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Supporting the health of Black Londoners

BLACK HEALTH INEQUALITIES SUMMIT

FROM RECOGNITION TO ACTION

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OPENING REMARKS

DR LEONORA WEIL

DIRECTOR NHS LONDON LEGACY AND HEALTH EQUITY PARTNERSHIP (LHEP)

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NHS

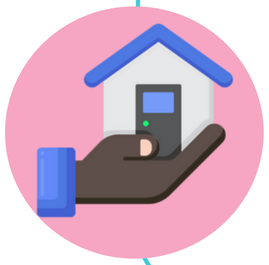
The Importance of Better Health Outcomes for Black Communities in London

Black Health Summit

Dr Leonora Weil, Public Health Consultant and Director of the Legacy and Health Equity Partnership

25 MARCH 2024

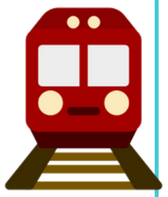
Insights on why Black people may have been hit hardest by COVID-19 pandemic (during the first wave before Vaccine Programme started)



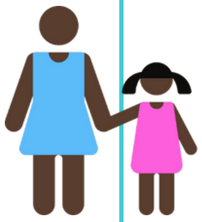
13.2% of women working as care workers and home carers were from Black ethnic backgrounds

41% of workers of Black African origin worked outside of their home during the lockdown, compared with 27% of white workers

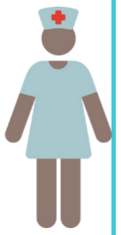
Black communities are more likely to live in built up urban areas where homes have less space, making it harder to self-isolate from COVID-19 and, it has contributed to the increased acquisition and transmission of COVID-19 within this community



People from Black African and Black Caribbean backgrounds were twice as likely to use public transport to travel to work during the pandemic



Adults living with younger people have had a higher risk of dying with COVID-19 – that higher risk was more notable among Black Africans.



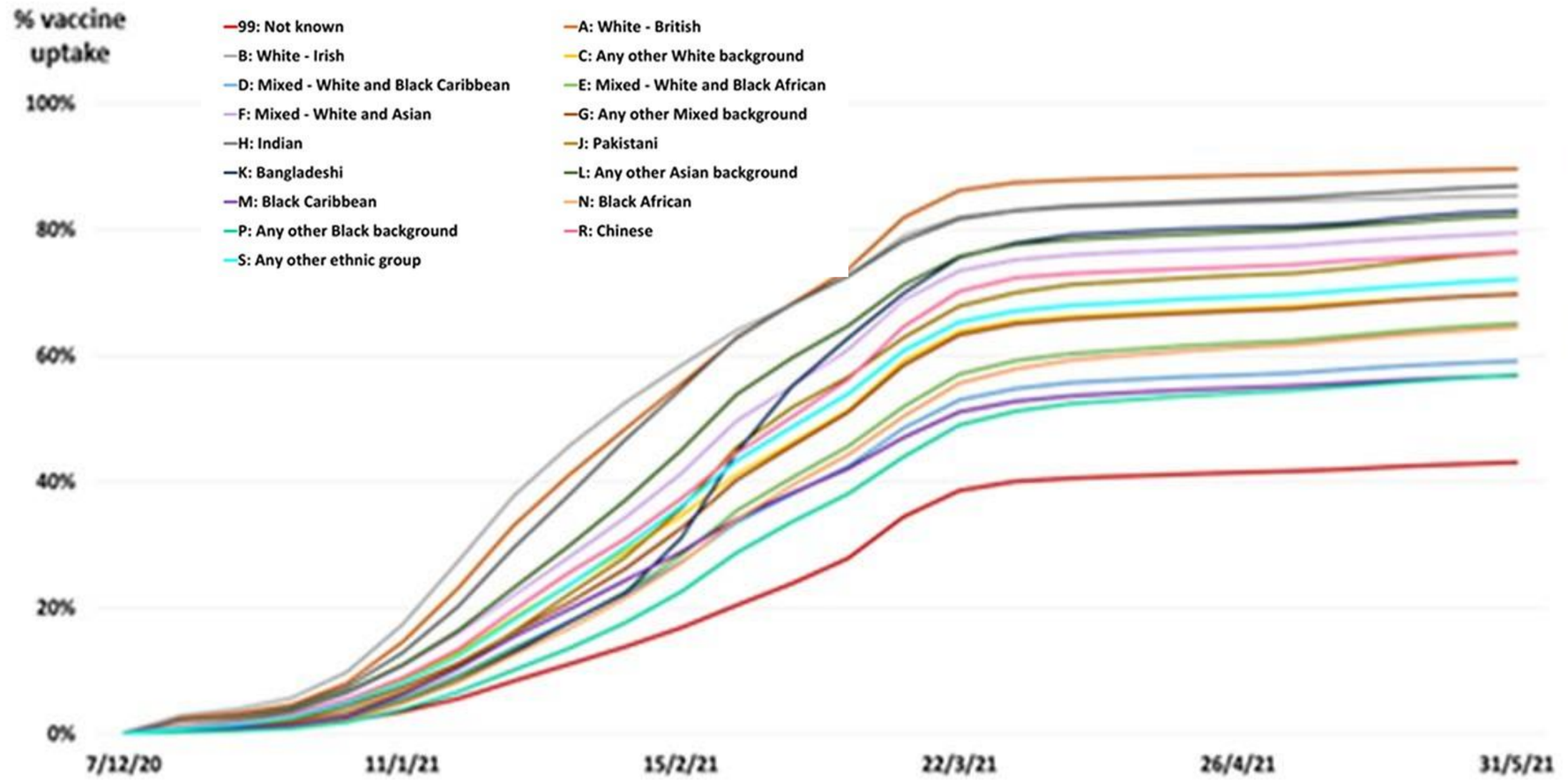
Black NHS staff were over-represented in COVID-related deaths compared with their ethnic representation within the workforce

The Legacy and Health Equity Partnership

Closing the equity gap in vaccines and immunisations, screening and access to good health

Source: Why have Black and South Asian people been hit hardest by COVID-19? - Office for National Statistics (ons.gov.uk)

Cumulative percentage of first dose vaccine uptake in London by ethnicity for JCVI cohorts 1-9 combined



Halvorsrud et al., 2022- **Tackling barriers to COVID-19 vaccine uptake in London: a mixed-methods evaluation**

Conclusions: The success of the national vaccination programme depended on conceding local autonomy, investing in responsive and long-term partnerships to engender trust through in-depth understanding of communities' beliefs.

Inequalities in health

Maternity

Maternal mortality rates are more **than 4 times higher for Black women** compared to white women in the UK

Stillbirth rates for babies of Black ethnicity **are double** that of white ethnicity

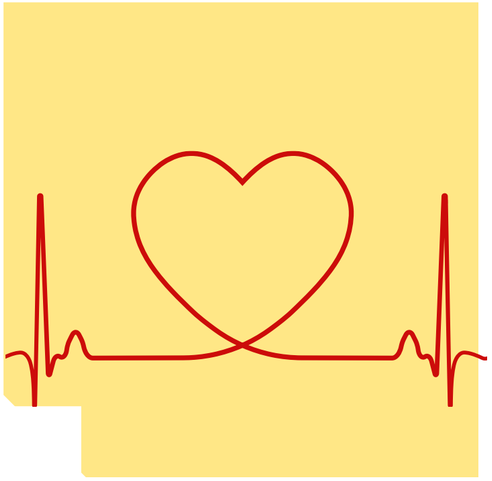
Obesity

Black Londoners have a nearly **2 times higher prevalence** of obesity compared to White Londoners.

In the last 10 years, the reduction of the prevalence of obesity among black Londoners is **less than 1%.**

Black children have **1.5 times higher prevalence** of obesity compared to White children in London and there has been **an increase in the prevalence** over the past 10 years.

Heart

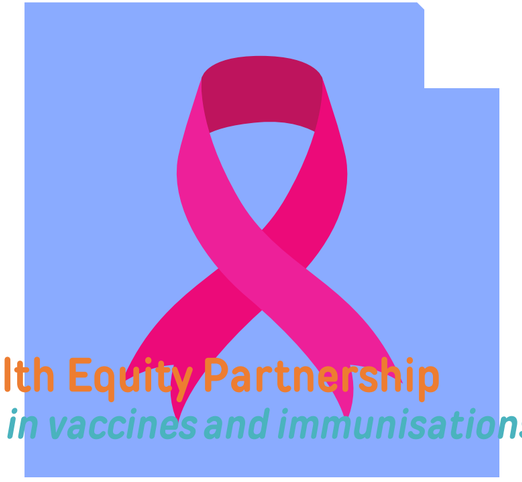


The **leading cause of death** for Black African people in England is **ischemic heart disease**

Hypertension is **3 to 4 times more prevalent** among Black African people than in the white population in the UK

Cancer

Black British women are **more likely** to be diagnosed with metastatic disease and have poorer survival outcomes than white British women



Diabetes

Diabetes prevalence in Black ethnic groups is up to **3 times higher and a higher mortality rate** from diabetes, than in the white population

The Legacy and Health Equity Partnership

Closing the equity gap in vaccines and immunisations, screening and access to good health

What communities told us

“We need to be respected and treated the same as other ethnic groups…. You need to deal with stereotyping in health information.”
Participant – ‘inspire’ branding workshop

“The system is not set up for me.”

Young Community Champion – 19 years old

“You should value the people who are doing so much to build communities and historically to make the country what it is today.”

Participant – ‘inspire’ branding workshop

“I worry about percentages and Black Londoners being labelled as Anti-Vaxxers – percentages comparative to the actual number of people – I worry this is being used to make our community look bad.”
Participant – Vocal about Vaccines webinar

“We do not want to always be undermined and treated as second class. We want equal health systems, equal treatment and acknowledgement.”

Participant – ‘inspire’ branding workshop

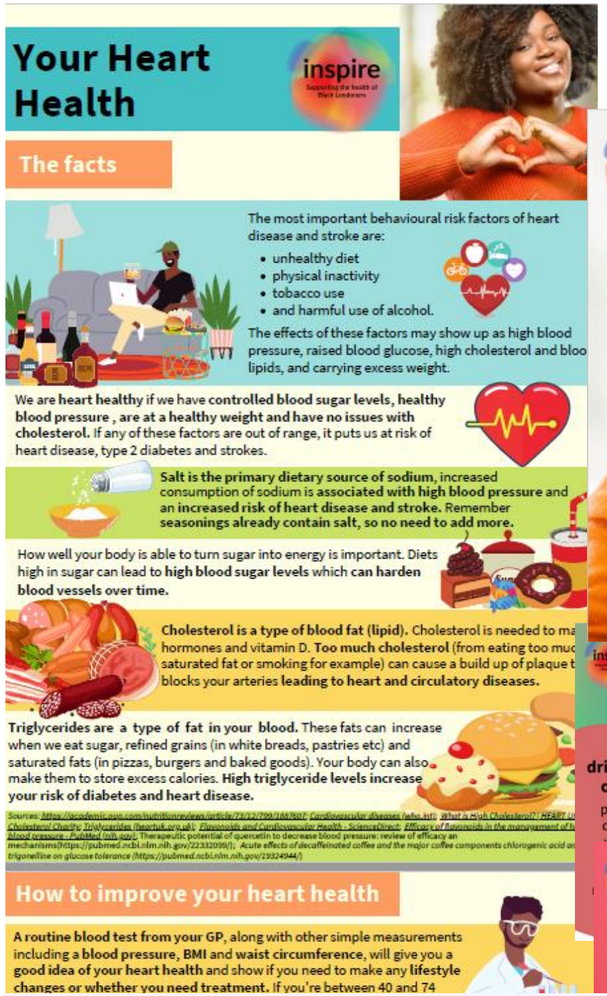
"As a Black Caribbean woman myself, it was so **refreshing to see a panel including Black doctors and healthcare professionals**. I had doubts regarding the vaccine prior to the event, however this event has convinced me that the vaccine is safe to take.“

Public Health and Social Care Student – Caribbean African Health Network event

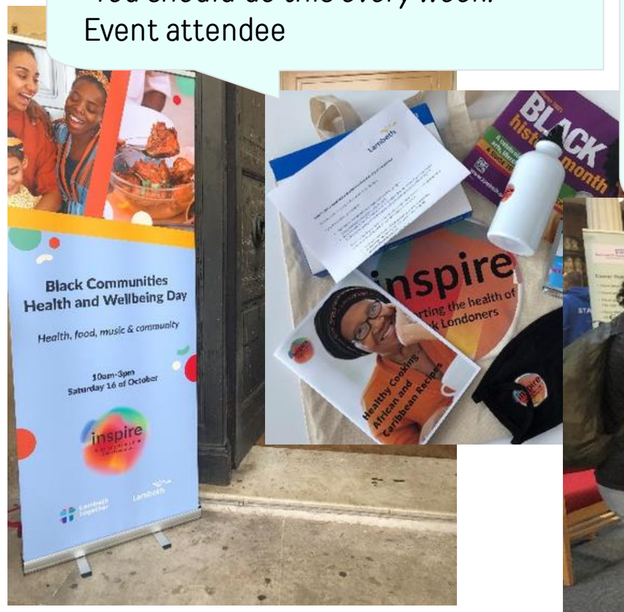
“How can we move forward with changing these inequalities exacerbated by structural racism when the government’s own commission on race and ethnic disparities feel that racism is no longer an issue in England?”

Participant – Vocal about Vaccines webinar

Supporting Community Needs- the start of Inspire



"You should do this every week!"
Event attendee



"About five people have come back to me saying that they have gone for prostate cancer tests. One person in that group said that they had prostate cancer, but it was caught early".

"Amazing atmosphere, really positive vibes"
Event attendee

Resources developed under the Inspire brand for the Black community by Black Health professionals

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Lambeth's Health and Wellbeing Day October 2021

The ‘LHEP Approach for Health Equity Design’

COMMUNITIES AT THE CENTRE

- Community led & community focused from the start
- Listen to and learn from lived experiences
- Build & maintain trust

DATA, EVIDENCE & LEARNING

- Start with the data to identify communities in vulnerable circumstances
- Directed by the data & sharing learning
- Build health literacy

INNOVATION & SUSTAIINABILITY

- Be prepared to be agile and use innovative interventions
- Ensure effective resourcing and sustainability
- Create a safe space for innovation

PARTNERSHIPS & LEADERSHIP

- Commitment to health equity across all levels of leadership
- Take a multi-stakeholder approach
- Ensure effective resourcing and sustainability

RACISM AS A DETERMINANT OF HEALTH

PROF KEVIN FENTON CBE

LONDON REGIONAL DIRECTOR AT OFFICE FOR HEALTH IMPROVEMENT AND DISPARITIES, REGIONAL PUBLIC HEALTH DIRECTOR, LONDON.

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Racism as a determinant of poor health

Professor Kevin Fenton CBE FFPH
President
UK Faculty of Public Health

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Content

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- Racism is a public health issue
- Racism and health in the UK
- The impact of COVID-19
- Tackling racism: learning from the COVID-19 pandemic
- Anti-racism in public health
- Summary

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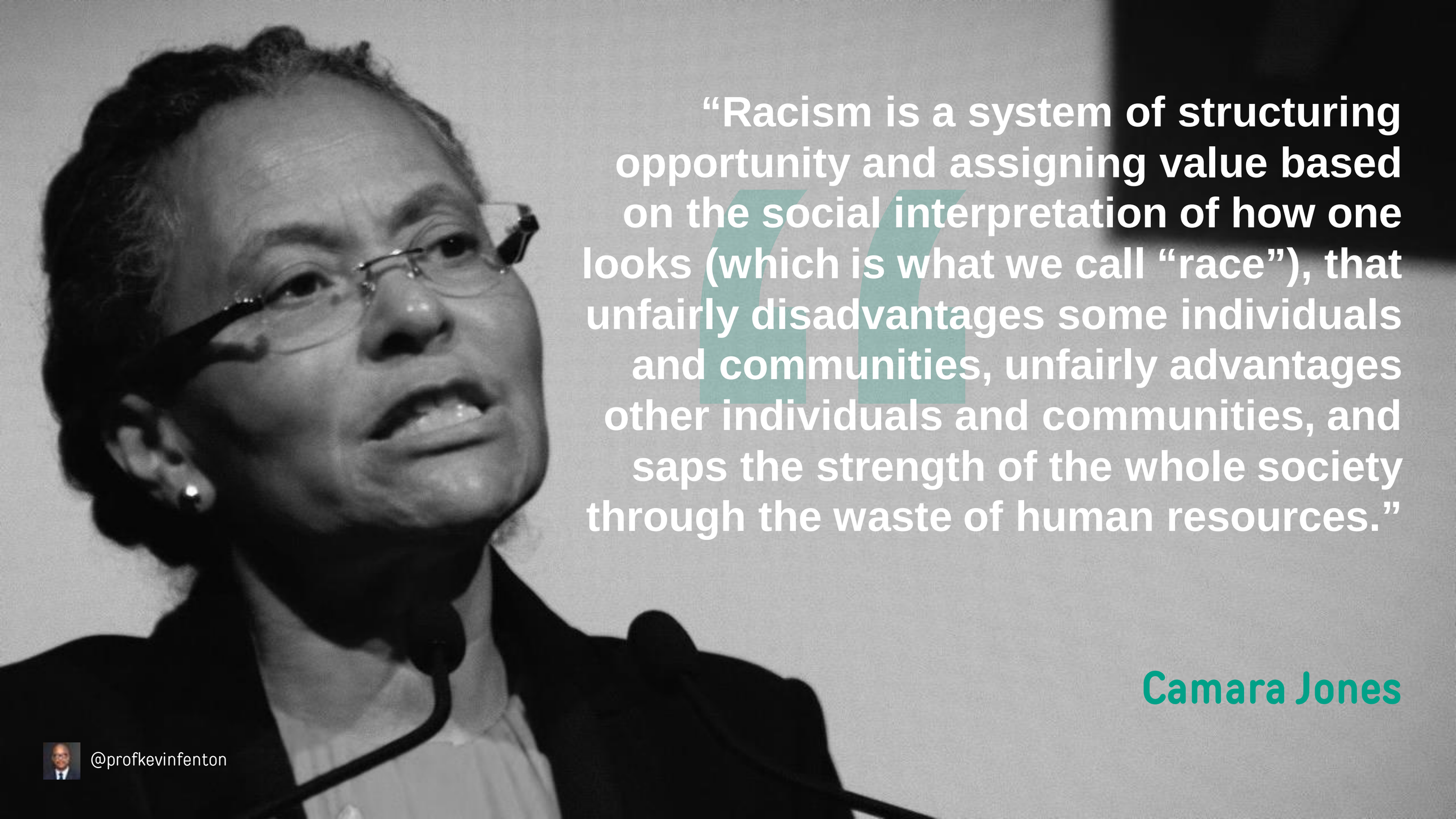
Racism is a public health issue



“Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.”

Camara Jones

@profkevinfenton

Race and Racism

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- Racism is a “wicked” problem - complex problems that are highly resistant to solutions and that are characterized by high difficulty and disagreement about the nature and cause of the problem and their potential solutions.
- Racism is a system based on race that unfairly disadvantages some individuals and communities, and advantages others.
- Racism also may be considered a fundamental determinant of health because it is a dynamic process that endures and adapts over time, and because it influences multiple mechanisms, policies, practices and pathways that ultimately affect health.
- The health consequences of living in a racially stratified society are illustrated by a myriad of health outcomes that systematically occur along racial lines, such as disproportionately higher rates of infant mortality, obesity, deaths caused by heart disease and stroke, and an overall shorter life expectancy for Blacks in comparison with Whites.

