

Using census microdata to explore the inter-relationships between ethnicity, health, socioeconomic factors and internal migration

Census Applications: Using the UK's population census data
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Context and Research Intent

- Increasing **ethnic diversity** and **persisting ethnic inequalities in health**: widely observed, not fully understood
- Ethnic inequalities in health represent a 'significant gap in current evidence and policy' (Nazroo, 2014)
- Selective sorting between area-types and social classes may explain changing overall and *ethnic* health gradients
- Opportunities for and propensity to migrate or for social mobility vary by **health status, socioeconomic status, area** and **ethnicity**

Aims: explore *nature* of ethnic inequalities in health, and possible explanations for changing ethnic health gradients

Cross-sectional SARs

- Explore ethnic patterns of internal migration by health status and socioeconomic attribute and extent of social and spatial inequality between ethnic groups in England (not shown)
- Explore influence of migrant status and socioeconomic attributes on health inequalities between ethnic groups (logistic regression)

Longitudinal ONS LS

- Analyse health status by transition category (between social classes and deprivation quintiles) for **movers** and **stayers** by ethnic group

Selective sorting and health gradients: why does it matter?



Area A

- Lower social classes
- Overcrowding
- Less green space
- High unemployment
- Poorer health

- Health differences between movers and stayers?
- Health differences between mobile groups?
- Size of the migratory flows?
- Health of those 'left behind'?
- Demographic and socioeconomic attributes

Area B

- Higher social classes
- More sparsely populated
- More green space
- Low unemployment
- Better health



- Social mobility?

- Variations by ethnicity?

Probability of LLTI: adjusting for demographic and socioeconomic attributes, migrant status and an interaction between migrant status and housing tenure

| Probability of LLTI (1991-2001) | White | Black Caribbean | Black African | Indian | Pakistani & Bangladeshi |
|---------------------------------|-------|-----------------|---------------|--------|-------------------------|
| Non-migrant SC I&II | 2.5% | 2.8% | 1.6% | 3.2% | 3.2% |
| | 3.2% | 3.4% | 1.9% | 4.1% | 3.7% |
| Migrant SC I&II | 2.3% | 2.6% | 1.5% | 3.0% | 3.0% |
| | 3.0% | 3.2% | 1.8% | 3.9% | 3.4% |
| Non-migrant SC IV&V | 3.7% | 4.1% | 2.4% | 4.7% | 4.7% |
| | 5.0% | 5.3% | 3.0% | 6.3% | 5.7% |
| Migrant SC IV&V | 3.4% | 3.8% | 2.3% | 4.4% | 4.4% |
| | 4.7% | 5.0% | 2.8% | 6.0% | 5.3% |

- Migrants always have a lower probability of LLTI than non-migrants
- Lower social classes have higher probability of LLTI than higher social classes
- Black Africans = lowest probability of LLTI, South Asian groups = highest probability of LLTI
- Additional difference between ethnic groups not explained by social class, tenure and education – income? Wealth?

Predicted probabilities (LLTI): age-specific

| Socioeconomic and migrant status | Ethnicity | Probability of LLTI (2001) | | | |
|------------------------------------|-------------------------|----------------------------|-------|-------|-------|
| | | 16-29 | 30-44 | 45-64 | 65-74 |
| Migrant, social classes I & II | White | 3.3% | 5.7% | 17.2% | 39.2% |
| | Indian | 2.6% | 6.3% | 23.9% | 54.6% |
| | Pakistani & Bangladeshi | 2.9% | 4.6% | 23.1% | 56.3% |
| Migrant, social classes IV & V | White | 5.4% | 9.6% | 24.4% | 42.8% |
| | Indian | 4.3% | 10.6% | 32.8% | 58.3% |
| | Pakistani & Bangladeshi | 4.7% | 7.9% | 31.8% | 59.9% |
| Non-migrant, social classes I & II | White | 3.7% | 7.0% | 16.9% | 37.4% |
| | Indian | 3.0% | 7.7% | 23.5% | 52.7% |
| | Pakistani & Bangladeshi | 3.3% | 5.7% | 22.7% | 54.4% |
| Non-migrant, social classes IV & V | White | 6.1% | 11.7% | 24.0% | 41.0% |
| | Indian | 4.8% | 12.9% | 32.4% | 56.0% |
| | Pakistani & Bangladeshi | 5.3% | 9.7% | 31.4% | 58.1% |

