefits. References Department Of Health (1999) The Department of Health study of Black, Asian and Ethnic Minority issues [online] Available from: http://www. dh. gov. uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006450 [Accessed on 19th October 2009] Parliamentary Office of Science and Technology (2007) Ethnicity and Health [online] Available from: http://www. parliament. uk/documents/upload/postpn276. pdf [Accessed on 19th October 2009]