Racism: A public health issue

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- Racism is common: in one national survey in the United Kingdom, 25-40% of participants said they would discriminate against ethnic minorities; a third of people from ethnic minorities constrain their lives through fear of racism; reported hate crimes have more than doubled between 2013 and 2020, the majority of which were racial (78,991), representing an 11% increase over the previous year.
- Disparities between ethnic minority and majority groups in housing, education, arrests, and court sentencing are believed to be due to racism, not simply to economic sources.
- Although both race and racism are relevant to health, typically only race is included as a research question, variable, or topic in most health studies.
- Race, as it is conventionally conceptualized and operationalized in public health research, is not an adequate proxy measure for racism. In addition, controlling for race in statistical analysis is a common practice in public health research and the research of other health professions.

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Racism and Health in the UK

What do we know about racism and its impact on public health?

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Race Equality Foundation (2007)

- ‘People from minority ethnic groups experience poor treatment due to the negative attitudes of others regarding their character or abilities. This occurs in their day-to-day interactions with other people as well as in their access to and interactions with services. Racist attitudes have been shown to affect health in a variety of ways. Understanding these processes is important for the development of effective policies to reduce the health disadvantage experienced by people from minority ethnic groups in the UK’

The Health Foundation (2020)

- ‘Racial discrimination affects people’s life chances negatively in many ways. For example, by restricting access to education and employment opportunities. People from black and minority ethnic groups tend to have poorer socioeconomic circumstances, leading to poorer health outcomes. The stress associated with being discriminated against based on race directly affects people’s mental and physical health.’

Ethnic health inequalities in the UK

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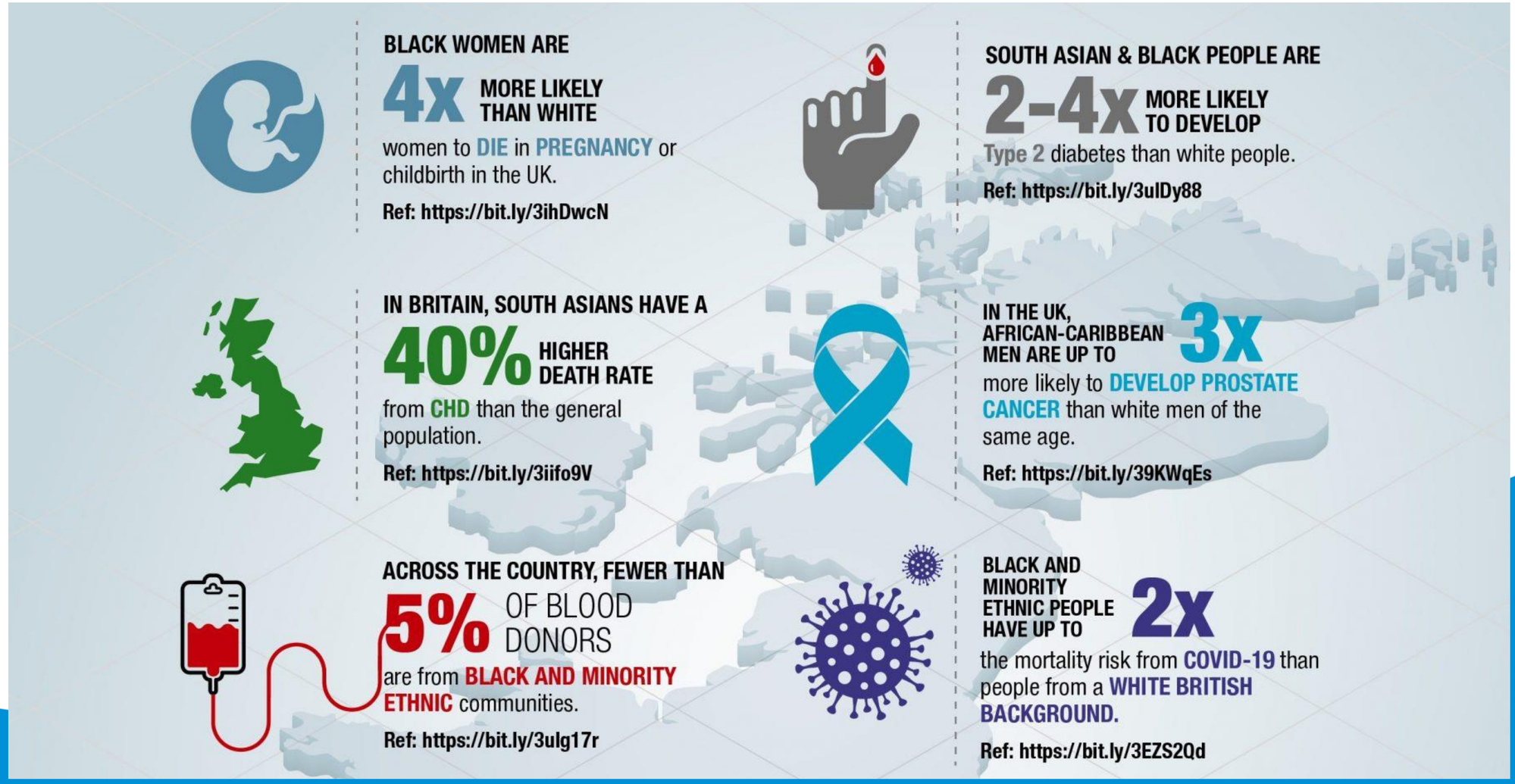

Structural racism and the health and care system

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Access barriers to healthcare	Bias in clinical decision-making	Inequities in patient outcomes	Workforce disparities	Lack of diversity in clinical trials
Includes **language barriers, cultural differences, migration status, and implicit biases** which impact communication between healthcare providers and ethnic minority patients, leading to delays in diagnosis and treatment.	Structural racism can result in **implicit bias in clinical decision-making**, which can negatively impact patient care including likelihood of referral for further investigations or receive specialist treatment.	Structural racism can lead to **inequities in patient outcomes, with ethnic minority patients experiencing poorer health outcomes**, **diagnostic delays, receive suboptimal treatment**, and experience worse outcomes for certain health conditions.	Structural racism can result in **workforce disparities - underrepresentation** in senior roles, overrepresentation in lower-paid and lower-status roles, more likely to experience **bullying and harassment** with impacts on the quality of care and worsened ability meet the needs of diverse patient populations.	Structural racism can result in a **lack of diversity in clinical trials**, which can limit the generalisability of study findings and impact treatment options for diverse patient populations. This results **in limited evidence-based treatment options** for diverse patient populations.

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The impact of COVID-19

Excess deaths and mortality from COVID-19 in England since the start of the pandemic were highest in black, Asian and mixed ethnic groups : 21 March 2020 – 14 October 2022

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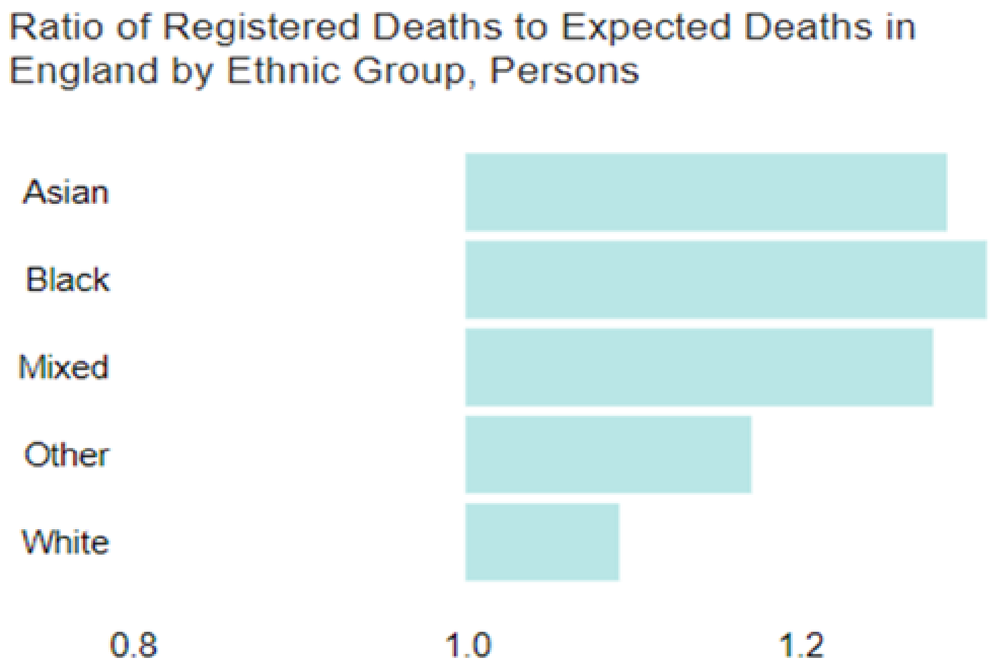

Summary of Deaths in England by Ethnic Group, Persons

Ethnic group ▲	Registered deaths	Expected deaths	COVID-19 deaths	Excess deaths	Ratio: registered / expected
All	1,414,830	1,282,070	177,151	132,760	1.10
Asian	51,297	40,016	11,925	11,281	1.28
Black	27,439	20,997	5,669	6,442	1.31
Mixed	6,326	4,937	951	1,389	1.28
Other	5,192	4,445	903	748	1.17

The impact of COVID-19

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- COVID-19 highlighted new inequalities in the likelihood of being **infected**, being **admitted**, having **severe disease** and of **dying** from infection.
  - People who lived in **overcrowded** or **multi-generational households.**
  - People who worked in **jobs** with **increased risk** of **coming into contact** with the virus.
  - People who live in **poor areas** were **more likely** to die.
  - People with **low engagement** due to **stigma** and **low trust and confidence** in health service.
  - People with **historic** and **current experiences** of **racism and discrimination.**

Poverty and racial discrimination

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Multilevel conceptual framework to examine racial/ethnic disparities in severe maternal morbidity and mortality in the context of COVID-19 pandemic

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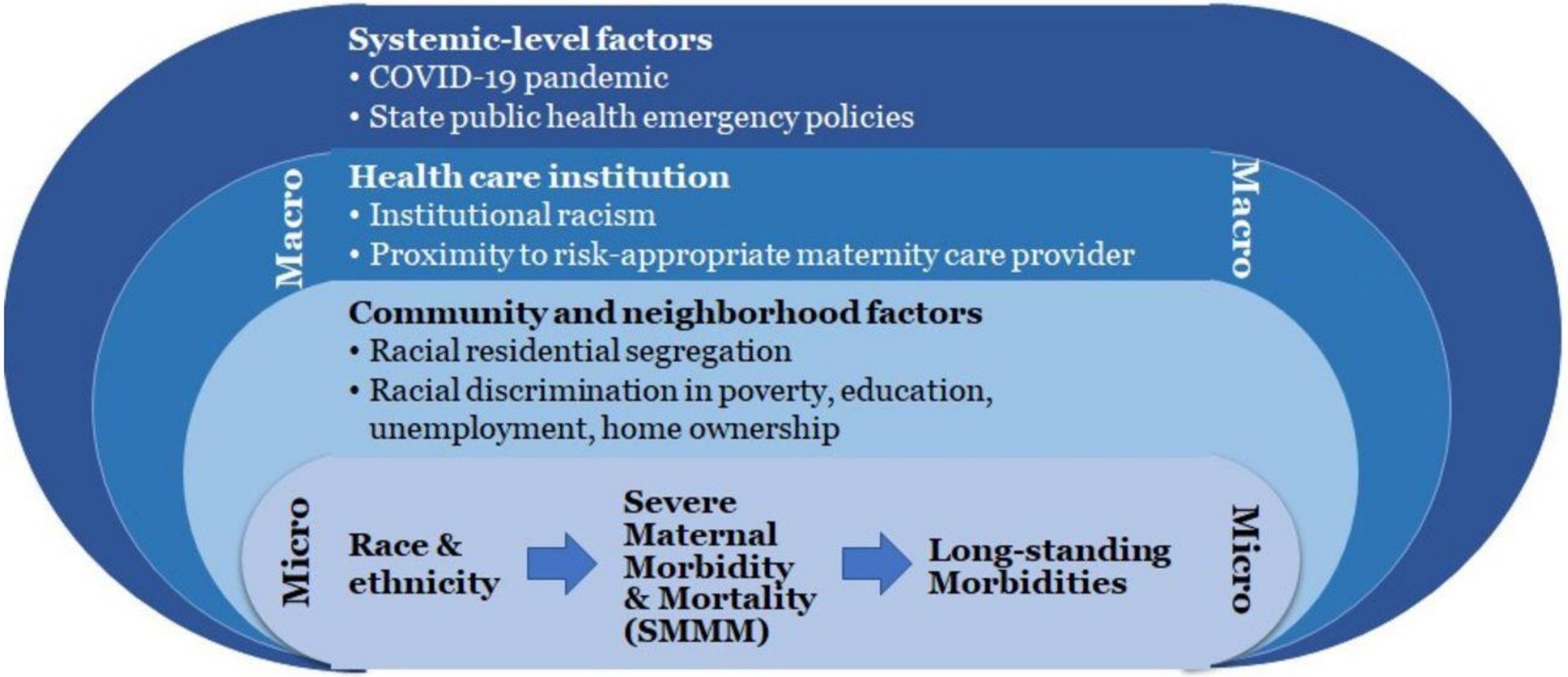

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Tackling racism: Learning from the COVID-19 pandemic

Learning and legacies from the COVID-19 pandemic

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Well-resourced, equity-focused public health, healthcare and pandemic preparedness systems

Stronger, innovative and more agile health, care and community partnerships

A commitment to high quality, timely clinical and programme data and metrics

Pragmatic, mixed-methods programme-relevant and participatory research

Strengthened community-centred approaches, outreach and engagement

Operationalising the London Approach to Anti-Racism, Structural Discrimination and Racial/Ethnic Health Inequalities

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1. Leadership

- Public commitment to being anti-racist organisation with actions
- Board level review of strategy and monitoring objectives indicators, including health outcomes by ethnic groups
- Assure anti-racist approach in all policies

5. Working with communities: to rebuild confidence and trust

- Include community voice in decisions, design and delivery of services though participation in governance, funding and integrated delivery structures
- Embed co-production
- Supporting community groups with resources – funding and training to allow meaningful participation

2. Workforce

- Monitor and act on ethnic inequities in recruitment, workforce wellbeing and promotion
- Provide training and support to address cultural bias and discrimination, incl safe spaces
- Implement and monitor robust equality, diversity and inclusion policies

4. Becoming Anchor institutions

- Address wider determinants of health through anchor actions with a focus on race equity in local populations
- Support education, employment and opportunities to reduce structural determinants of ethnic health inequalities

3. Health Equity programmes

- Embed anti-racist lens on health equity programmes such as Core20P5, Marmot framework
- Data-led insights to prioritise areas of work with community groups to improve health and healthcare access
- Integrated and personalised care that is culturally competent.

@profkevinfenton

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An anti-racist approach

What is anti-racism?

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- Anti-racism is the practice of identifying, challenging, and changing the values, structures and behaviours that perpetuate systemic racism. Anti-racism is an active way of seeing and being in the world, in order to transform it.
- Being antiracist is based on the conscious efforts and actions to provide equitable opportunities for all people on an individual and systemic level.
- People can act against racism by acknowledging personal privileges, confronting acts of racial discrimination, and working to change personal racial biases.
- Anti-racism is an educational and organising framework that seeks to confront, eradicate and/or ameliorate racism and privilege (Bonnett, 2000).
- An anti-racism approach often includes a structural analysis that recognises that the world is controlled by systems, with traceable historical roots, that batter some and benefit others.

What is anti-racism?

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- Because racism occurs at all levels and spheres of society (and can function to produce and maintain exclusionary "levels" and "spheres"), anti-racism education/activism is necessary in all aspects of society.
- A person who practices anti-racism is someone who works to become aware of:
  - How racism affects the lived experiences of people of colour within our society
  - How racism is systemic, and has been part of many foundational aspects of society throughout history, and can be manifested in both individual attitudes and behaviours as well as formal (and "unspoken") policies and practices within institutions
  - The role, benefits and damage of “White Privilege” including how white people participate, often unknowingly, in racism and learning how whiteness—often without them recognizing it—shapes their place in society, and its impacts.

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Summary

Summary

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- Racism permeates our everyday lives, even if we do not readily acknowledge its power or pervasiveness.
- Addressing racism is central to eliminating racialised health disparities, and therefore, should be central to health research and practice.
- As health professionals many of us will share the belief that collective efforts can help evoke social change and more generally reduce racialised health disparities and inequality.
- Now is the time for us to develop a reformed health agenda that recognises the connection between structural racism and racialised disparities in health.
- Implementation of this agenda requires a multipronged, multilevel, and interdisciplinary approach.

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www.fph.org.uk

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PROMOTING COLLABORATION AND SHARING BEST PRACTICES ACROSS COMMUNITIES - LIP

OVETA MCINNIS

CHAIR ENFIELD CARIBBEAN ASSOCIATION

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Oveta McInnis
Chair and Trustee
Enfield Caribbean Association

Promoting collaboration and sharing best practices across communities to improve health outcomes

Enfield Caribbean Association

Established in 1986

eliminate racial discrimination and for an inclusive, fair and equal community, in which people of Caribbean origin can develop their full potential as visible, positive contributors and participants in the life of the Borough of Enfield

Supporting the community

- community esteem
- health and education
- social justice

Why Collaborate?

Voluntary, community, faith and social enterprise groups (VCSFE) - the glue between the NHS and the communities they serve.

Many anecdotes of poor communication and poor practices, lack of trust, racism and discrimination that prevent black people from engaging with and receiving a good service from the NHS, which leads to poor outcomes and disparities for black people.

True collaboration can lead to better health outcomes

Enfield Caribbean ASSOCIATION

Collaborations

Vaccine uptake and the African Caribbean community

Assistant director of NHS North Central London ICB and the head of public health reached out to us and other groups. We worked closely with the Revival Church in Enfield

ECA became Involved in the drive to increase take up of the vaccine

Publicity flyers, videos, zoom conversations, vaccine depots throughout the borough especially in the more highly populated areas

Good collaboration with health professionals, public health and the mainstream systems

Enfield Caribbean ASSOCIATION

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Enfield Caribbean ASSOCIATION

Collaboration with CAHN

Health Hour

Caribbean and African Health Network (CAHN) – Caribbean and African Targeted Health Improvement programme (CATHIP) two-year funded programme from January 2022 to January 2024. Target 200 per week.

London Health Festival held in Edmonton March 2023

Health talks, information, screening for diabetes, blood pressure, and free breakfast. Full house.

Enfield Caribbean ASSOCIATION

Enfield Black Community Health Forum

Launch of Enfield Black Community Health Forum in May 2022

Collaboration between CAHN, Enfield Council and NHS North Central London Commissioning Group

Purpose of the health forum is to bring medical specialists and practitioners to the communities to give voice to local people,
To give feedback on experiences,
Regular community breakfast heath meetings.
Always well attended

Enfield Caribbean ASSOCIATION

ECA Black History Month

Black Health is Wealth – Enfield Caribbean Association Black History Month event – October 2023. Funded event

Collaboration with CAHN, Enfield Public Health, Enfield Community Diabetes team, support from Funding Screening, leading professional on Heart health/ heart attack, leading professionals, individuals and organisations.

London Inspire Programme

The London inspire Programme was launched summer 2023, in response to concerns about health disparities between the black community and other groups. It is a collaboration between black health professionals and community and faith groups.