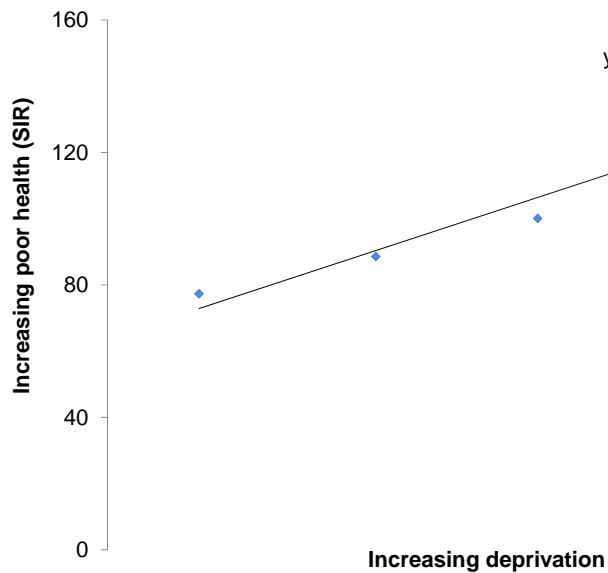
Evidence that selective sorting widens health gradients

| RII | 91-01 | 01-11 |
|--|-------|-------------------|
| By destination deprivation: with mobility | 1.23 | 1.23 ^a |
| By origin deprivation: putting people back | 1.03 | 1.10 ^b |
| Stable groups | 1.37 | 1.56 |

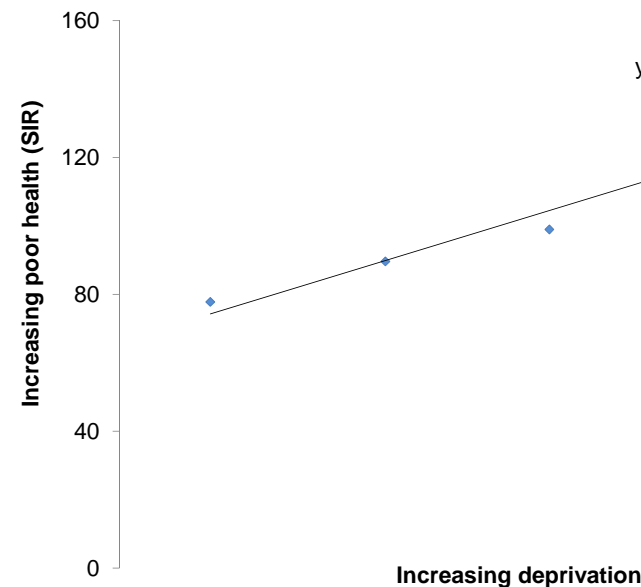
| 91-01 (MEG) | 01-11 (MEG) |
|-------------|-------------|
| 0.81 | 1.15 |
| 0.63 | 1.11 |
| 0.72 | 1.17 |

