



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

200
1822 - 2022

Component 2
Analytical Report
Ethnicity and health inequalities

Course – M.sc public health and social care in practice course

Module code – LCHS7000

Module title - Social Epidemiology and Public Health Development

Student Name	Bharatji Arbhamji Odedra
Student id	2522919
Submitted to	Itse Olaoye Brain Mashumba

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Task 1: Social Epidemiological Analysis

1 Introduction

Health inequality refers to the unfair and avoidable differences in health outcomes between different groups of people (World Health Organization, 2021). One major area where inequality is evident is ethnicity. In the UK, ethnic minority groups—including Black, Asian, and other minority communities—often experience poorer health outcomes compared to the White British population (NHS England, 2022).

These groups are at higher risk due to factors such as socioeconomic disadvantage, discrimination, cultural barriers, and unequal access to healthcare services (Public Health England, 2020). Understanding these inequalities is essential for improving health outcomes and promoting fairness.

2 Contextual Background and Underlying Factors

Ethnic health inequalities are influenced by social, economic, and environmental conditions. Many ethnic minority groups in the UK are more likely to live in deprived areas, have lower incomes, and face challenges in accessing education and employment (Public Health England, 2020).

Language barriers and cultural differences may also limit access to healthcare services, while experiences of discrimination can reduce trust in healthcare providers (NHS England, 2022). These structural factors contribute to long-term health disadvantages and reinforce inequality across generations.

3 Key Health Inequality Issues diseases/illness

3.1 Higher Rates of Mental Illness

Ethnic minority groups often experience higher rates of certain mental health conditions due to factors such as discrimination, social exclusion, and economic stress (NHS England, 2022). For example, Black individuals in the UK are more likely to be diagnosed with severe mental illnesses such as schizophrenia and are more frequently detained under mental health legislation.

Barriers such as stigma, cultural misunderstanding, and lack of culturally appropriate services can prevent individuals from seeking help early, which can worsen outcomes (Mind, 2021).

3.1.1 2. Low Rates of Access to Healthcare

Access to healthcare is often lower among ethnic minority groups due to language barriers, lack of awareness of services, and previous negative experiences with healthcare systems (World Health Organization, 2021). These barriers can result in delayed diagnosis and treatment.

In addition, structural inequalities such as poverty and geographical location can limit access to quality healthcare services, leading to poorer health outcomes overall (NHS England, 2022).

3.1.2 3. Mortality Rates Among the Elderly Group

Older adults from ethnic minority backgrounds may experience higher mortality rates due to lifelong exposure to health inequalities, including poorer living conditions and reduced access to healthcare (Office for National Statistics, 2023).

Chronic conditions such as diabetes and cardiovascular disease are more common in some ethnic groups, which can increase the risk of early death. Additionally, social isolation and limited access to support services can negatively affect the health and wellbeing of elderly individuals (World Health Organization, 2021).

3.2 Social Issues Contributing to Health Inequality

3.2.1 1. Social Isolation and Loneliness

Social isolation and loneliness are significant issues affecting ethnic minority groups, particularly among older adults. Language barriers, cultural differences, and experiences of discrimination can make it harder to build social networks and feel included in wider society (Age UK, 2022).

Loneliness has been linked to poor mental health, including depression and anxiety, and can also increase the risk of physical health problems such as heart disease. Ethnic minority elderly individuals may be especially vulnerable due to reduced access to culturally appropriate social support services (NHS England, 2022).

3.2.2 2. Poverty

Poverty is a major social determinant of health and disproportionately affects ethnic minority communities in the UK. Individuals living in poverty may struggle to afford basic needs such as nutritious food, heating, and healthcare (Joseph Rowntree Foundation, 2023).

This can lead to worse health outcomes, including higher rates of chronic illness and reduced life expectancy. Poverty also contributes to stress and poor mental health, further widening health inequalities (NHS England, 2022).

3.2.3 3. Housing Issues

Housing conditions play a crucial role in health, and ethnic minority groups are more likely to experience poor-quality or overcrowded housing (Shelter, 2023).

Living in inadequate housing can increase the risk of respiratory illnesses, infections, and accidents. Overcrowding can also negatively affect mental health and wellbeing. Additionally, unstable housing or homelessness can make it difficult to access healthcare and maintain treatment (Joseph Rowntree Foundation, 2023).

3.3 National Response to Reduce Health Inequalities

In the UK, several national strategies aim to reduce health inequalities:

One example is the work of NHS England, which has introduced the **Core20PLUS5 initiative**. This program focuses on the most deprived communities and aims to reduce inequalities in key areas such as mental health and chronic disease.

Another example is public health campaigns led by the Office for Health Improvement and Disparities, which raise awareness about issues such as diabetes and cardiovascular disease in ethnic minority groups. These campaigns aim to improve early diagnosis and prevention.