It was developed to empower and mobilise the Black Caribbean & African community in London towards improved health and well-being!

Today’s conference is a result of that collaboration

Enfield Caribbean ASSOCIATION

In Conclusion

Lives have been saved.

Normalised collaboration, not just in crisis management

Inclusivity – remove barriers that prevent collaboration, such as cost, time, venue

More research into health conditions that affect black people disproportionately, supported by Government, eg sickle cell, prostate cancer, lupus. Give opportunities for black community groups and individuals to be involved in research to improve outcomes

Opportunities for black community groups to have a voice and be involved in reviews of practices at all levels, to improve the quality of the service provided

Challenge and monitor racism and other forms of discrimination within the NHS

THE ROLE OF PRIMARY CARE IN REDUCING HEALTH INEQUALITIES

PROF MARGARET IKPOH

VICE CHAIR, ROYAL COLLEGE OF GENERAL PRACTITIONERS

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The Role of Primary Care in Reducing Health Inequalities

25.3.2024

Margaret Ikpoh

#BlackHealthSummit24

- VC Professional Development (RCGP)
- GP Partner Holderness Health
- Board Member Centre for Research Equity- Oxford
- GP Rep North-East and Yorks People Board
- Freelance Writer- PULSE
- Holderness PCN Research Lead
- Seventeen Seconds- Team Member
- Honorary Professor (Hull York Medical School)

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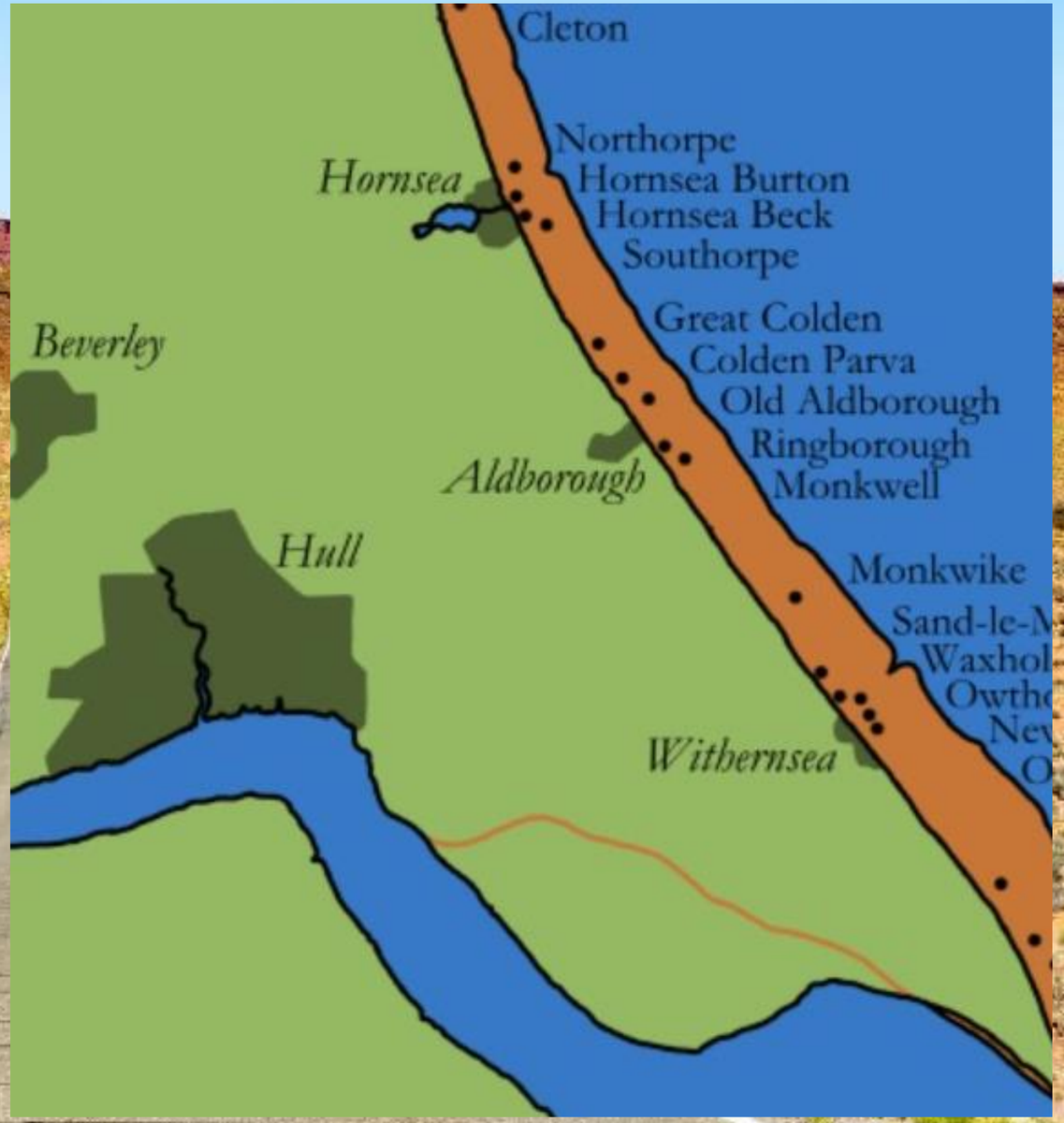
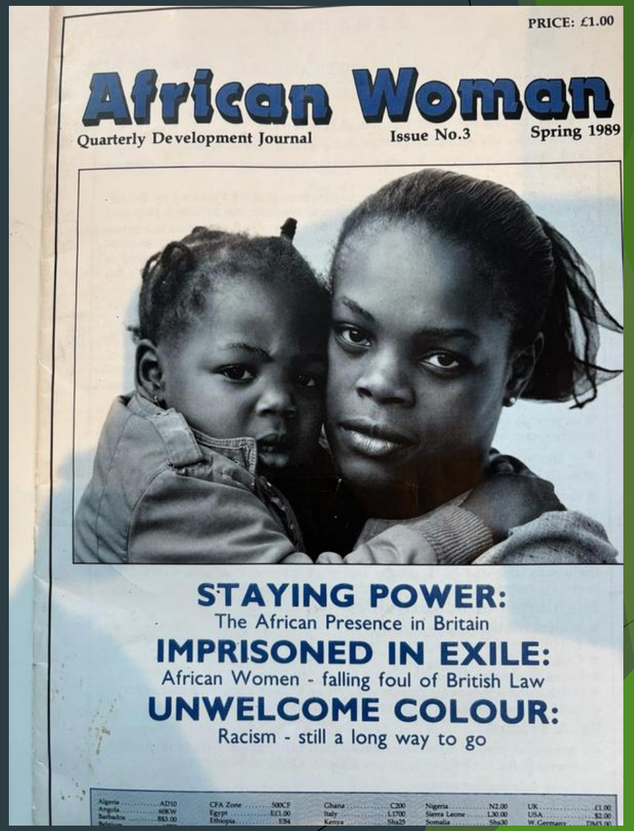
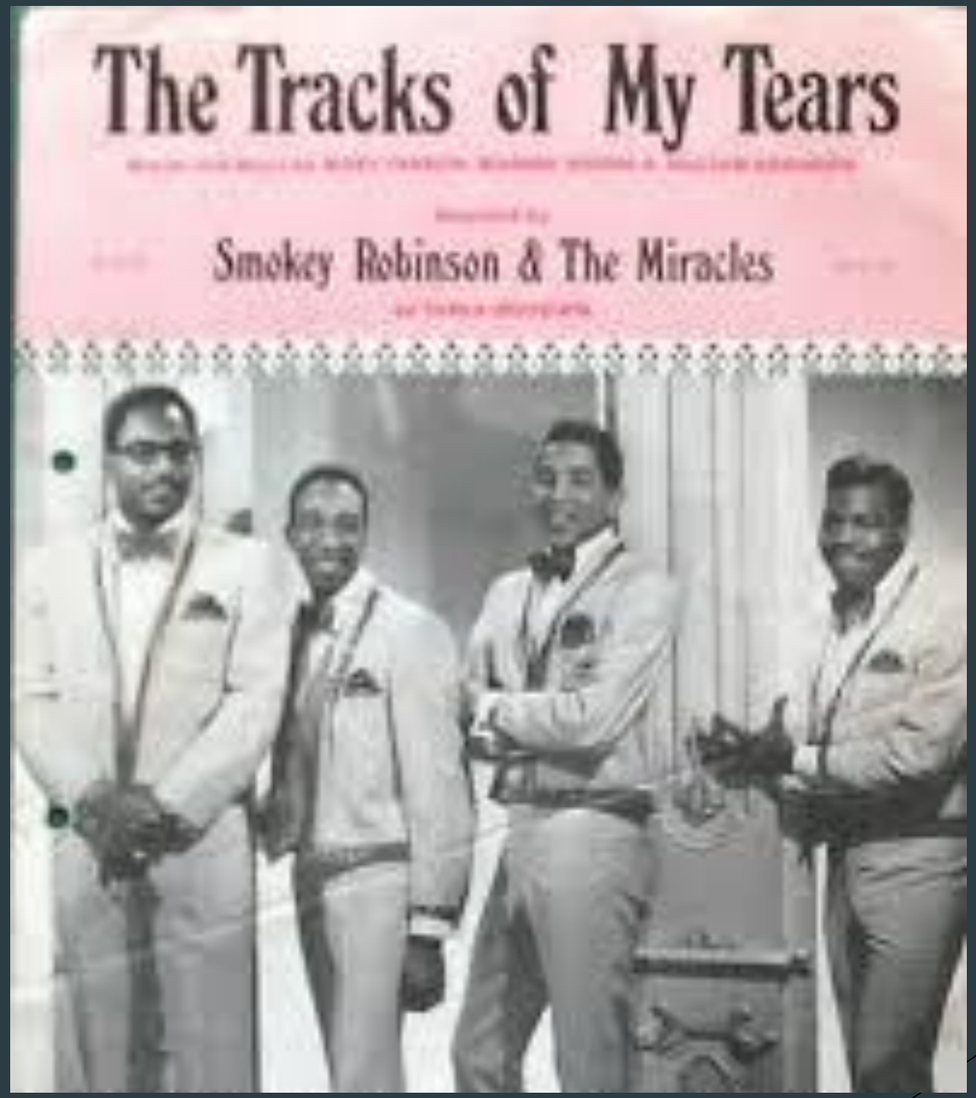


In the Beginning……..



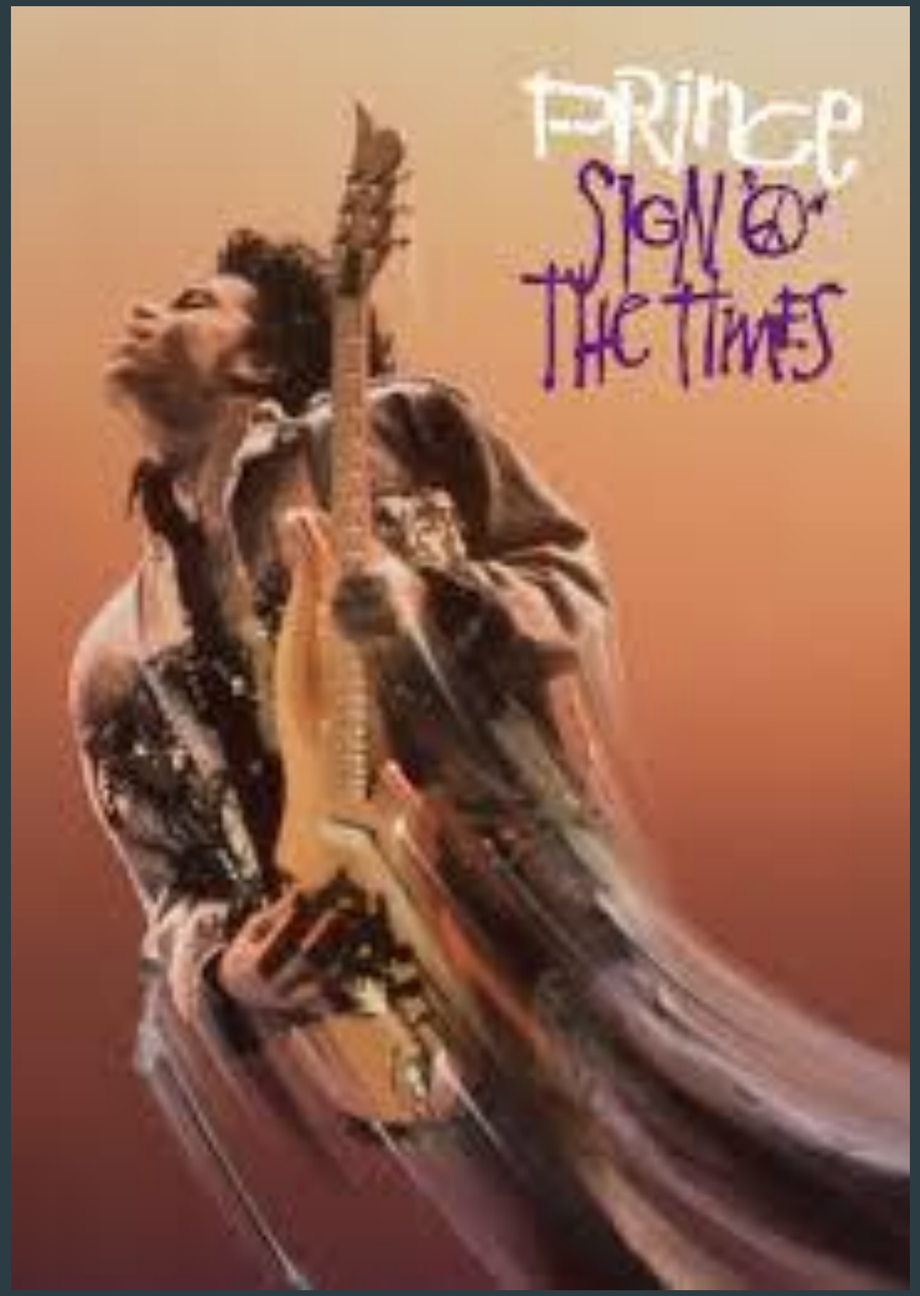
Tracks Of Our Tears



What's Going On ?

- Practice Reorganisation
- Providing New Services
- Maternal & Neonatal Health
- Workforce Development
- Mental Health
- Tackling Racism and discrimination
- Housing, Education, Employment
- Advocacy and Policy Change
- Equitable Access

Equitable Access


PRINCE
SIGN O' THE TIMES


HURRICANE KATRINA
NEW ORLEANS, 2005
1,800 DEATHS
£125 BILLION
DAMAGES

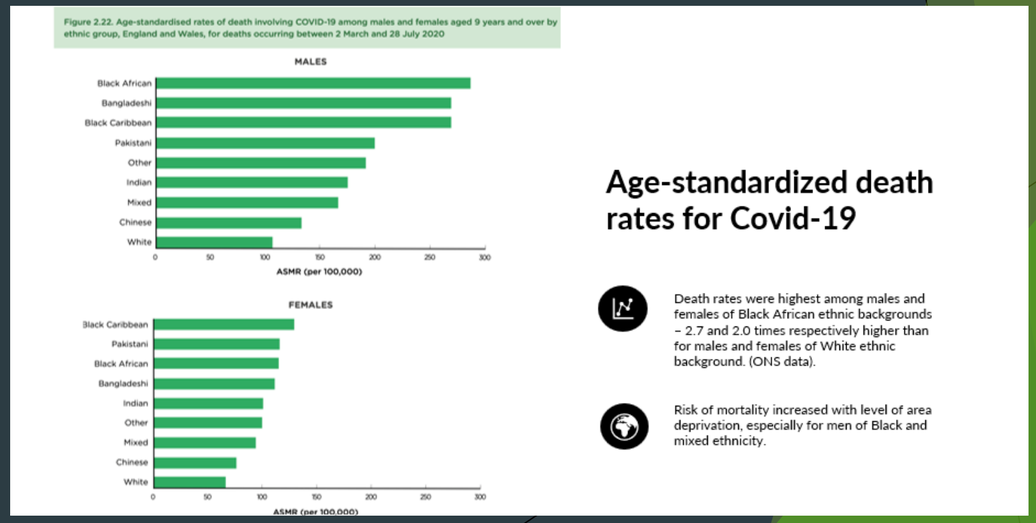
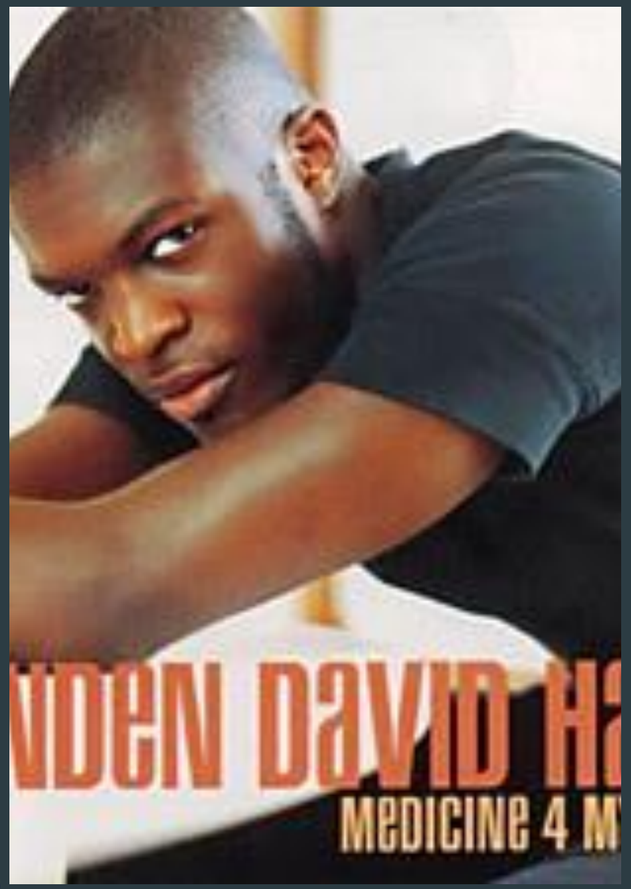
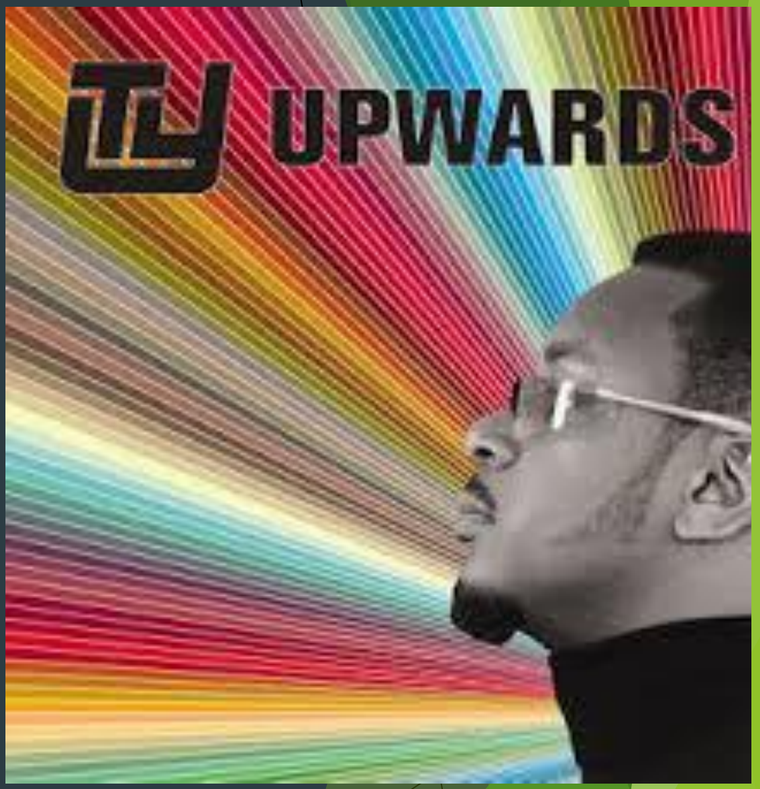


Figure 2.22. Age-standardised rates of death involving COVID-19 among males and females aged 9 years and over by ethnic group, England and Wales, for deaths occurring between 2 March and 28 July 2020
MALES
Black African
Bangladeshi
Black Caribbean
Pakistani
Other
Indian
Mixed
Chinese
White
0
50
100
150
200
250
300
ASMR (per 100,000)
FEMALES
Black Caribbean
Pakistani
Black African
Bangladeshi
Indian
Other
Mixed
Chinese
White
0
50
100
150
200
250
300
ASMR (per 100,000)
Age-standardized death rates for Covid-19
Death rates were highest among males and females of Black African ethnic backgrounds – 2.7 and 2.0 times respectively higher than for males and females of White ethnic background. (ONS data).
Risk of mortality increased with level of area deprivation, especially for men of Black and mixed ethnicity.