Source: ONS LS

^a2001-2011: Destination deprivation

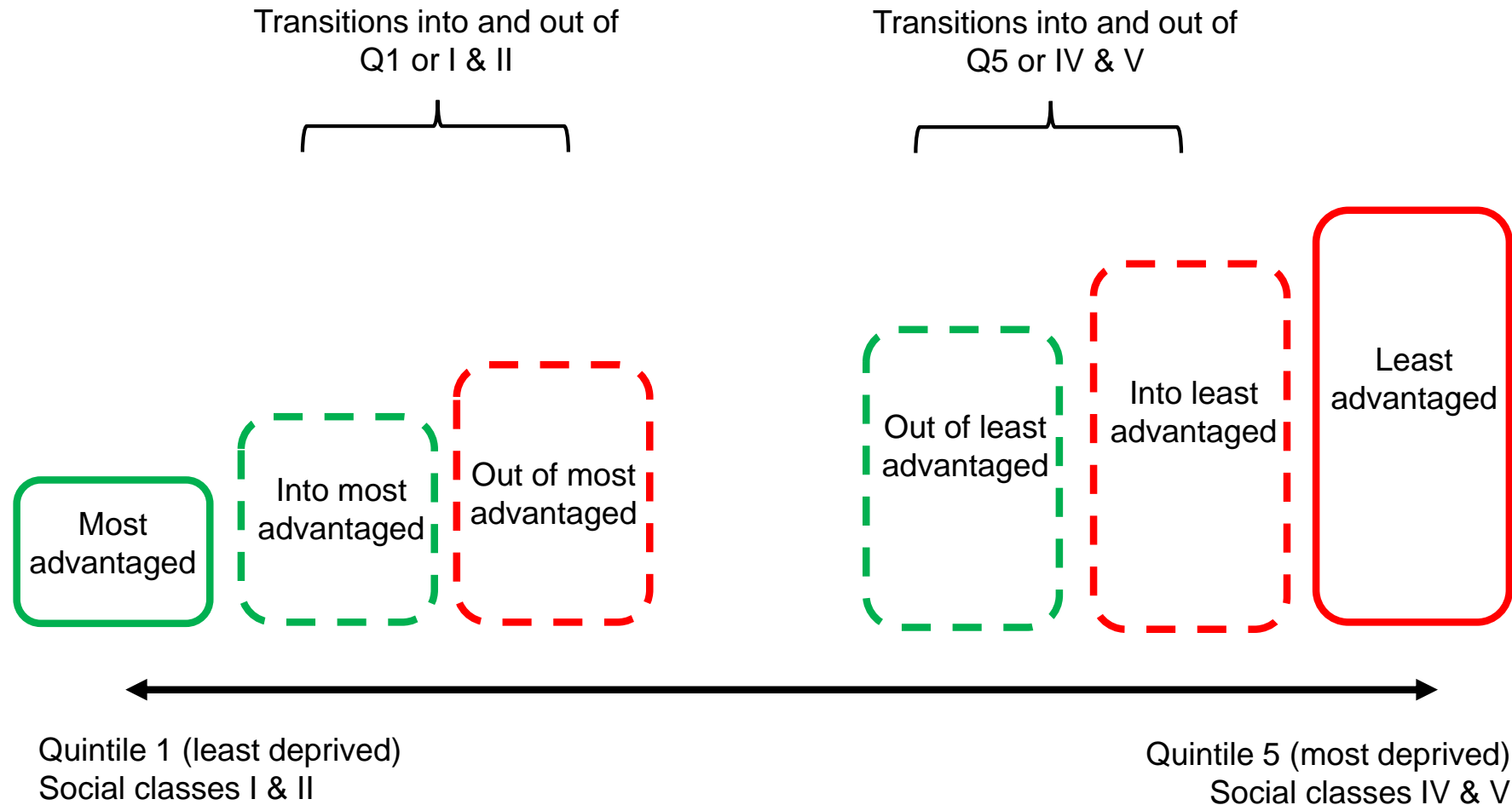


^b2001-2011: Origin deprivation