These national responses help address both health inequalities and wider social injustice by targeting the root causes.

3.4 Organization Supporting the Chosen Group

One key organization is Mind.

Mind works to raise awareness of mental health inequalities and provides support for individuals experiencing mental health problems. It campaigns to improve services and reduce stigma, particularly for ethnic minority groups who may face additional barriers.

The charity offers helplines, community services, and culturally sensitive resources. It also conducts research to better understand inequalities and influence government policy.

Goals:

- Improve access to mental health services
- Reduce stigma and discrimination
- Promote equality in healthcare

By providing both support and advocacy, Mind plays an important role in tackling health inequalities in the UK.

4 Conclusion

In conclusion, ethnicity is a major factor in health inequality in the UK. Ethnic minority groups face higher rates of mental illness, reduced access to healthcare, and increased mortality, alongside social issues such as poverty, isolation, and poor housing.

These inequalities are caused by a combination of social, economic, and structural factors. However, national policies and organizations such as NHS England and Mind are working to address these challenges.

Reducing health inequalities requires continued effort to improve access to services, address social determinants, and promote fairness for all groups in society.

Task 2: Epidemiological Analysis

4.1 Definition of the Health Problem and Its Social, Cultural and Health Consequences

Type 2 Diabetes Mellitus (T2DM) is a long-term non-communicable disease where the body becomes resistant to insulin or cannot produce enough insulin, resulting in high blood glucose levels. Over time, it can lead to serious complications such as cardiovascular disease, kidney failure, stroke, blindness, and limb amputations.

Within the context of **ethnicity and health inequalities**, Type 2 diabetes is not evenly distributed across populations. Ethnic minority groups, particularly South Asian communities, experience significantly higher risk compared to White populations in the UK. This demonstrates how health outcomes are shaped by a combination of biological, social, and structural factors (World Health Organization, 2021).

Socially, diabetes can reduce quality of life and increase financial pressure due to long-term medication and care needs. Culturally, barriers such as dietary practices, language differences, and limited culturally appropriate healthcare services can affect disease management. Health consequences include reduced life expectancy and higher rates of complications, particularly in populations experiencing deprivation and inequality (NHS England, 2022).

4.2 Incidence and Prevalence (Global and UK Statistics Showing Severity)

Global Level

Globally, diabetes is a major public health issue. The World Health Organization (2021) estimates that over **400 million people worldwide live with diabetes**, with around **90% being Type 2 diabetes**. Prevalence is increasing rapidly, particularly in urbanized and low- and middle-income populations.

Ethnic differences are evident globally, with South Asian, African, and Caribbean populations showing higher risk of developing Type 2 diabetes even at lower BMI levels, highlighting the role of ethnicity in disease susceptibility.

4.3 United Kingdom Level

In the UK, approximately **4.3 million people are living with diabetes**, with a significant proportion undiagnosed (Diabetes UK, 2023).

Data from NHS England (2022) shows that South Asian populations are **2–4 times more likely to develop Type 2 diabetes** than White British populations. They also tend to develop the condition earlier in life, increasing long-term risk of complications and premature mortality.

This clearly demonstrates a **health inequality linked to ethnicity**, influenced by both biological predisposition and wider social determinants such as deprivation and access to healthcare.

4.3.1 Local Level (Tower Hamlets, London)

At a local level, the London Borough of Tower Hamlets has one of the highest rates of Type 2 diabetes in England.

This is strongly linked to its large South Asian (particularly Bangladeshi) population and high levels of socioeconomic deprivation. Local health data highlights how ethnicity and environment interact to increase disease prevalence and health inequality (Office for National Statistics, 2023).

4.4 Summary of Significance

Overall, Type 2 diabetes is a major global and national health concern, but its burden is not equally distributed.

Ethnic minority groups—especially South Asian populations—experience higher prevalence, earlier onset, and more severe complications.

These inequalities demonstrate how **ethnicity is a key determinant of health outcomes**, shaped by genetic, cultural, and socioeconomic factors. Addressing this requires targeted public health strategies and improved access to culturally appropriate healthcare services.

5 Main Body: Ethnicity and Health Inequalities in Type 2 Diabetes (Tower Hamlets)

5.1 Public Health Measures (Prevention, Management and Control – 3 Ps)

Public health measures for Type 2 Diabetes in ethnically diverse populations, particularly South Asian communities in Tower Hamlets, are based on **primary, secondary, and tertiary prevention (3 P's)**. Primary prevention includes lifestyle interventions such as diet and exercise promotion, targeting high-risk ethnic groups where prevalence is significantly higher. Secondary prevention involves screening programmes, which are crucial because **around 8% of adults in England are now diagnosed with diabetes**, with many more undiagnosed cases (NHS England, 2024;).