MEDICINE 4 M

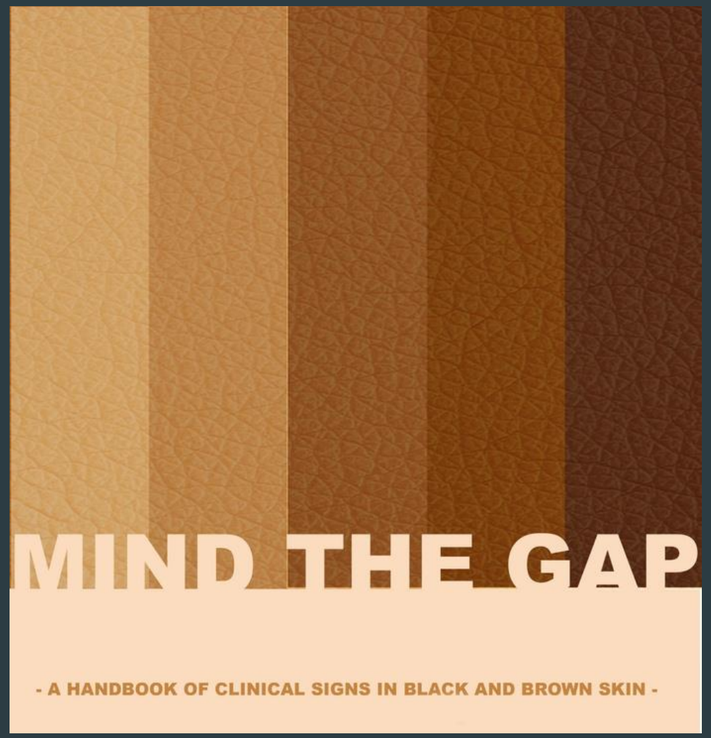

TY
UPWARDS

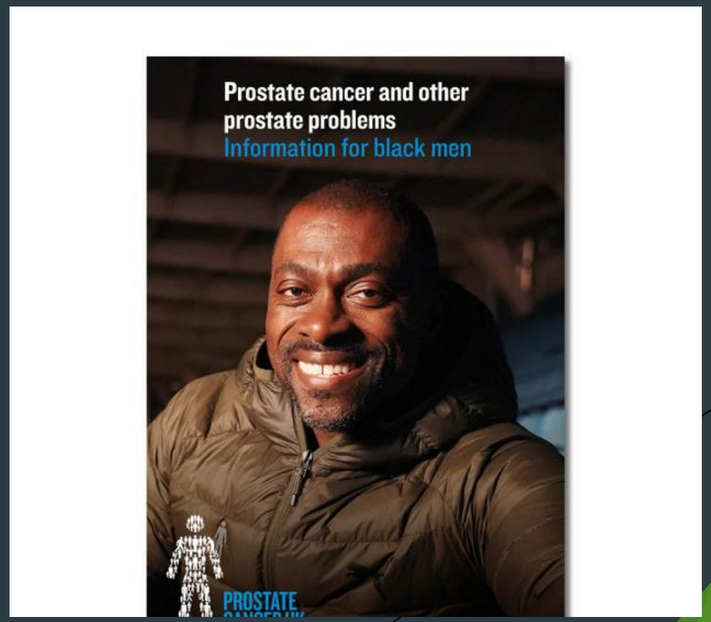

LONELY BEATZ x QUOTEMAX
SWEET MOTHER
PRODUCED BY LONELY BEATZ


FIVEXM RE
BLACK MATERNITY
RIENCES SURVEY
ONWIDE STUDY OF BLACK
EN'S EXPERIENCES OF MATERNITY
CES IN THE UNITED KINGDOM
SEARCHERS
AUTHORS

Mind the Gap


india.a
BROWN S

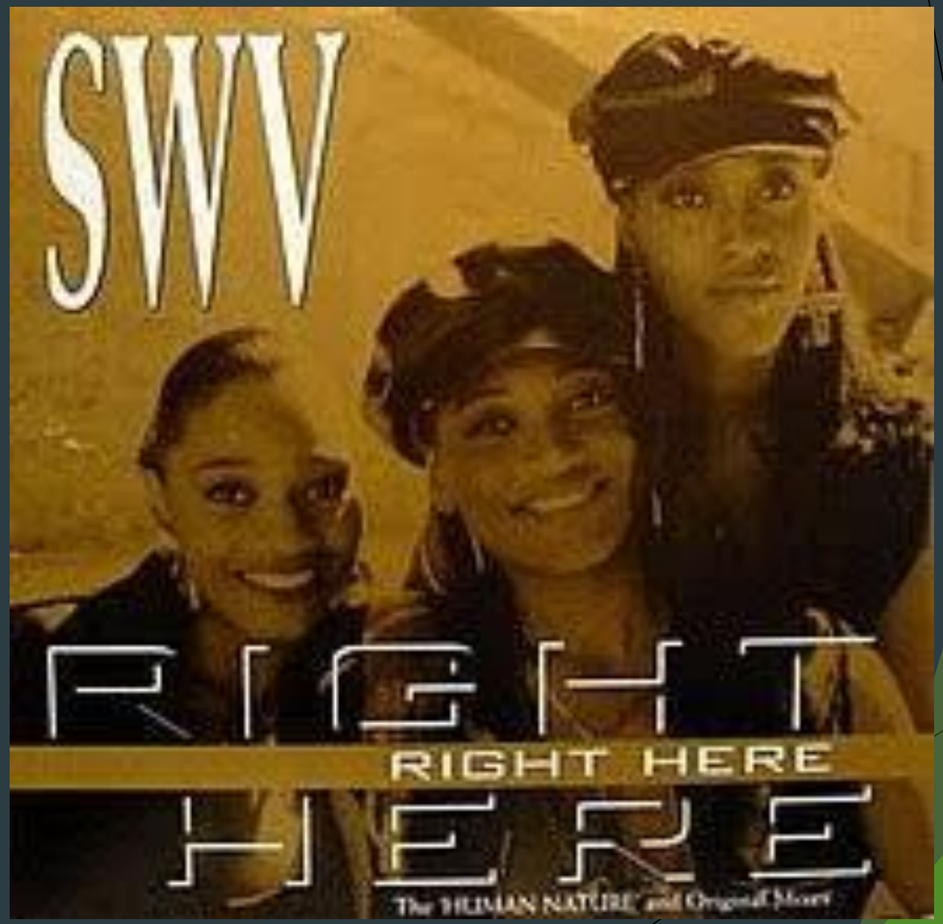

MIND THE GAP
- A HANDBOOK OF CLINICAL SIGNS IN BLACK AND BROWN SKIN -


Prostate cancer and other
prostate problems
Information for black men
PROSTATE


Armand Van Helden
featuring
Duane Harden
You Don't
Know Me
TINTED

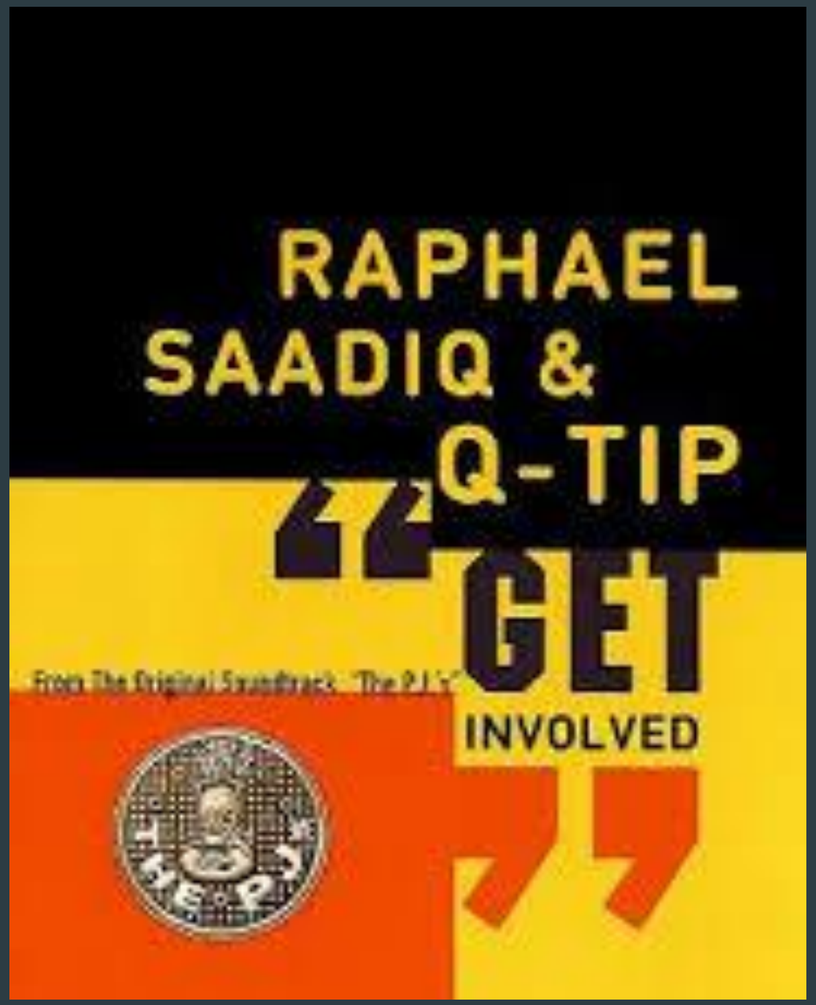

TRUST ISSUES
T@$△

“Hard to reach” vs “Hardly Reached”



No Money, Mo' Problems

Recognition to Action



tient Participation Grou

ETHNIC MINORITY
RESEARCH INCLUSION

Get Involved

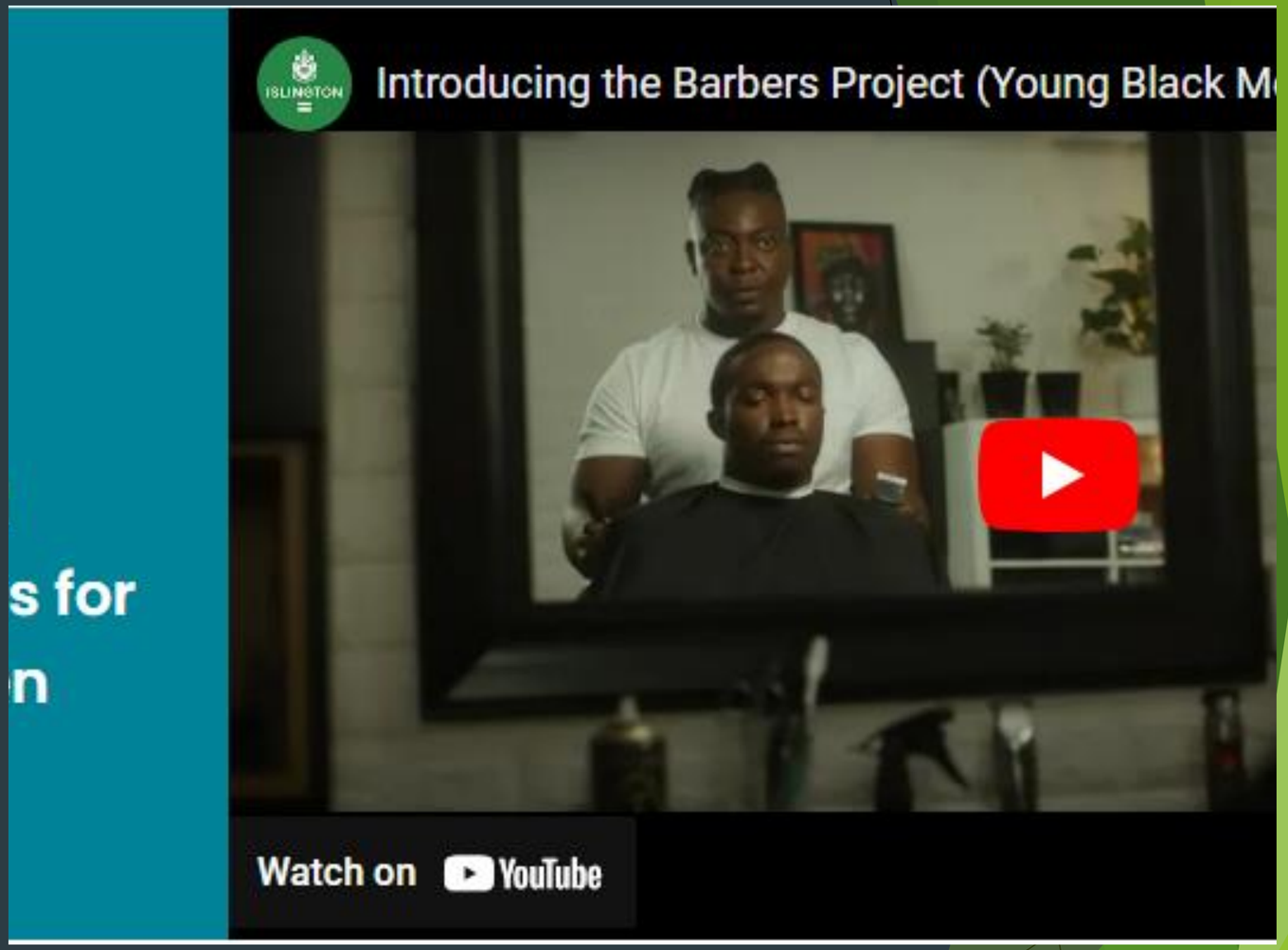
National
Voices


MISSY ELLIOTT
4 MY PEOPLE
JAY PSAR
DirtySkeys
REMIX


Lambeth together
INSPIRE


Health Hours for You!
Join us each week for our CATHIP Health Hours with medical practitioners
• Talks on health conditions and wellbeing
• Opportunities to ask questions to medical professionals
• Lived experience stories
• Information tailored to the Black population
There is something for everyone each week whether you are a community member, health professional, student or an individual working in settings that provide care or support to Black people.
Every Saturday 11:00hrs - 12:15hrs
Join us via Zoom:
https://us02web.zoom.us/j/84516756373
Mental and Emotional Health
Respiratory Conditions
Cancer
Blood, Blood Borne and Immunological Conditions


Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)
Publication date: March 2022


ISLINGTON
Introducing the Barbers Project (Young Black M
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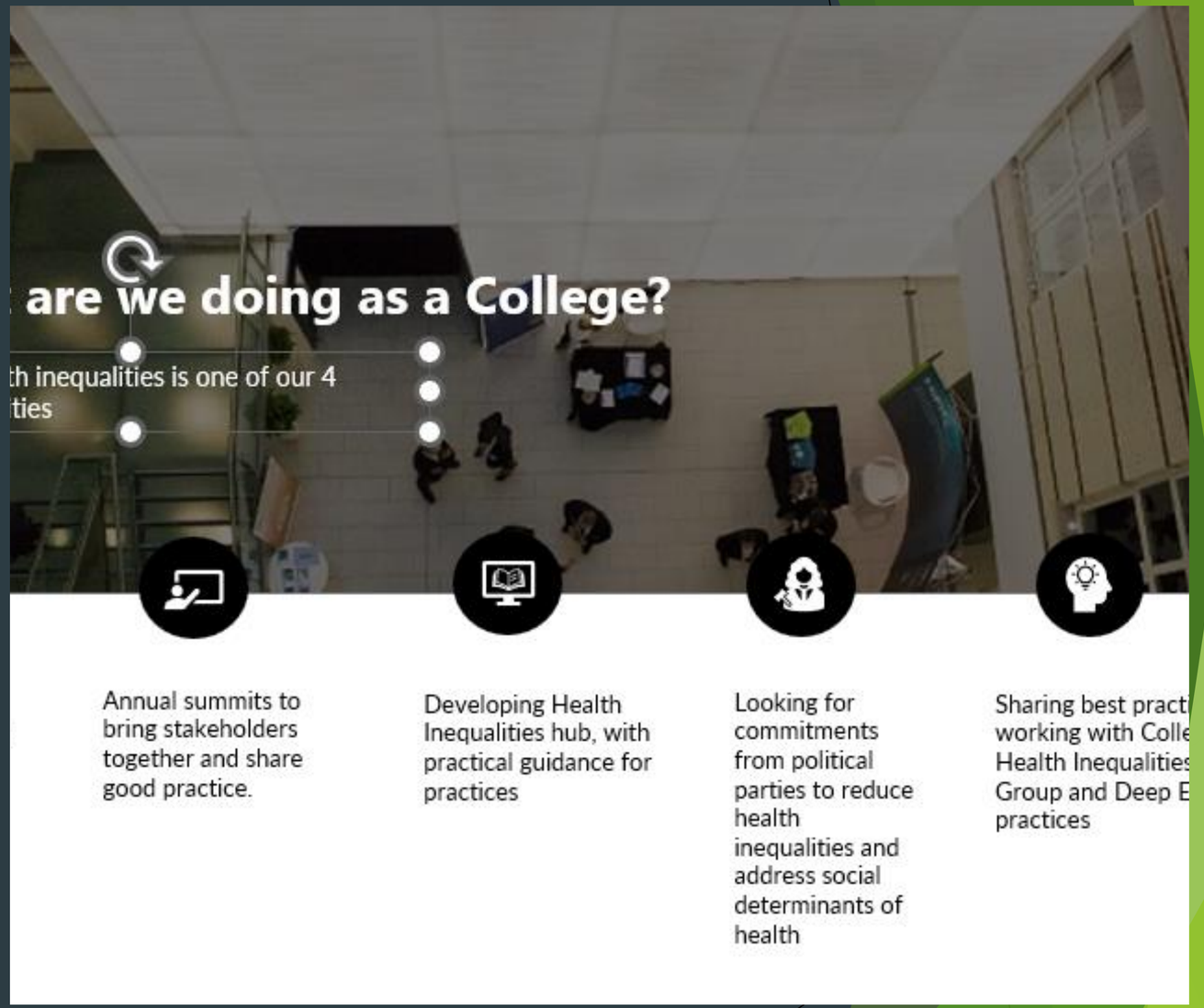
Watch on YouTube


12" SI
Labi Siffre
SO STRONG
"the more you refuse to hear my voice the louder i will si


are we doing as a College?
th inequalities is one of our 4
ties
Annual summits to bring stakeholders together and share good practice.
Developing Health Inequalities hub, with practical guidance for practices
Looking for commitments from political parties to reduce health inequalities and address social determinants of health
Sharing best practi
working with Colle
Health Inequalities
Group and Deep E
practices

Thank you

@docmagsy

Margaret.Ikpoh@rcgp.org.uk

ETHNIC HEALTH INEQUALITIES

PROF HABIB NAQVI MBE
CHIEF EXECUTIVE, NHS RACE AND HEALTH OBSERVATORY

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NHS

Legacy and Health Equity Partnership

Tackling the ‘causes of the causes’ of ethnic inequalities in health

Prof Habib Naqvi MBE FFPH
Chief Executive
NHS Race and Health Observatory

X (Twitter): @DrHNaqvi

NHS RACE & HEALTH OBSERVATORY

Inequality and wider determinants of health – a global challenge

There is irrefutable global evidence that people from Black and minority ethnic backgrounds that live in White majority countries such as the US, UK, Canada, Australia and New Zealand, generally have poorer life chances and experiences compared to their White counterparts.