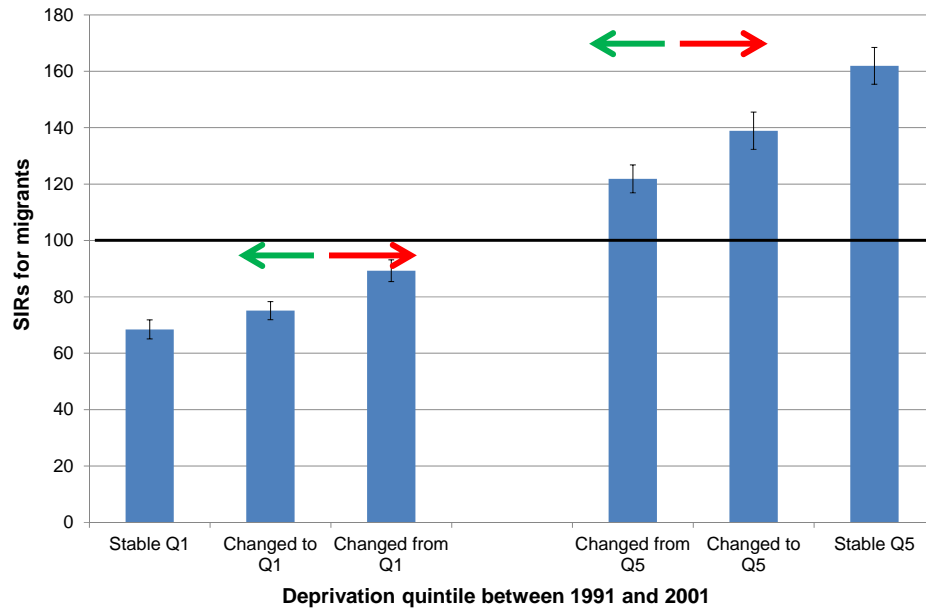
Source: ONS LS

Widening health gradients? The patterning of health

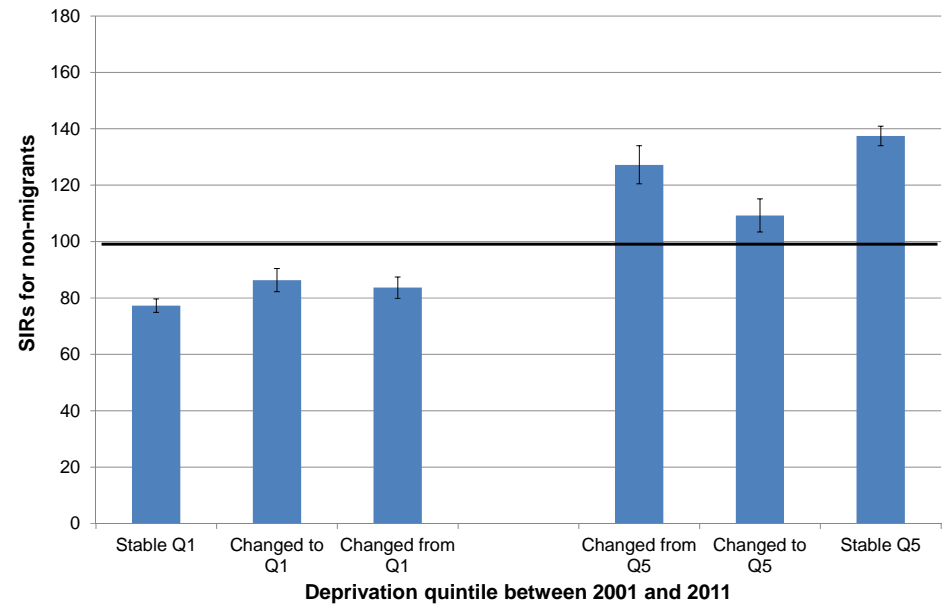