Tertiary prevention focuses on managing complications such as cardiovascular disease and kidney failure, which are more common in South Asian populations due to earlier onset of the disease. These interventions aim to reduce ethnic health inequalities by improving early detection and long-term disease control.

5.2 Key Determinants and Risk Factors (Ethnicity and Inequality)

Ethnicity is a major determinant of Type 2 Diabetes risk. South Asian populations are **2–4 times more likely to develop Type 2 Diabetes compared to White populations in the UK** (Diabetes UK, 2023;). They also tend to develop the condition at a younger age, increasing lifetime exposure to complications.

Biological factors include higher insulin resistance even at lower BMI levels. Social determinants such as poverty, deprivation, and overcrowded housing further increase risk. In England, **around two-thirds of adults are overweight or obese**, which significantly increases diabetes risk, particularly in deprived ethnic communities ().

Cultural dietary patterns and reduced access to preventative healthcare also contribute. Structural inequalities such as discrimination and unequal access to services reinforce these risks, making ethnicity a key driver of health inequality.

5.3 Epidemiological Studies and Health Needs Assessment (At-Risk Groups)

Epidemiological evidence shows clear ethnic disparities in diabetes prevalence. South Asian populations are significantly overrepresented in diabetes cases, with studies showing they make up a disproportionately high percentage of diagnosed individuals in England ().

Health needs assessments in Tower Hamlets identify the Bangladeshi community as one of the highest-risk groups due to combined effects of deprivation, diet, and low physical activity. Nationally, diabetes prevalence continues to rise, with diagnoses in younger adults increasing by **39% over the past six years**, particularly affecting deprived and ethnic minority groups.

These findings highlight how ethnicity and socioeconomic status interact, meaning individuals most at risk are older South Asian adults, people living in deprived wards, and those with a family history of diabetes.

5.4 Public Health Monitoring and Surveillance Systems

Monitoring of diabetes in ethnically diverse populations relies on national and local surveillance systems. The Office for National Statistics collects data on prevalence by ethnicity, while GP registers and hospital records track diagnosis rates and complications.

Surveillance shows that diabetes prevalence in the UK has risen steadily, with **around 4.3–5 million people living with diabetes**, including a significant proportion undiagnosed (Diabetes UK, 2023). In addition, NHS data suggests there are **over 1 million people in England with undiagnosed Type 2 Diabetes**, highlighting major inequalities in early detection ().

Screening programs targeting South Asian and Black ethnic groups are used to reduce disparities, but incomplete ethnicity recording limits accuracy of surveillance data.

5.5 Public Health Impact (Short- and Long-Term Effects on Ethnic Groups)

Type 2 Diabetes has a disproportionate impact on ethnic minority populations. In the short term, symptoms such as fatigue, weight loss, and reduced quality of life affect daily functioning. In the long term, complications such as heart disease, stroke, kidney failure, and blindness are more common in South Asian groups due to earlier onset and longer disease duration.

Diabetes is a leading cause of avoidable mortality in the UK and significantly contributes to reduced life expectancy (NHS England, 2024). Ethnic inequalities mean that South Asian populations experience higher complication rates at younger ages, increasing NHS demand and widening health gaps between ethnic groups.

5.6 Health Intervention Program Design and Evaluation (Reducing Ethnic Inequalities)

An effective intervention program should focus on culturally tailored prevention strategies. In Tower Hamlets, this would include multilingual education campaigns, community-based lifestyle programs, and dietary advice adapted to South Asian cultural diets.

Targeted screening is essential, as South Asian individuals develop diabetes earlier and at lower BMI thresholds. Early intervention can reduce complications and improve outcomes.

Evaluation of these interventions should include reductions in incidence rates, earlier diagnosis rates, and reduced hospital admissions for complications. However, success also depends on improving trust in healthcare services and reducing barriers faced by ethnic minority groups.

5.7 Strengths and Weaknesses of the Epidemiological Approach (Ethnicity Focus)

A key strength of epidemiology is its ability to identify clear ethnic disparities using large-scale population data. It allows health authorities to recognize that South Asian populations are at **significantly higher risk of diabetes and earlier onset**, enabling targeted interventions.

However, limitations exist. Data may be incomplete due to underreporting of ethnicity in healthcare records. Epidemiological studies often show correlation rather than causation, making it difficult to separate ethnicity from poverty and lifestyle factors. Additionally, broad ethnic categories can hide differences within communities, reducing accuracy. Despite these limitations, epidemiology remains essential for identifying and addressing health inequalities.

5.8 Key Statistic Summary

- **~8% of adults in England have diabetes**
- South Asians are **2–4x more likely to develop Type 2 Diabetes**
- Diabetes diagnoses in under-40s increased by **39% in 6 years**
- Around **1 million people in England have undiagnosed diabetes**
- Two-thirds of UK adults are overweight or obese (key risk factor)

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