Across all indicators ethnic minority folk, in general, are more likely to:

- *Health – get chronic diseases and die sooner*
- *Wealth – make less money over their life course*
- *Housing – live in poorer areas and accommodation*
- *Judiciary – to be convicted and imprisoned*
- *Employment – have poorer experiences and opportunities in the workplace*

RHO rapid evidence review

- Our review found evidence to suggest clear barriers to seeking help for mental health problems rooted in a distrust of both primary care and mental health care providers, as well as a fear of being discriminated against in healthcare.

- In maternity, a consistent theme was women's experiences of negative interactions, stereotyping, disrespect, discrimination and cultural insensitivity.

- The review found that ethnic minority people are not well represented in large genomic wide association (GWA) studies.

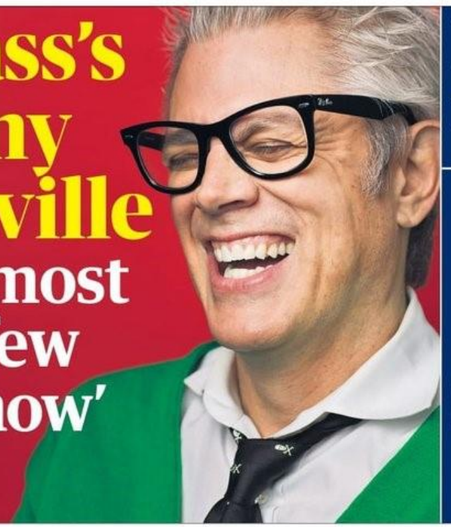
- The review found evidence of NHS ethnic minority staff enduring racist abuse from other staff and patients and this was particularly stark for Black groups.

- The evidence on the damaging role of experiences of racism on both health and healthcare inequalities is profound.

NHS RACE & HEALTH OBSERVATORY

Jackass's Johnny Knoxville 'I've almost died a few times now'

G2



How to put the fizz back into your relationship G2

The Guardian

For 200 years

Monday
14 February 2022
£2.50 | €2.90
From £1.85 for subscribers

News provider of the year

Damning race report reveals vast inequalities across health service

Exclusive Call for radical action after review finds gross failings in the NHS

Andrew Gregory
Health editor

Radical action is needed urgently to tackle "overwhelming" minority ethnic health inequalities in the NHS, leading experts have said, after a damning study found the "vast" and "widespread" inequity in every aspect of healthcare it reviewed was harming the health of millions of patients.

Racism, racial discrimination, barriers to accessing healthcare and woeful ethnicity data collection have "negatively impacted" the health of black, Asian and minority ethnic people in England for years, according to the review, commissioned by the NHS Race and Health Observatory, which reveals the true scale of health inequalities faced by ethnic minorities for the first time.

"Ethnic inequalities in health outcomes are evident at every stage throughout the life course, from birth to death," says the review, the largest of its kind. Yet despite "clear", "convincing" and "persistent" evidence that ethnic minorities are being failed, and repeated pledges of action, no "significant change" has yet been made in the NHS, it adds.

The 166-page report, seen by the Guardian, is due to be published in full this week.

From mental health to maternity care, the sweeping review led by the University of Manchester paints a devastating picture of a healthcare system still failing minority ethnic patients despite concerns previously raised about the harm being caused.

"By drawing together the evidence, and plugging the gaps where we find them, we have made a clear and overwhelming case for radical action on race inequity in our healthcare system," said Habib Naqvi, the director of the NHS Race and Health Observatory, an independent body established by the NHS in 2020 to investigate health inequalities in England.

> *'Inequalities are evident at every stage from birth to death'*
>
> **The findings in the 166-page NHS race and health review**

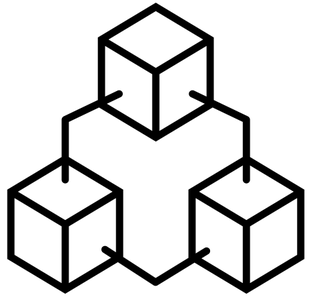
The Covid pandemic has taken a disproportionate toll on ethnic minorities, prompting fresh questions about inequalities that permeate the practice of medicine. The observatory ordered the review last year to synthesise the evidence, translate it into "actionable policy" and "challenge leaders to act".

Naqvi said: "This report is the first of its kind to analyse the overwhelming evidence of ethnic health inequality through the lens of racism."

6

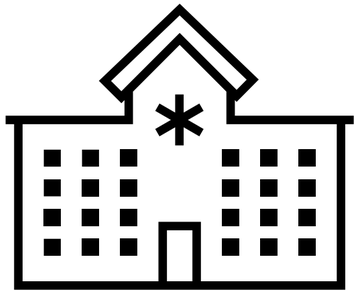
NHS RACE & HEALTH OBSERVATORY

RHO anti-racism approach



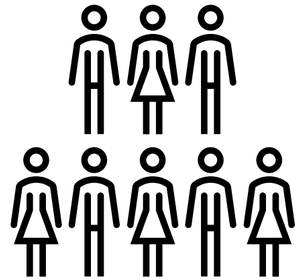
Structural racism

- Socio-economic context
- Resource distribution
- Legislation
- Education
- Employment



Institutional racism

- Policies
- Practices



Interpersonal racism

- Cultural assumptions
- Behaviours
- Stigma
- Trauma

NHS RACE & HEALTH OBSERVATORY


TRUST =
Truth x Consistency x Time
TRU
ST

The RHO anti-racism principles

- **Name racism,** engaging seriously and continuously with the ways in which racism impacts the lives of the patients and service users who are your focus.
- Establish a **mutually accepted model of racism** and health, which all partners will accept and ratify.
- **Involve racially minoritised individuals** in every stage of development, including ensuring that the improvement team themselves are racially diverse.
- **Collect and publish data** on race inequity in its entirety. Where data is not available, change policies to ensure that data is collected.
- **Identify racist bias** in policies, decision making processes, and other areas within your organisation.
- **Apply a race-critical lens** to the adoption of interventions to be tested – did underlying research involve community participation? Who were the researchers?
- **Evaluate** based on measures that recognise the role of racism as determinant of health.

NHS RACE & HEALTH OBSERVATORY

NHS RACE & HEALTH OBSERVATORY

Programme of work

Through robust stakeholder engagement, we have identified several broad areas of focus for the Observatory during its first 3 years:

Improving health and care

a. Maternity and neonatal health outcomes
b. Mental health and wellbeing across communities

Empowering the vulnerable

a. Impact of Covid-19 on diverse communities
b. Care pathways for those with sickle cell

Innovating for all ages

a. Insight and digital access to healthcare
b. Genomics and precision medicine

Creating equitable environments

a. Workforce race equality and the role of leadership
b. Diversifying healthcare research and education

Partnerships and global working

a. Community and stakeholder engagement in the UK
b. Global partnerships and sharing good practice

Our operating model

he Observatory works towards tackling ethnic and racial inequalities in healthcare amongst patients, communities and the HS workforce. It is a proactive investigator, making evidence-based recommendations for change and helping to facilitate actical implementation of those recommendations across health and care.

1 Synthesize insight

Catalyse and facilitate high-quality and innovative evidence to develop meaningful insight

2 Inform policy

Develop and embed evidence-based insight into actionable policy recommendations for change

3 Enable transformation

Support the implementation of recommendations and share good practice to facilitate change in the NHS

NHS RACE & HEALTH OBSERVATORY

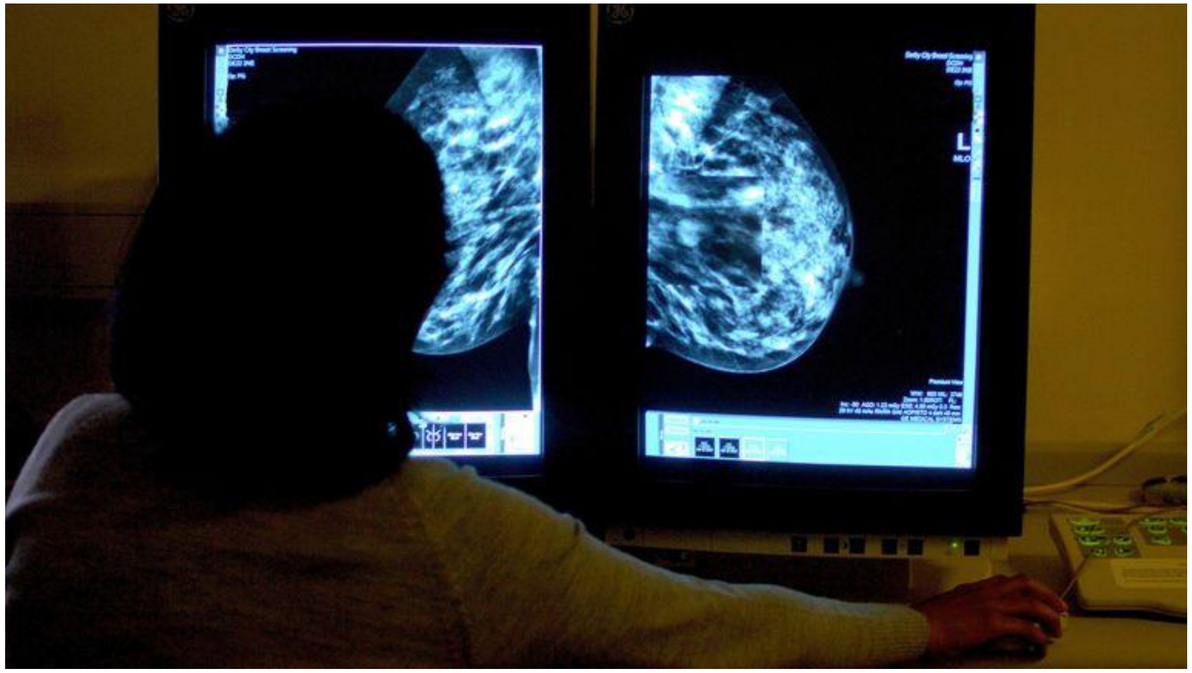
Tackling the bias: engagement at the core

- Independent expert body that identifies and tackles racial inequalities in health and healthcare
- Evidence-driven, factual and solution focussed
- An excuse remover

Project launched to bust myth breast cancer is 'white person's disease'

Medics want more black, Asian and ethnic minority people to participate in breast cancer trials, as they warned people from those backgrounds have been underrepresented in previous studies.

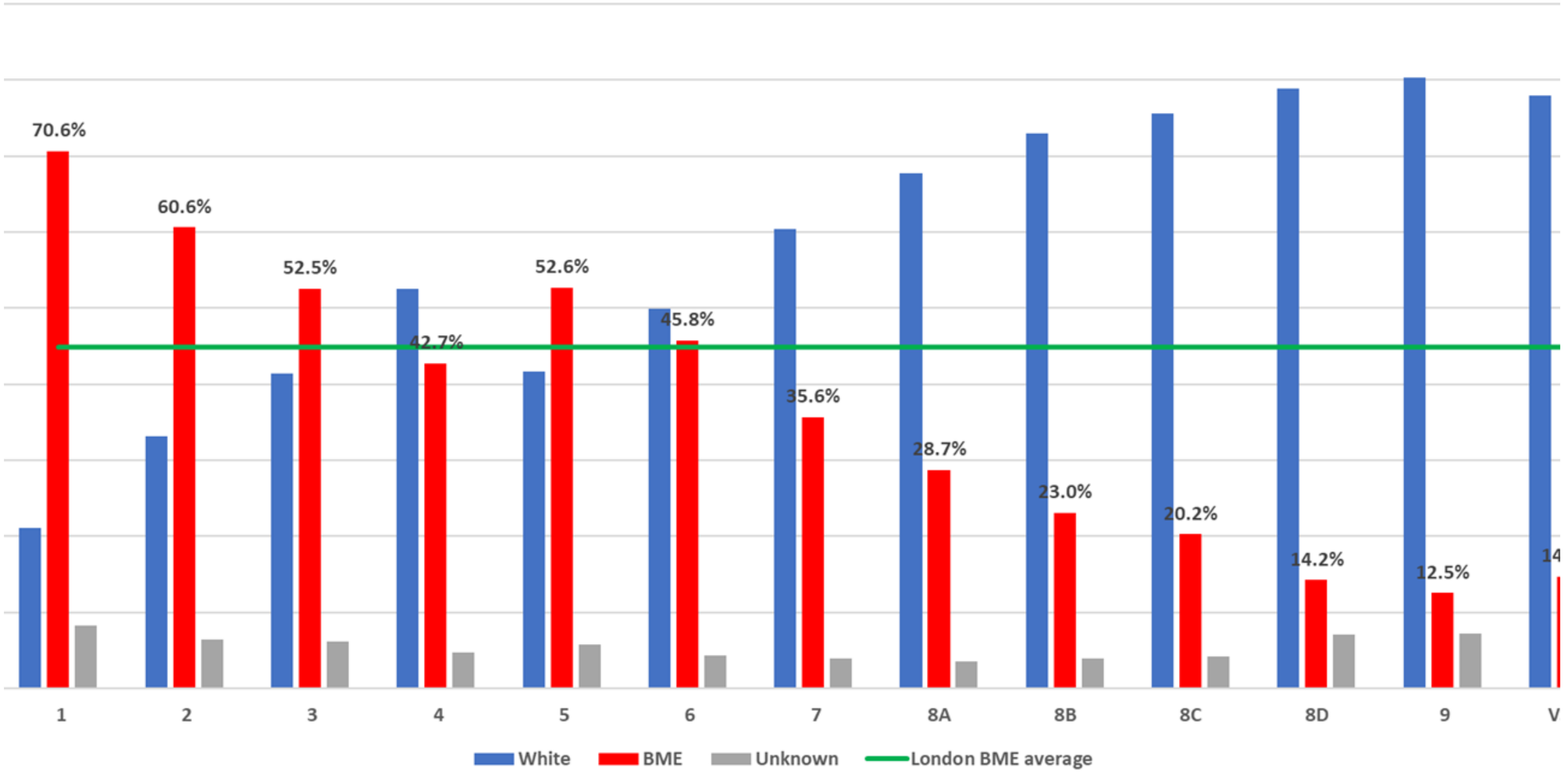
Samuel Osborne
News reporter @samuelosborne93



Staff engagement leads to better patient outcomes

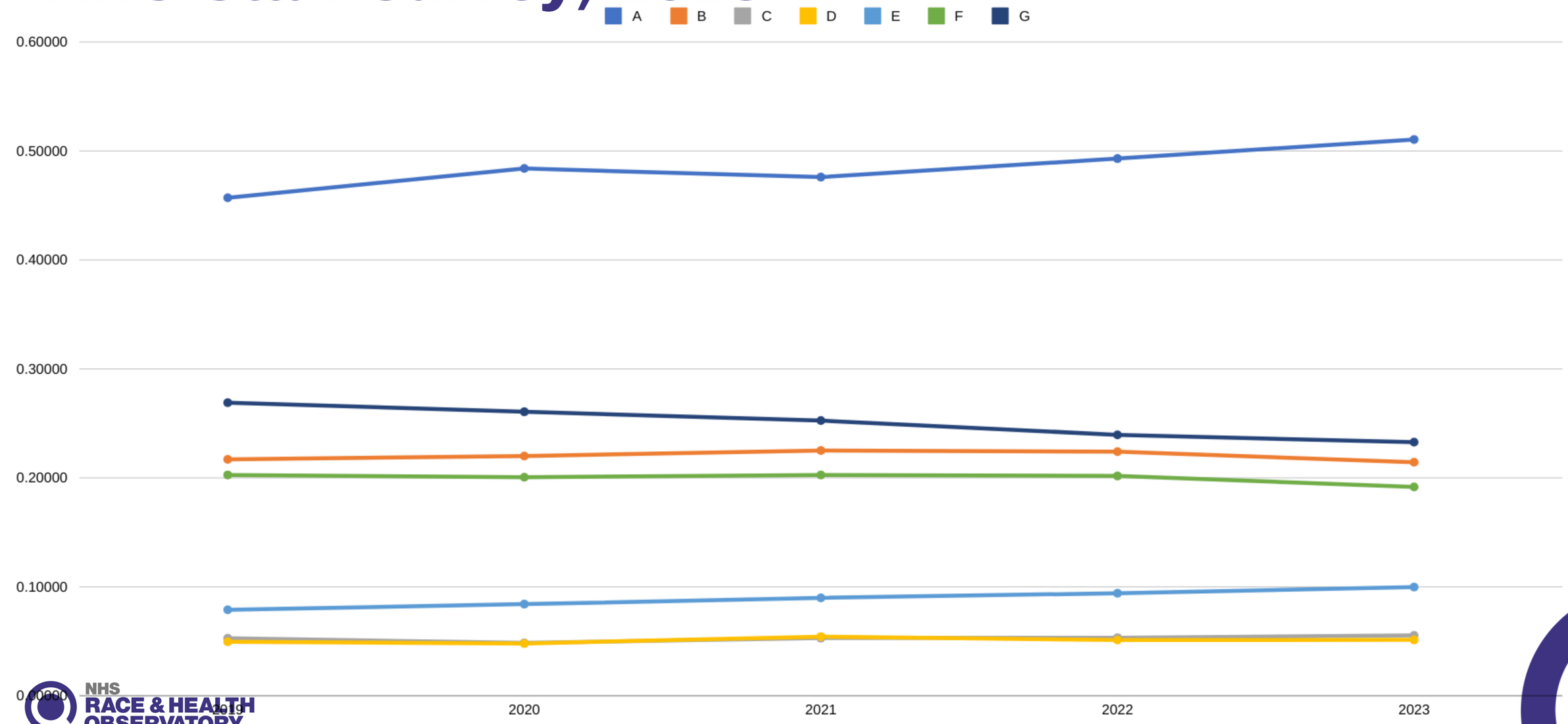
NHS RACE & HEALTH OBSERVATORY

Ethnicity of NHS staff in London hospitals by pay bands



NHS RACE & HEALTH OBSERVATORY

The reason for discrimination – NHS Staff Survey, 2023



NHS RACE & HEALTH OBSERVATORY

What needs to change?

Although many of the causes of ethnic health inequalities are beyond its control, the NHS does have an important role to play in tackling them. It needs to build on the work undertaken during the pandemic and urgently address critical gaps in its capabilities to tackle ethnic health inequalities:

1. Accelerating action to **diversify its senior leadership** and improve the experience of staff from Black and minority ethnic groups.
2. Ensuring **health inequality leads** and **equality leads** are fully enabled and supported to fulfil that critical function.
3. Increase **investment in engagement** – to build sustained and trusting relationships.
4. Actions to address ethnic health inequalities must sit within a **broader approach to addressing the overlapping causes** and dimensions of inequalities.
5. NHS structures need to reinforce the tackling of **ethnic health inequalities as a priority** without repeating previous errors of an overly centralised and top-down approach.
6. The NHS must act at every level from national government through to local neighborhoods to address ethnic inequalities in health, and critically, the **root causes** of those inequalities – making this 'business as usual' rather than a sideshow.