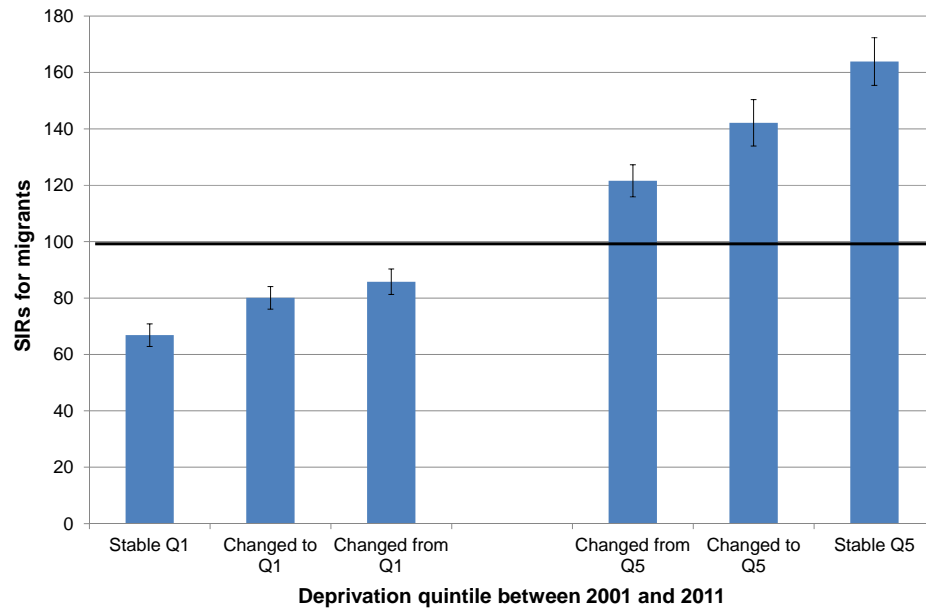
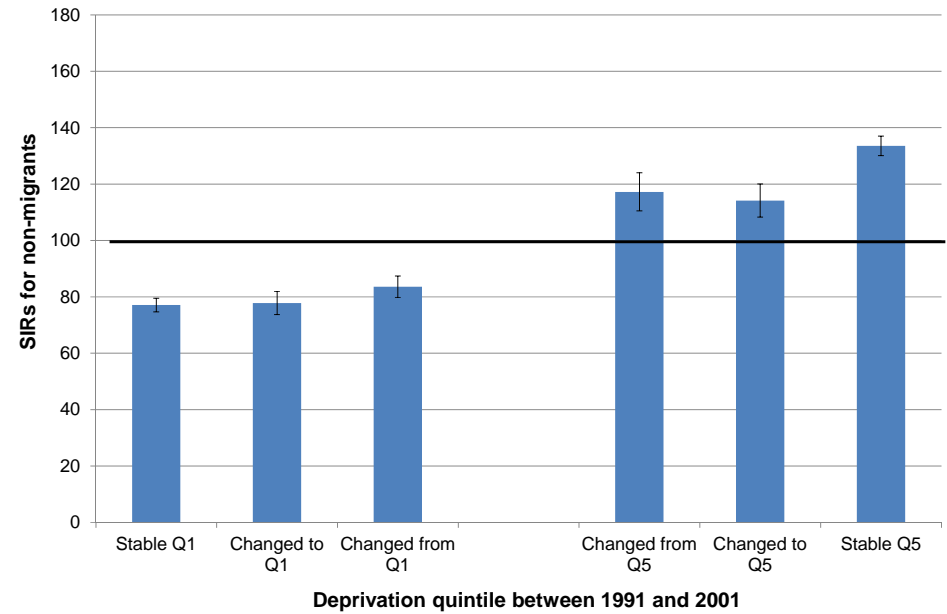


Changing overall health gradients (deprivation)