Email: info@nhsrho.org

Website: nhsrho.org

Twitter: @DrHNaqvi

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Supporting the health of Black Londoners

TAG US ON SOCIALS:

#BLACKHEALTHSUMMIT24

FOLLOW US:

@LDNinspire_

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BLACK HEALTH INEQUALITIES SUMMIT

FROM RECOGNITION TO ACTION

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MATERNAL AND NEONATAL HEALTH

WHEATLEY ROOM (2ND FLOOR OF THE LIBRARY)

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FIVEXMORE

Advancing Black Maternal Health Outcomes over the years

Ms Tinuke Awe and Ms Clo Abe
Co-founders of Five X More CIC

BLACK HEALTH INEQUALITIES SUMMIT - WORKSHOP

?

We are a grassroots organisation, dedicated to highlighting and changing Black maternal health outcomes in the UK.

FIVEXMORE

Parliamentary Milestones

JULY 2020
187,000 on Petition to improve Black maternal healthcare

SEPTEMBER 2020
Submitted Written Evidence to the Maternity Safety Inquiry

DECEMBER 2020
Gave Oral evidence in parliament to Health and Social Care Select Committee

APRIL 2021
Historical petition debate on Black maternal health

JULY 2021
Featured in the Health and Social Care committee report

SEPTEMBER 2021
Launched All Party Parliamentary Group (APPG) on Black Maternal Health

SEPTEMBER 2021
2nd Westminster Hall Debate on Black Maternal Health

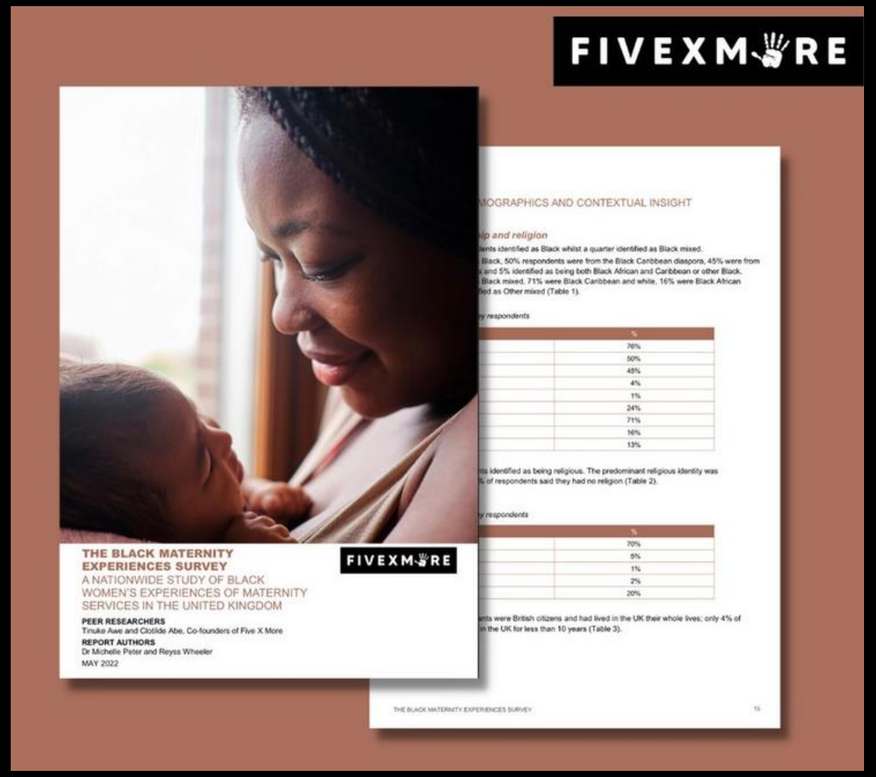
MAY 2022
Gave Oral evidence in parliament to Womens Select Committee

APRIL 2022
First APPG meeting in the House of Commons

NOVEMBER 2022
3rd Westminster Hall Debate on Black Maternal Health & MP's Sign Pledge

MARCH 2023
Black Maternal Health Report Launched by WomensSelect Committee

19th April 2021 Debate on Black Maternal Healthcare and Mortality



"Women from Black and other ethnic minority groups are under-represented in the responses we have received"

#Blackmereport

Key Observations From The Black Maternity Experience Report

- Black women do take part in research
  This study contains experiences from Black and Black mixed women only
- Black women complained less than Black mixed women, despite receiving poorer care
- Respondants earned above the national average, were degree level educated and were either married or in a relationship
- Respondants earned above the national average, were degree level educated and were either married or in a relationship

Black Maternal Health Pledge

Black Maternal Health MP Pledge

I pledge to call on the Government to use existing data to set targets to close the gap in the mortality rates and address the overall disparities in maternity outcomes.

Supporting women with our resources

- Newly launched app Maternity
- wallets
- 6 Recommended steps for women
- 5 Recommended steps for
- partners Know your rights
- NHS complaint procedure
- Hypnobirthing
- When to call the midwife Questions
- to ask in appointments and many
- more....

THANK YOU FOR LISTENING

www.fivexmore.org

Info@fivexmore.org

@fivexmore_

@fivexmore

@fivexmore

FIVEXMORE

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Supporting the health of Black Londoners

BLACK HEALTH INEQUALITIES SUMMIT

FROM RECOGNITION TO ACTION

Delivered by

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WORKING WITH BLACK COMMUNITIES FOR IMPROVED HEALTH OUTCOMES

PROFESSOR BOLA OWALABI,

DIRECTOR OF NATIONAL HEALTHCARE INEQUALITIES IMPROVEMENT PROGRAMME, NHS ENGLAND.

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Delivered by CAHN Caribbean & African Health Network

Supported by Impact on Urban Health · COMMUNITY FUND · NHS · Legacy and Health Equity Partnership

CORE20 PLUS 5

NHS England

Professor Bola Owolabi MRCG FRSPH

Director – National Healthcare Inequalities Improvement Programme

Vision

Exceptional quality healthcare for all through **equitable access, excellent experience** and **optimal outcomes**

ETHNIC HEALTH INEQUALITIES IN THE UK

BLACK WOMEN ARE **4x** MORE LIKELY THAN WHITE women to DIE in PREGNANCY or childbirth in the UK.

Ref: https://bit.ly/3ihDwcN

SOUTH ASIAN & BLACK PEOPLE ARE **2–4x** MORE LIKELY TO DEVELOP Type 2 diabetes than white people.

Ref: https://bit.ly/3ulDy68

IN BRITAIN, SOUTH ASIANS HAVE A **40%** HIGHER DEATH RATE from CHD than the general population.

Ref: https://bit.ly/3iIfe9V

IN THE UK, AFRICAN-CARIBBEAN MEN ARE UP TO **3x** more likely to DEVELOP PROSTATE CANCER than white men of the same age.

Ref: https://bit.ly/39KWgEs

ACROSS THE COUNTRY, FEWER THAN **5%** OF BLOOD DONORS are from BLACK AND MINORITY ETHNIC communities.

Ref: https://bit.ly/3ulg17r

BLACK AND MINORITY ETHNIC PEOPLE HAVE UP TO **2x** the mortality risk from COVID-19 than people from a WHITE BRITISH BACKGROUND.

Ref: https://bit.ly/3EZS20d

BLACK AFRICAN AND BLACK CARIBBEAN PEOPLE ARE OVER **8x** more likely to be subjected to COMMUNITY TREATMENT ORDERS than White people.

Ref: https://bit.ly/3zK5ijL

ESTIMATES OF DISABILITY-FREE LIFE EXPECTANCY ARE **10 YEARS** LOWER FOR BANGLADESHI MEN living in England compared to their White British counterparts.

Ref: https://bit.ly/3urjmit

24% OF ALL DEATHS IN ENGLAND & WALES, IN 2019, were caused by CARDIO VASCULAR DISEASE in Black and minority ethnic groups.

Ref: https://bit.ly/3CYz22P

CONSENT RATES FOR ORGAN DONATION ARE AT **42%** for Black and minority ethnic communities and 71% FOR WHITE ELIGIBLE DONORS.

Ref: https://bit.ly/3ogN3fm

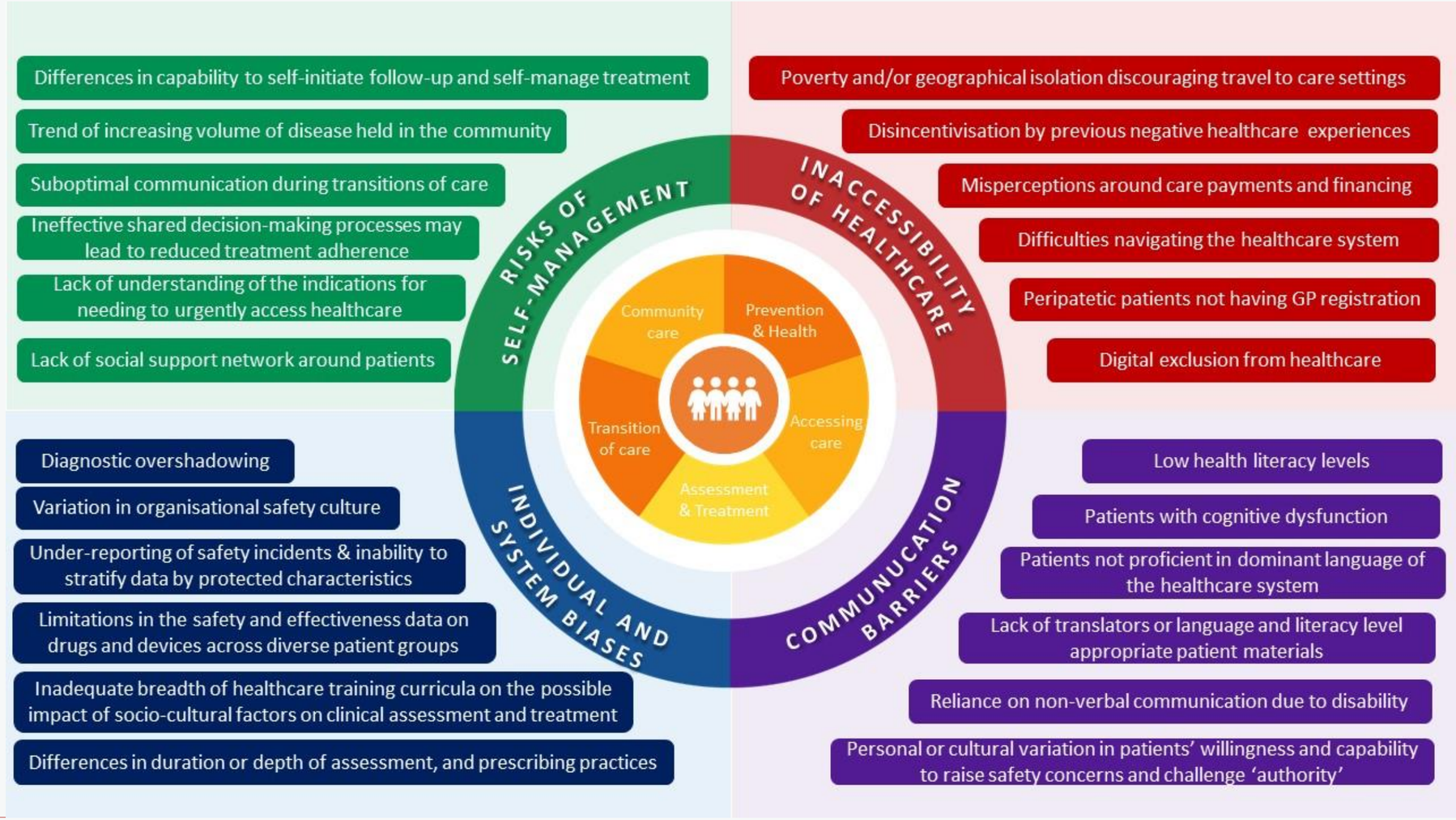
NHS England

Health Inequalities and Patient Safety

Patient Safety Incidents are often a manifestation of underlying health inequalities.

[Action on patient safety can reduce health inequalities | The BMJ]

Cian Wade et al.



CORE20 PLUS 5

NHS England

#Narrowthegap

Data
Action Framework
Demonstrable Progress

Narrowing Black Healthcare Inequalities - Data

Action Framework - Narrowing Black Health Inequalities

Health Inequalities Improvement

Policy Drivers:

- The NHS Constitution
- 2022 Health and Care Act
- The NHS Long Term Plan
- Equity in Medical Devices Report
- NIHR-INCLUDE framework
- Levelling up White Paper

The Royal Society of Medicine

TACKLING INEQUALITIES

Tackling Health Inequalities in England

NHS England

https://www.rsm.ac.uk/tackling-inequalities/

REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20PLUS5

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

NHS

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

CORE20 PLUS 5

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Key clinical areas of health inequalities

1. **ASTHMA**
   Address over reliance on reliever medications and decrease the number of asthma attacks

2. **DIABETES**
   Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3. **EPILEPSY**
   Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4. **ORAL HEALTH**
   Address the backlog for tooth extractions in hospital for under 10s

5. **MENTAL HEALTH**
   Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

CORE20PLUS5

NHS England architecture to support delivery of **Core20PLUS5**; NHS England's approach to reducing healthcare inequalities

CORE20PLUS CONNECTORS

Connectors are those with influence in their community who can help engage local people with health services.

CORE20PLUS INNOVATION

Projects to improve access to innovative health technologies and medicines are being run with local communities. This work aims to identify, address and minimise healthcare inequalities for Core20PLUS groups through schemes such as the Innovation for Healthcare Inequalities Programme (InHIP).

CORE20PLUS COLLABORATIVE

The collaborative brings together strategic partners and experts working to reduce and prevent healthcare inequalities. Members are drawn from NHS England's key stakeholders, the wider NHS and strategic system partners including arms length bodies, think tanks, charities and academic partners.

CORE20PLUS ACCELERATORS

Accelerator sites help to develop and share good healthcare inequalities improvement practice across integrated care systems (ICSs)

CORE20PLUS AMBASSADORS

The ambassadors are people working within the NHS who are committed to narrowing healthcare inequalities and ensuring equitable access, excellent experience, and optimal outcomes for all – particularly Core20PLUS populations who are more likely to experience healthcare inequalities.

Prioritised list of QI actions to improve SCD care pathway

Themes developed from the gaps and challenges outlined in the review report – see slide 13

1. Workforce Capacity and Capability
   NHS England and HEE to work with health professional associations, and other stakeholders to increase the number of qualified health professionals providing sickle cell disorder care.
2. Address General Challenges:
   Address access to exemption from prescription charges
3. Address lack of effective strategies to prevent acute exacerbations & end organ complications
4. Address variations in general access to services and Clinical Practice
5. Address Information, Education, Training and Communication
6. Address Data, Access to Data and Digital Tools (includes electronic care plans etc)
7. Address Patient Experiences
8. Address lack of effective primary prevention strategies
9. Address gaps in monitoring the quality of services delivered
10. Research and Innovation - Develop red cell research programme

Small Business Research Initiatives

SBRI

- The SBRI Programme is committed to unleashing innovations that can help deliver equitable healthcare and benefit the most vulnerable groups of society and deprived communities
- SBRI Healthcare is an Accelerated Access Collaborative (AAC) initiative – a partnership between patient groups, government bodies, industry and the NHS hosted by NHS England – and is delivered in partnership with the Academic Health Science Networks (AHSNs).
- £1 million was awarded to three innovators tackling Mental Health Inequalities in Children and Young People
- £3.3 million to eight late-stage innovations that help detect, prevent and manage Cardiovascular Disease (CVD). Cardiovascular Disease is a leading cause of premature disability, mortality, and health inequalities in the UK
- £900,000 for the development of ten innovations that help narrow inequalities in maternity care. While the UK is among one of the safest places to give birth, maternity care is impacted by health inequalities. Black and Asian women are more likely to die during pregnancy, and childbirth and poor pregnancy outcomes such as preterm birth, foetal growth restriction, and stillbirth, disproportionately affect Black and Asian women from the most socio-economically deprived backgrounds.
- https://sbrihealthcare.co.uk/wp-content/uploads/2023/02/SBRI-Healthcare-Annual-Review-20_22-1.pdf

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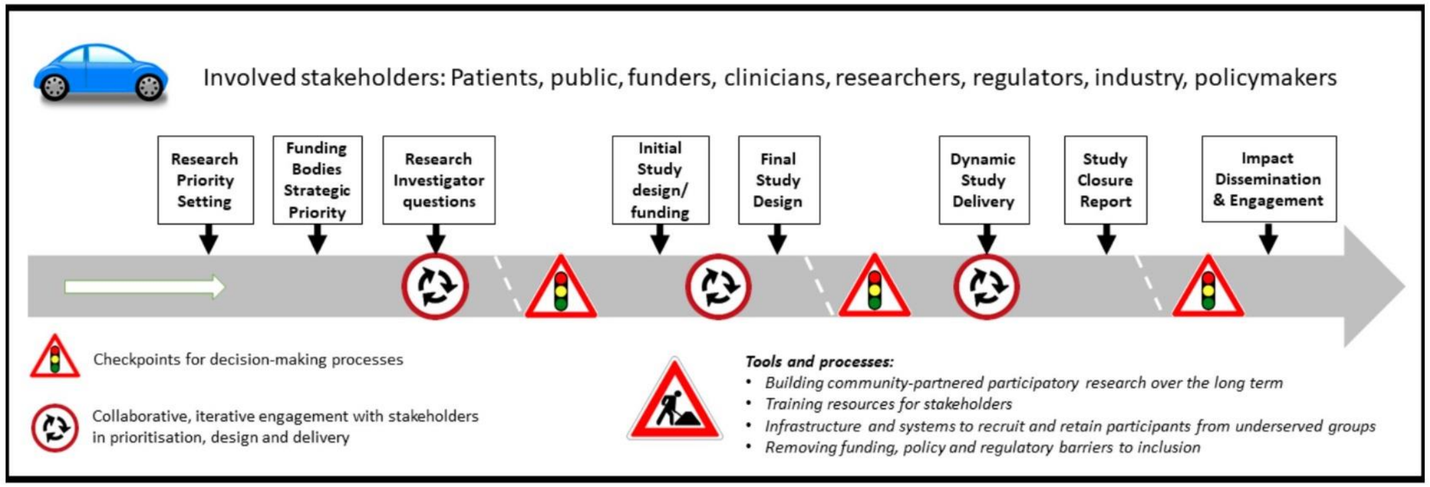
Improving inclusion of under-served groups in clinical research: Guidance from INCLUDE project

The INCLUDE roadmap



NIHR have now set up a programme of research looking at underserved populations & communities.

Innovation for Healthcare Inequalities Programme (InHIP)

Programme:

- Addressing local healthcare inequalities using the **Core20PLUS5 approach** by supporting systems to **improve access to innovations** (medicines and health technologies).
- Projects are **designed and led by ICSs**, supported by their AHSNs. Focus on
  - **Core20PLUS population,**
  - **Alignment to one of 5 clinical areas,**
  - **A NICE-approved innovation.**
- Local communities are key to the delivery of the programme through a co-design approach.
- Leverages HII and innovation, spread and adoption expertise from HIIT, AAC and AHSNN.

Progress:

- **39 projects** from 38 ICSs allocated almost **£3.9m**

Clinical area	ICS	Funding (£k)	Key innovations include
CVD	26	2,526	Lipid management, DOACs
Respiratory	8	797	Asthma biologics, FeNO
Cancer	2	200	Quantitative faecal immunochemical tests
Maternity	2	150	PlGF

- Projects are at varying stages of delivery but are mainly establishing teams and governance, planning community engagement and establishing data collection systems.
- The national team are supporting these activities through delivery guidance, measurement frameworks, HII educational content, and community of practice co-ordination.

Thank You

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CVD POLICY PAPER

DR FAYE RUDDOCK DL, CHAIR CARIBBEAN & AFRICAN HEALTH NETWORK (CAHN)

Cardiovascular Disease and Engagements with Communities

–

CVD Policy Position Paper

Dr Faye Ruddock DL
Chair, CAHN & National Black Cardiovascular Advisory group

Lead | Educate | Support | Advocate | Enhance

Key Factors Entrenching CVD Inequalities

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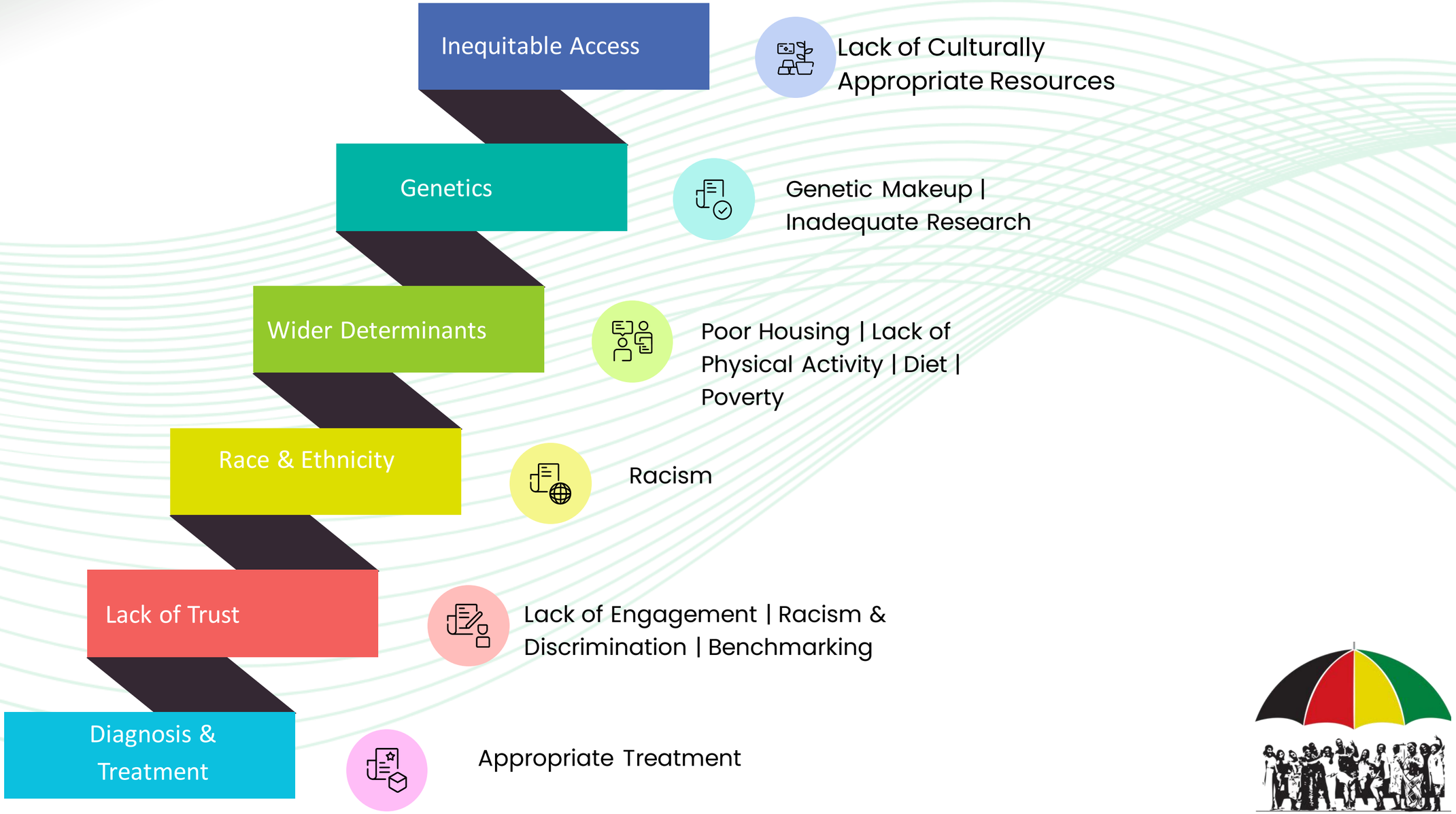

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Burden of CVD - Annual Burden on the UK

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Caribbean & African Health Network

Increasing CVD Rates each year

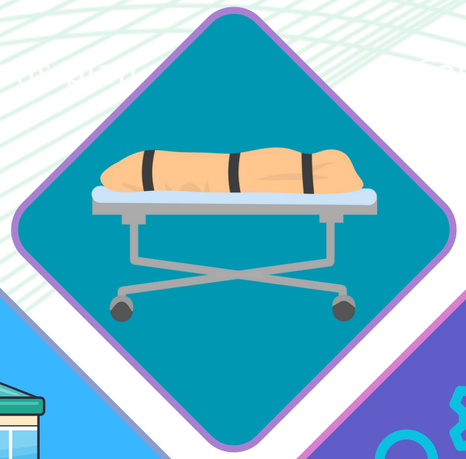
NHS £7.4 billion

£4.5 billion Social Care

£8 Billion in formal care

250,000 Hospital Admissions

140,000 deaths in England per annum



£32 billion Quality Adjusted Life Years

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CVD Timeline

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Caribbean & African Health Network

2015
MSc Primary Care Management

2016
PHD CVD

2017
CAHN

2021
DHSC Policy School - Policy

2022
Creation of Black CVD Advisory Group

2023
Policy Paper

December 2024
Launch of Policy paper

NHS England and the Caribbean & African Health Network (CAHN) collaborated on this pioneering life changing initiative. Worked with partners to identify how we could collectively develop a scalable and sustainable model that can improve cardiovascular health for the Black Caribbean and BSSA community

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LEVERS

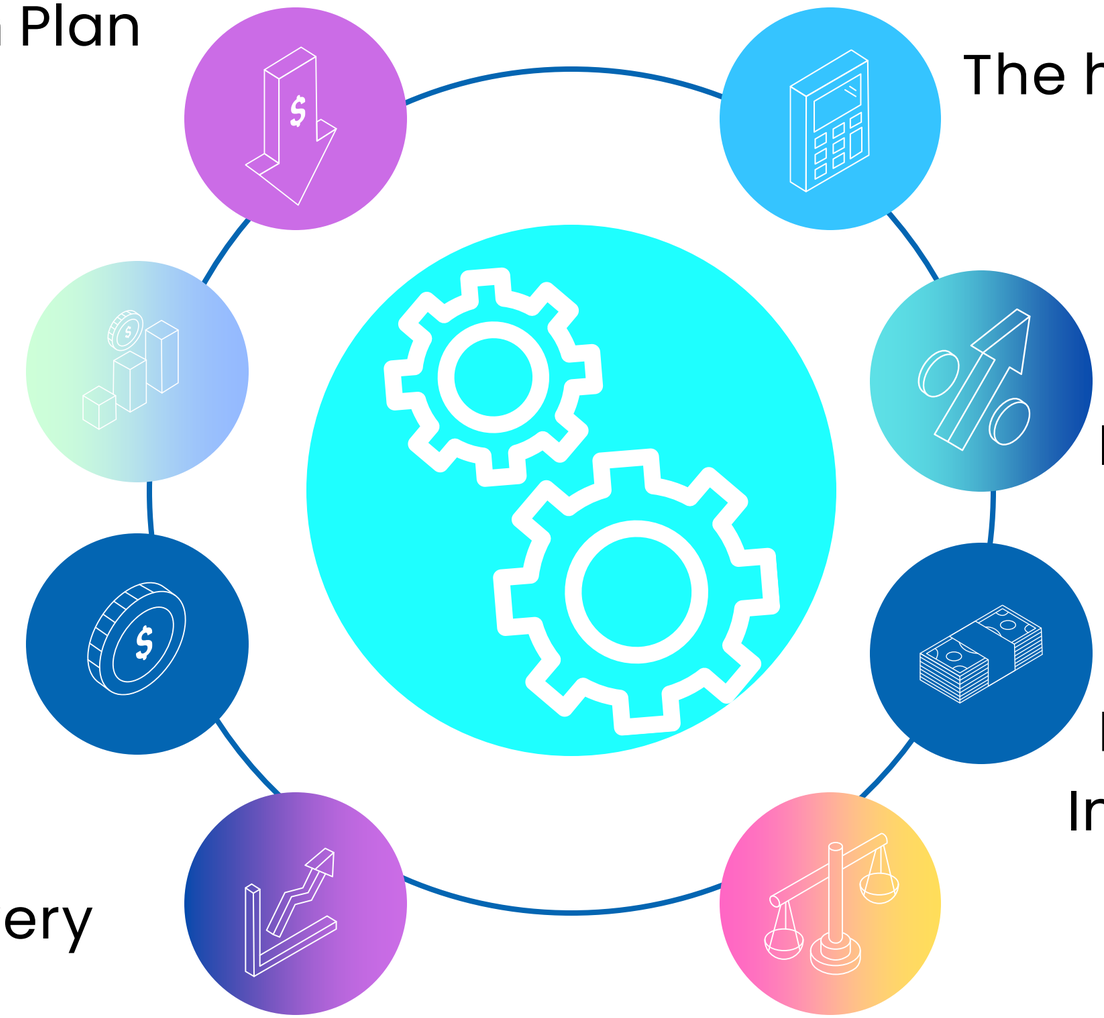
The NHS Long Term Plan (LTP)

Hypertension detection campaign

Core20PLUS5

CVD Prevention Recovery Plan

Health & Social Care Act



The healthcare inequalities programme

ICS White Paper & Integrated Care Systems: design framework

Healthcare Ineqaulities Improvement Dashboard

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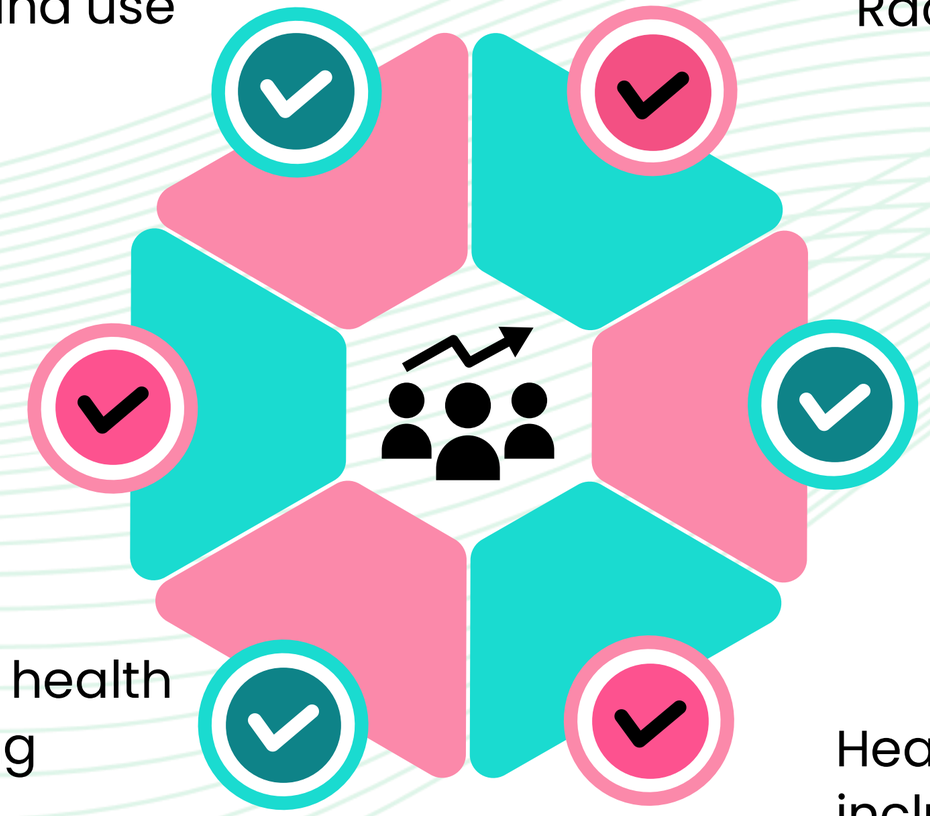
Some Key Themes

Leadership

hyperlocal approach and use of community assets

Racism and Bencharking



Funding and capacity building for the VCSE and getting the community to clinician pathways

Importance of not oversimplifying as one "community"

Knowledge of racial health inequalities - training

Health literacy and digital inclusion

The role of people who are already trusted in sharing health messages

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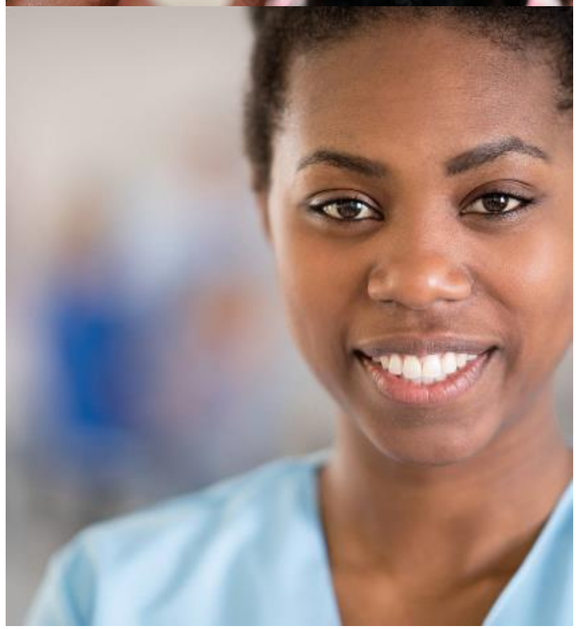
Working Differently

- Build on the outreach model that characterised the COVID-19 vaccination programme (NHS, England 2021).
- Utilisation of the role of the Voluntary Community Enterprise Sector (VCSE) during COVID
- Proper investment and capacity building for the VCSE
- A policy framework that adopts a co-created and strengths-based approach designed to sit alongside Integrated Care System's (ICSs) and system partners



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Patient Voice

‘It is not enough to do to us, we need to be part of the conversation’

Julie Charles

Lead | Educate | Support | Advocate | Enhance

CVD Policy Paper Recommendations

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Call to Action - Antiracist Framework

CAHN
Caribbean & African Health Network

To work within the available infrastructure with the Black community such as faith-based and community organisations to build organisational capacity to increase engagement with CVD prevention activities.

Invest in targeted intervention at younger ages to influence behaviour change

To use the CVD advisory group as the template for co-production to enable other Black Caribbean and African Health inequities to be addressed.

For every Integrated Care Strategy, developed by Integrated Care Partnerships should commit to reducing CVD in Black communities and that these equity actions are built into their 5-year plan.

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CALL TO ACTION AND PLEDGES

YVONNE COGHILL CBE

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From Recognition to Action” – Community and Systems Collaboration to Improving the Health of Black Londoners

Yvonne Coghill

Racism

Racism is a complex, sophisticated and highly successful system that is underpinned by power and the ideology of inferiority and superiority.
The system is sustained by the attitudes and behaviours that develop as a consequence of these beliefs, leading to stereotyping, scapegoating and discrimination. – **Yvonne Coghill**

Recognition To action

Race inequality: a global challenge

There is irrefutable evidence globally that people from black Asian and minority ethnic backgrounds that live in white majority countries like the US, UK, Canada, Australia and New Zealand have poorer life chances and experiences compared to their white counterparts.
Across all indicators people from ethnic backgrounds, in general, are more likely to:

Acquire more chronic diseases and die sooner
Make less money over their life course
Live in poorer areas and accommodation
More likely to be convicted and imprisoned
Have poorer experiences and opportunities in the workplace

ETHNIC HEALTH INEQUALITIES IN THE UK

BLACK WOMEN ARE
4x MORE LIKELY THAN WHITE
women to **DIE** in **PREGNANCY** or childbirth in the UK.
Ref: https://bit.ly/3ihDwcN

IN BRITAIN, SOUTH ASIANS HAVE A
40% HIGHER DEATH RATE
from **CHD** than the general population.
Ref: https://bit.ly/3iifo9V

ACROSS THE COUNTRY, FEWER THAN
5% OF BLOOD DONORS
are from **BLACK AND MINORITY ETHNIC** communities.
Ref: https://bit.ly/3ulg17r

24% OF ALL DEATHS IN ENGLAND & WALES, IN 2019,
were caused by **CARDIO VASCULAR DISEASE** in Black and minority ethnic groups.
Ref: https://bit.ly/3CYz22P

SOUTH ASIAN & BLACK PEOPLE ARE
2-4x MORE LIKELY TO DEVELOP
Type 2 diabetes than white people.
Ref: https://bit.ly/3ulDy88

BLACK AND MINORITY ETHNIC PEOPLE HAVE UP TO 2x
the mortality risk from **COVID-19** than people from a **WHITE BRITISH BACKGROUND.**
Ref: https://bit.ly/3EZS2Qd

ESTIMATES OF DISABILITY-FREE LIFE EXPECTANCY ARE
10 YEARS
LOWER FOR BANGLADESHI MEN living in England compared to their White British counterparts.
Ref: https://bit.ly/3urjmIt

IN THE UK, AFRICAN-CARIBBEAN MEN ARE UP TO 3x
more likely to **DEVELOP PROSTATE CANCER** than white men of the same age.
Ref: https://bit.ly/39KWqEs

BLACK AFRICAN AND BLACK CARIBBEAN PEOPLE ARE OVER 8x
more likely to be subjected to **COMMUNITY TREATMENT ORDERS** than White people.
Ref: https://bit.ly/3zK5ljL

CONSENT RATES FOR ORGAN DONATION ARE AT 42%
for Black and minority ethnic communities and **71% FOR WHITE ELIGIBLE DONORS.**
Ref: https://bit.ly/3ogH3fm

NHS RACE & HEALTH OBSERVATORY

DEVELOPING A RACE EQUALITY STRATEGY

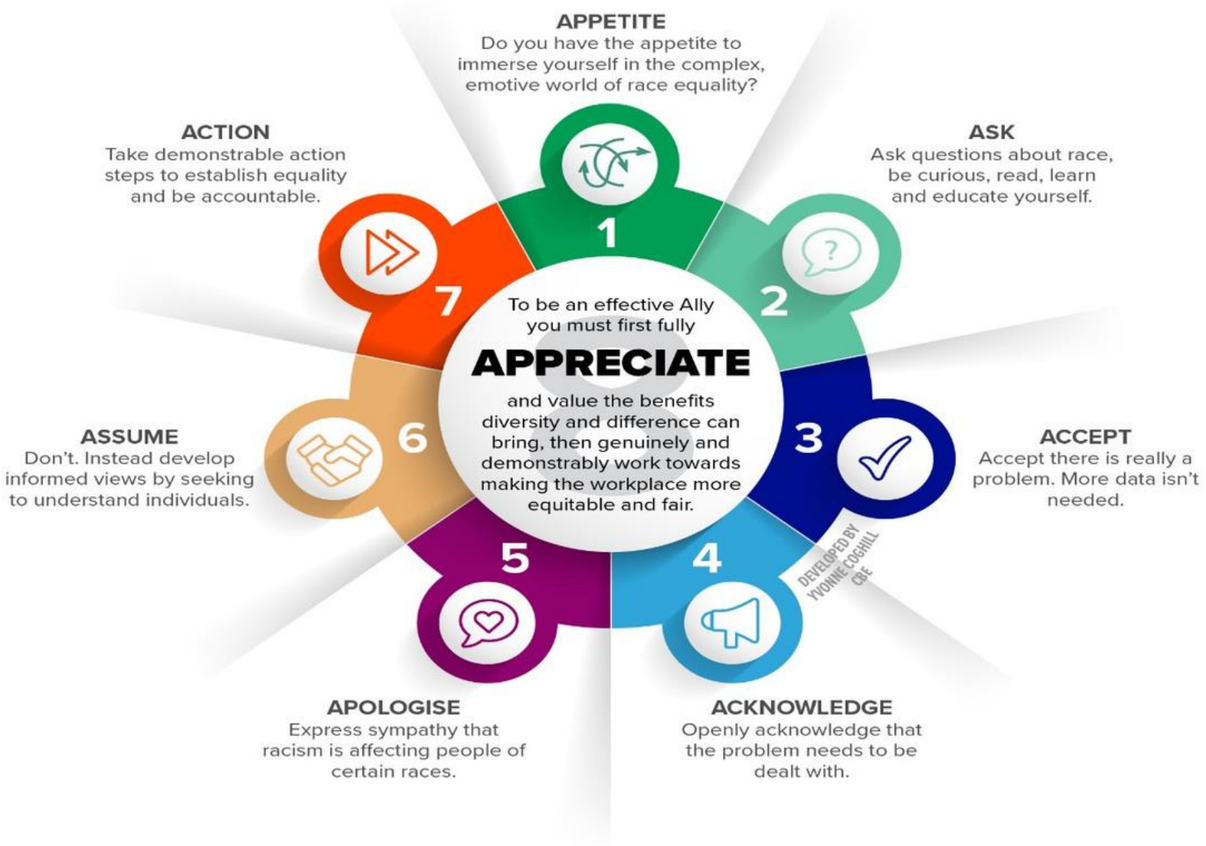
EXCELLENCE IN ACTION

Race equality is an essential component in any organisation for the delivery of high quality services, for saving lives and saving money.