Movers



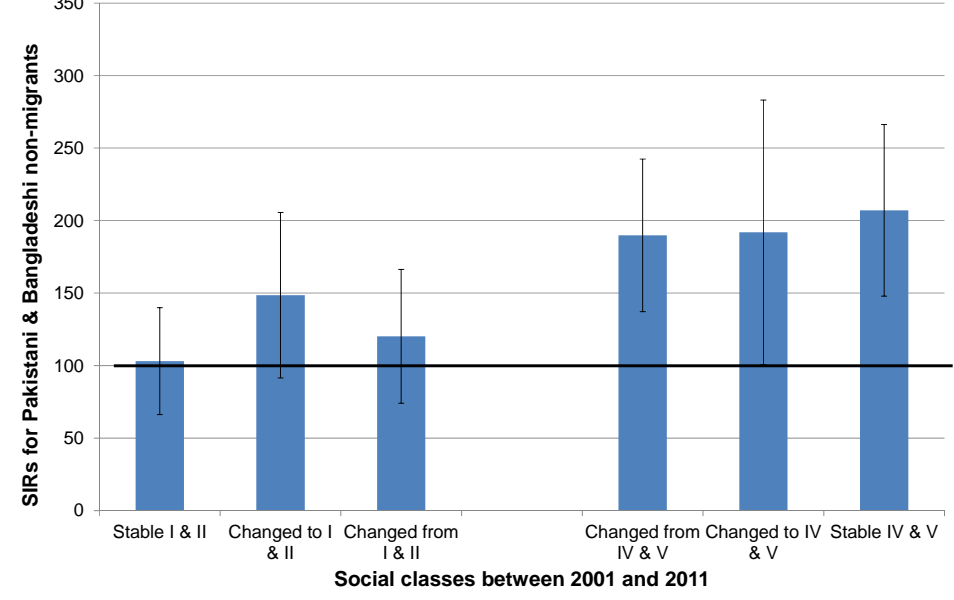
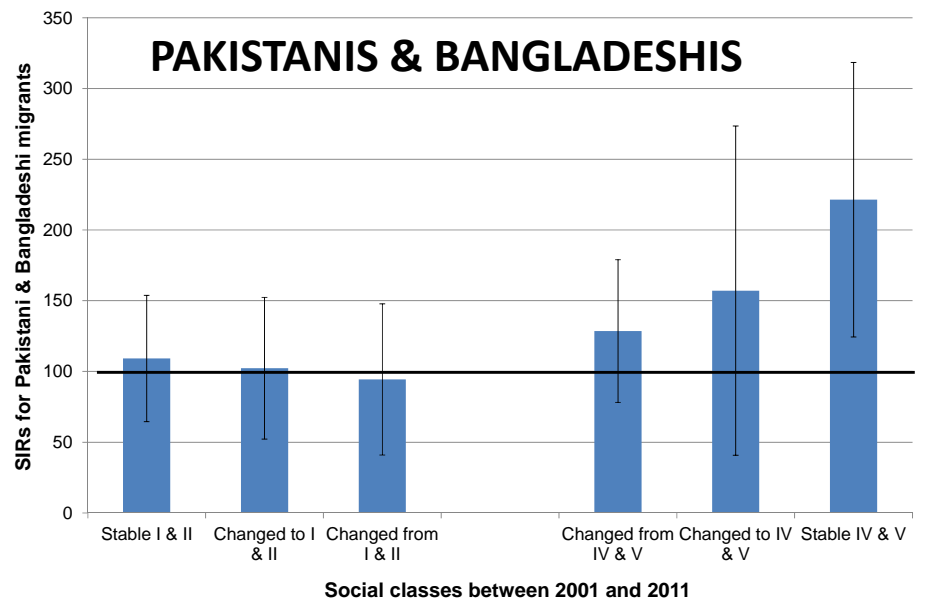
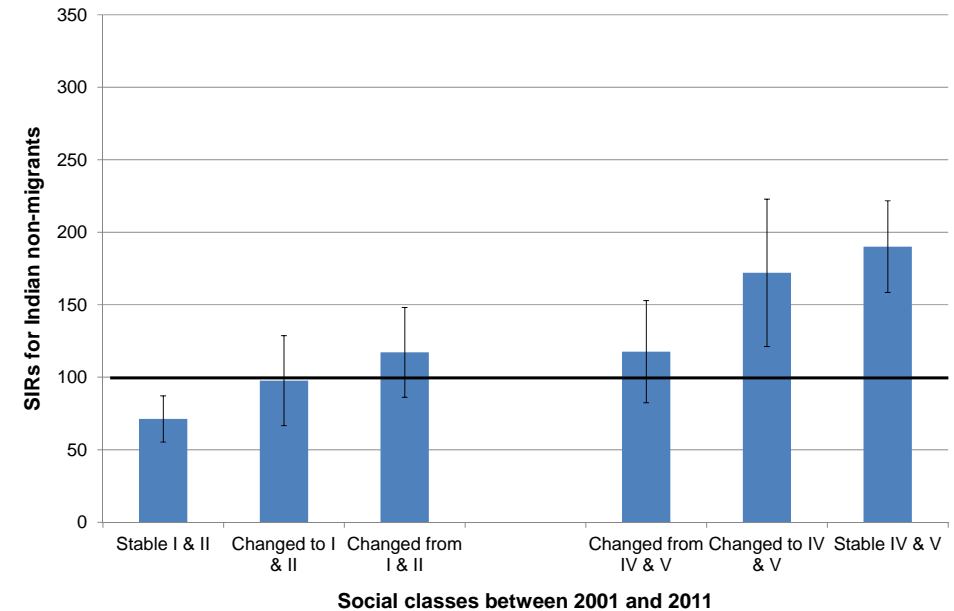
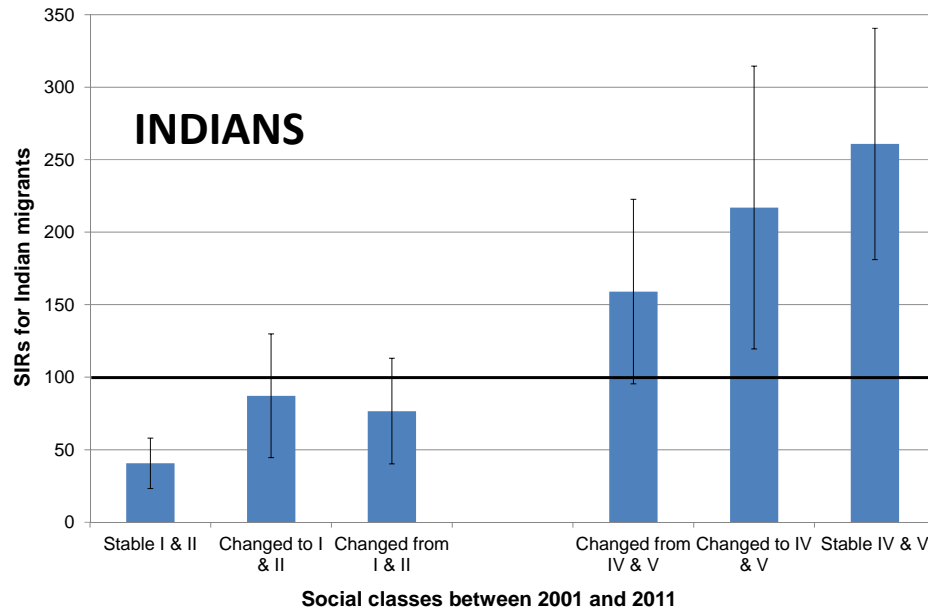
Stayers



Changing *ethnic* health gradients (social class)

Movers

Stayers



Conclusions

- Health varies between ethnic groups: **(dis)advantage differently rewarding for different ethnic groups**; inequalities between ethnic groups appear to open up in older ages
- Variations in relationship between social class, migrant status and health by ethnic group: differences in selective sorting?
- Trajectories of selective sorting also likely influenced by different socioeconomic and spatial experiences of different ethnic groups
- Selective sorting contributing to **widening overall health gradients**, but **stronger influence on ethnic health gradients through social mobility**
- Implications of a less mobile minority population?
- Further work has shown: **Indians and Pakistanis and Bangladeshis** always **lowest probabilities of moving**: particularly when in less advantaged circumstances and in poorer health

Thank you

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