A well thought through systematic approach to developing an implementation plan to improve race equality is essential if effective and sustainable change is to be made

There must be an understanding from all involved that putting a robust plan into place that will deliver change will take time, commitment and energy from the organisations leaders and its staff.

THE 8 A's of Allyship



What can you personally do to make a difference

Understand the complexity of race inequality and be able articulate why its important to deal with it. (Read and ask questions)

Talk about the issue with confidence – right is definitely on your side

Know how to deal with ‘gaslighters’ and defenders of the status quo

Insist your hospitals, community groups etc. have leaders that demonstrably show commitment to the race equality agenda (saying “I’m committed is not enough”)

Write to your MP, find out what he/she is doing to improve the lives of black people

Value and care for yourselves

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#BLACKHEALTHSUMMIT24

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SCALE AND SPREAD – IMPROVEMENTS & EXPANSION OF BLACK-LED HEALTH & WELL-BEING INITIATIVES

NAIM DANGOOR AUDITORUM

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How to Spread and Scale Your Initiatives

Ruth Jordan, Dragon's Heart Institute
Becky Margiotta, The Billions Institute, LLC

It takes 17 years on average for any given solution to spread to even half of the population that could benefit from it.

Journal of the Royal Society of Medicine, 2011

Why is it so hard to achieve spread and scale?

A BAD QUESTION

"How can I get all these people to do what I want them to do?"

A BETTER QUESTION

"How can I help all these people to do what they want them to do?"

THE NUMBER ONE MISTAKE

We try to spark motivation with information

- Dan and Chip Heath SWITCH

10 Questions you MUST answer

- what problem do we want to solve?
- who am I to be doing this work?
- where in our system will we be intervening?
- what is a compelling aim for our next wave of expansion?
- what solution(s) will help us achieve our aim?
- how will we get leverage for scale (offence)?
- how can we mitigate against failure (defence)?
- how might I unwittingly sabotage our spread effort?
- how can I contribute to our success from my genius?
- who’s going to do what, by when?

1.What problem do we want to solve?

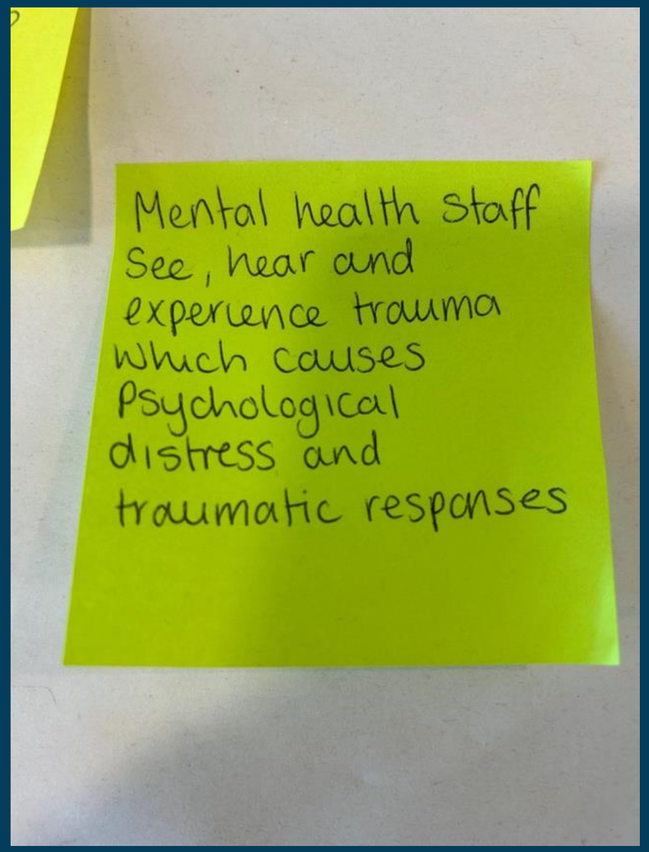
1.What problem do we want to solve?

“There is a lack of eye clinics in Wales performing our process”

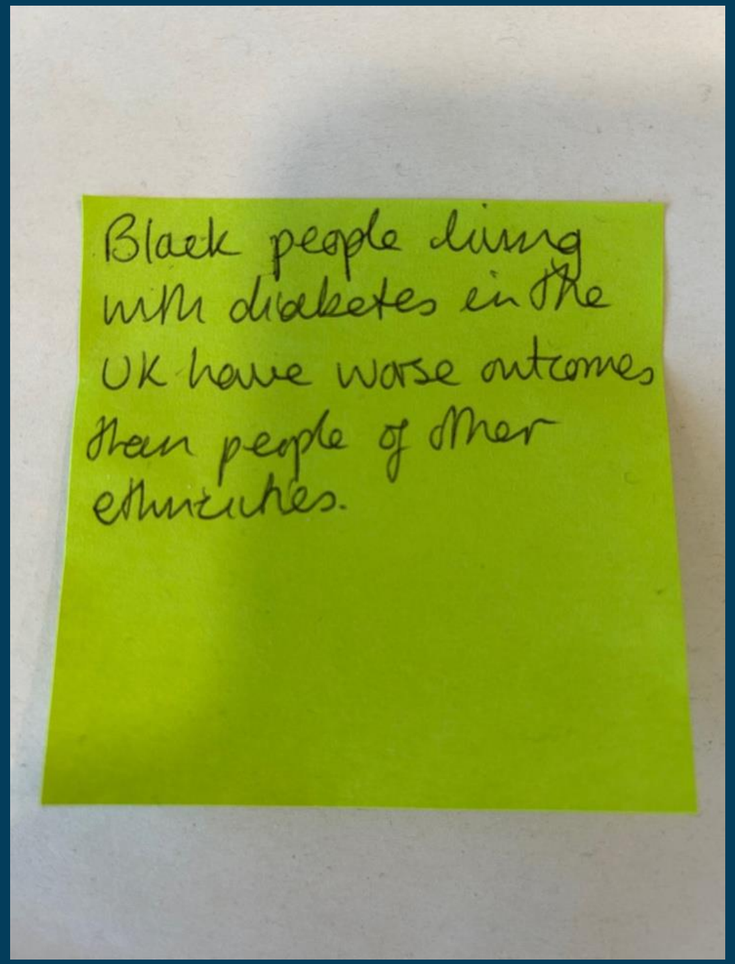
“Hundreds of people in Wales are going blind unnecessarily.”

Solution out, people in.

1.What problem do you want to solve?



1.What problem do you want to solve?



“Instead of falling in love with your solution, fall in love with your problem.”

• Dr. Christine Ortiz Guzman

2.Who am I to be doing this work?

Reflect on your own journey to identify why you care about this work and what values you will call upon to motivate others to act.

If you can articulate why you care, other people will care too.

3.Where in the system will I intervene?

Analyse your system to understand the:

- events you are seeing,
- the patterns of behaviour that drive them,
- the systems structure that enable them
- the mental models that underpin it all.

4.What is a compelling aim?

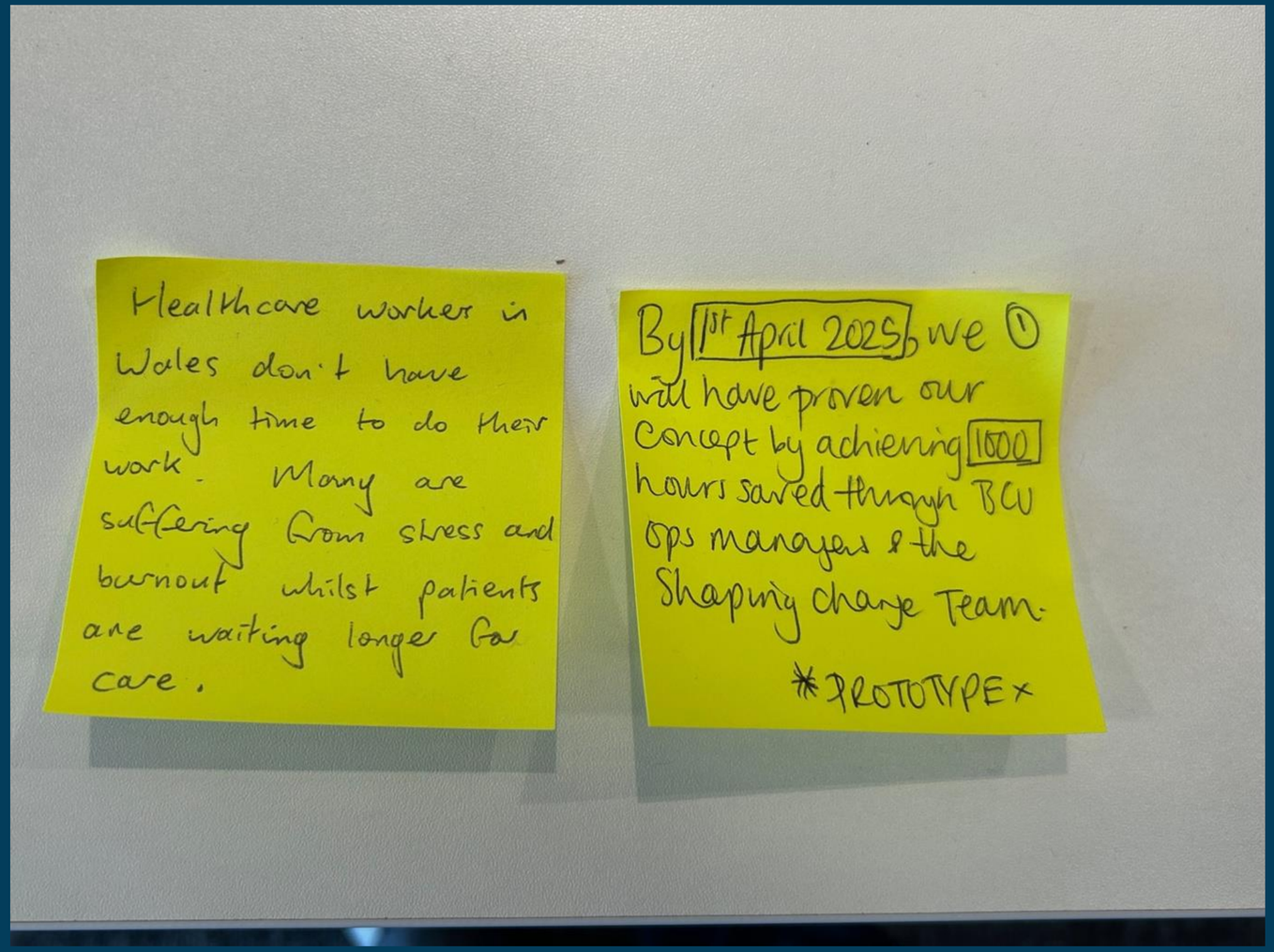
4.What is a compelling aim for our next wave of expansion?

“20% more eye clinics in Wales will be doing our process in 12 months’ time.”

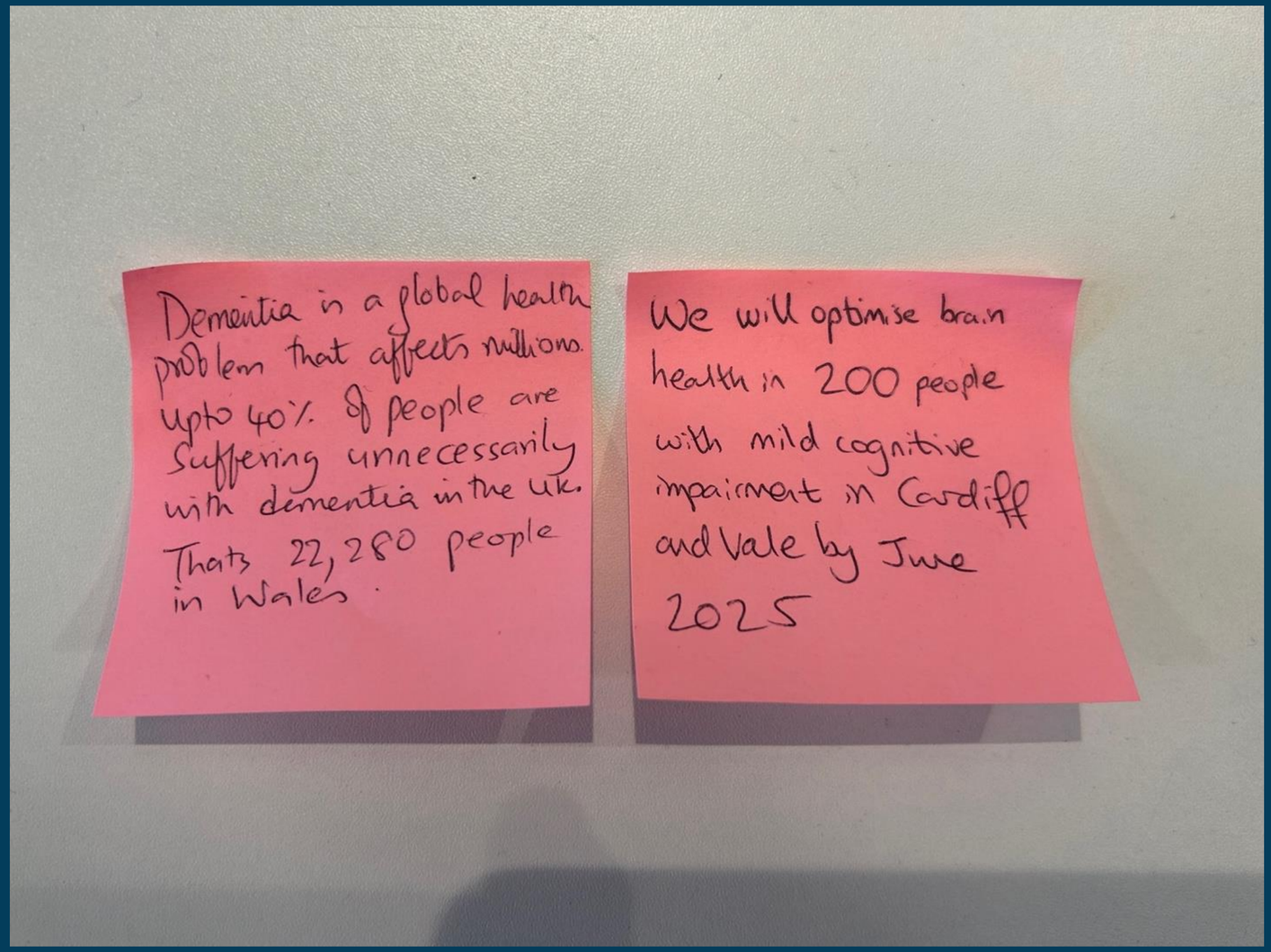
“We will stop 2,000 people from going blind by July 2025.”

“Some is not a number, soon is not a time.” *Dr Don Berwick, IHI*

1.What problem do you want to solve?



1.What problem do you want to solve?



5.What solution(s) will help us achieve our aim?

What are the values that drive your work and what are its non-negotiable elements?

Everything else can and will be adapted by others.

6.How will we get leverage for scale?

- Raise awareness
- Build will
- Transfer skill
- Make it stick

7.How can we mitigate against failure?

What are the oppressive cultural dynamics that come with you to work everyday and how can you guard against them.

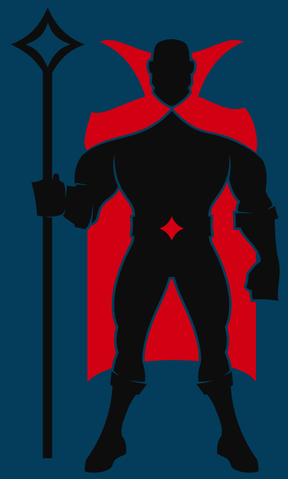
Do any of these sound familiar:

- Perfectionism and paternalism?
- Urgency?
- Overwork and overwhelm?
- Power hoarding?
- Transactional goals and relationships?
- Official title (or band/grade) outweighs experience?

8.How might I unwillingly sabotage our efforts?

Understand how you night react under stress and how to notice it.

Meet your personas and learn how to diffuse them.



9.How can I contribute to our success from my genius?

What are the talents and skills that are unique to you? How do you use them in work in way that lights you up?

What are those of your teammates?

Supercharge your team by helping everyone work in their genius.

10.Who’s going to do what, by when?

Develop a robust 90-day plan, and a methodology to get things done, every 90 days.

Straight Talking Asthma Care

Dr Llinos Jones in Mid Yorkshire NHS Trust noticed that her asthma patients whose first language wasn't English weren't able to manage their condition as there were no self-care resources available for them in their own language. She and her team worked to create a suite of easily accessible multi-lingual resources which has since spread throughout the UK and been nominated for a parliamentary award for tackling health inequity.

Supportive Care

A new patient-centred palliative care pathway was developed for individuals with heart failure to address the lack of resources for non-cancer terminal patients. The initiative led to reduced hospital stays, cost savings of over £2.4m over 5 years, and high patient satisfaction. The successful model has expanded to other Health Boards in Wales, with additional funding secured for developing end-of-life pathways for various conditions.

Discussion

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