

# **The Role of the NHS Race and Health Observatory**

**Professor Habib Naqvi**  
**NHS Race and Health Observatory**



**Health is a window  
through which we can  
view the workings of  
society**



# 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**

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



→ G2

How to put the fizz back  
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# 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,

***Inequalities are evident at every stage from birth to death***

**The findings in the 166-page NHS race and health review**

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.

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.”



# Observatory's operating model

The Observatory works towards tackling ethnic and racial inequalities in healthcare amongst patients, communities and the NHS workforce. It is a proactive investigator, making evidence-based recommendations for change and helping to facilitate practical 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



# Review of neonatal assessment and practice in Black, Asian, and minority ethnic newborns

Exploring the Apgar score, the detection of cyanosis, and jaundice

July 2023

## 10 Steps to spot Jaundice in Black & Brown Babies



**1 WHERE POSSIBLE ASSESS IN NATURAL DAYLIGHT**

Ensure you are in natural daylight for the most accurate assessment. Artificial lighting may distort skin tones and mask subtle signs of jaundice.



**2 EXAMINE THE BABY'S SKIN**

Remove clothing to check the baby's skin, focusing on areas where yellowing may be more visible such as eyes, gums, tongue and mucous membranes, palms and soles.



**3 CHECK THE WHITES OF THE EYES**

Look for yellowing in the sclera (whites of the eyes), a key sign of jaundice.



**4 PERFORM A SKIN BLANCH TEST**

Gently press your finger on the baby's forehead or nose. If the skin is jaundiced, it will appear yellow when the finger is removed (just before blood returns to the area).



**5 CHECK PALMS AND SOLES**

Press on the palms and soles, as yellowing may be more noticeable in these areas.



**6 INSPECT THE INSIDE OF THE MOUTH**

Look for yellowing on tongue, gums and mucous membranes. Baby's mouth may appear dry, which may suggest dehydration.



**7 ASSESS FOR OTHER SYMPTOMS**

- Lethargy or excessive sleepiness.
- Poor feeding patterns.
- Fewer wet or dirty nappies than expected.
- Dark urine (cola-like) or pale stools.



**8 URGENT SIGNS REQUIRING MEDICAL ATTENTION**

- Jaundice within 24 hours of birth.
- Worsening yellowing, especially in the sclera (whites of the eyes), palms, or soles.
- Lethargy, poor feeding, or decreased wet nappies.
- Dark urine or pale stools.
- Baby appears unwell or parents express concern.



**9 DIAGNOSTIC TESTS**

**Heel Prick Test:** For babies younger than 24 hours to measure bilirubin levels.  
**Bilirubinometer:** For babies > 24 hours, use for non-invasive bilirubin readings, measure serum bilirubin if level is 250 micromol/litre or more.



**10 BE MINDFUL OF SUBTLE SIGNS**

Visual signs of jaundice may be harder to detect. It can be difficult to see yellow skin. Always consider diagnostic tests in all babies even if visual signs are subtle. Escalate for senior review if unsure.

Concept developed by Dr Helen Gibbins, Neonatal consultant Medway Hospital and clinical lead RM LMNS and Oghemtega Edekolor, ST & Paediatric Trainee Medway Hospital

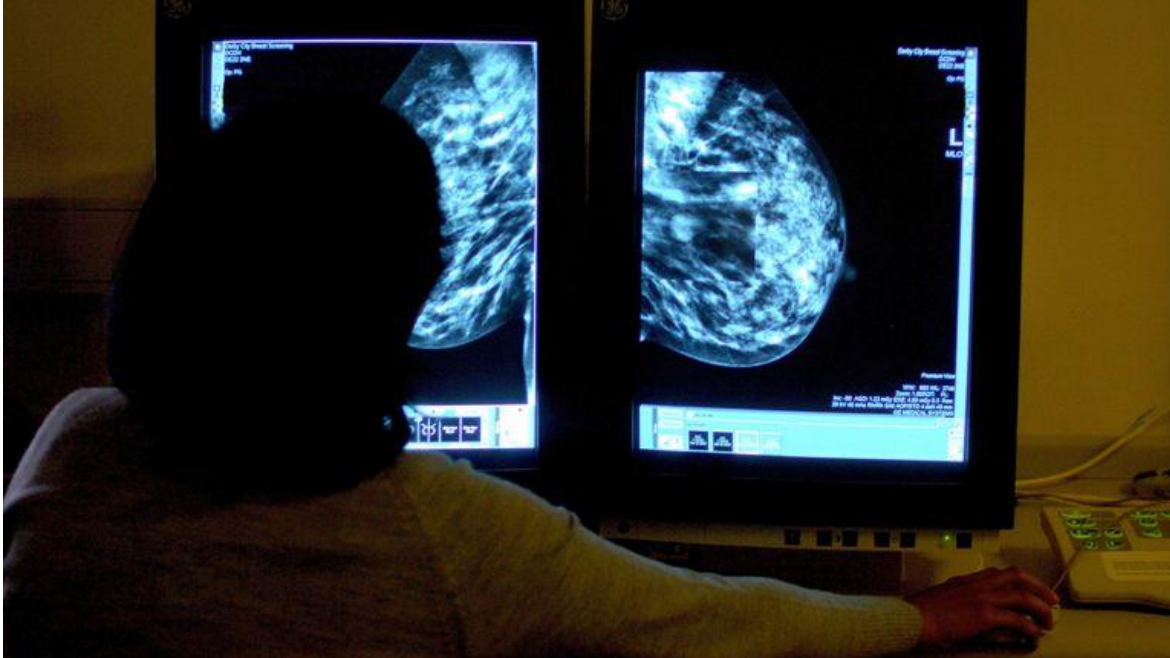


# Project launched to bust myth breast cancer is 'white person's disease'

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 [@samuelsosborne93](https://twitter.com/samuelsosborne93)



“

This partnership between NICE and the NHS Race and Health Observatory marks an important step forward in addressing health inequalities.

Working together, we can ensure our guidance serves all communities effectively and fairly.



**Dr Sam Roberts**  
NICE chief executive

**NICE**

“

Building an NHS fit for the future is central to the government's Plan for Change. That is why we are going further and faster to identify and tackle avoidable inequalities that affect so many patients and communities across the country. I'm delighted to announce this landmark collaboration and look forward to working with NICE on improving patient experience and outcomes.

Professor Habib Naqvi MBE  
Chief Executive, NHS Race and Health Observatory



[www.nhsrho.org](http://www.nhsrho.org)  
[@NHS\\_RHO](https://twitter.com/NHS_RHO)



VOICE ONLINE > NEWS > UK NEWS > 20th April 2026

Written by: Sinai Fleary |

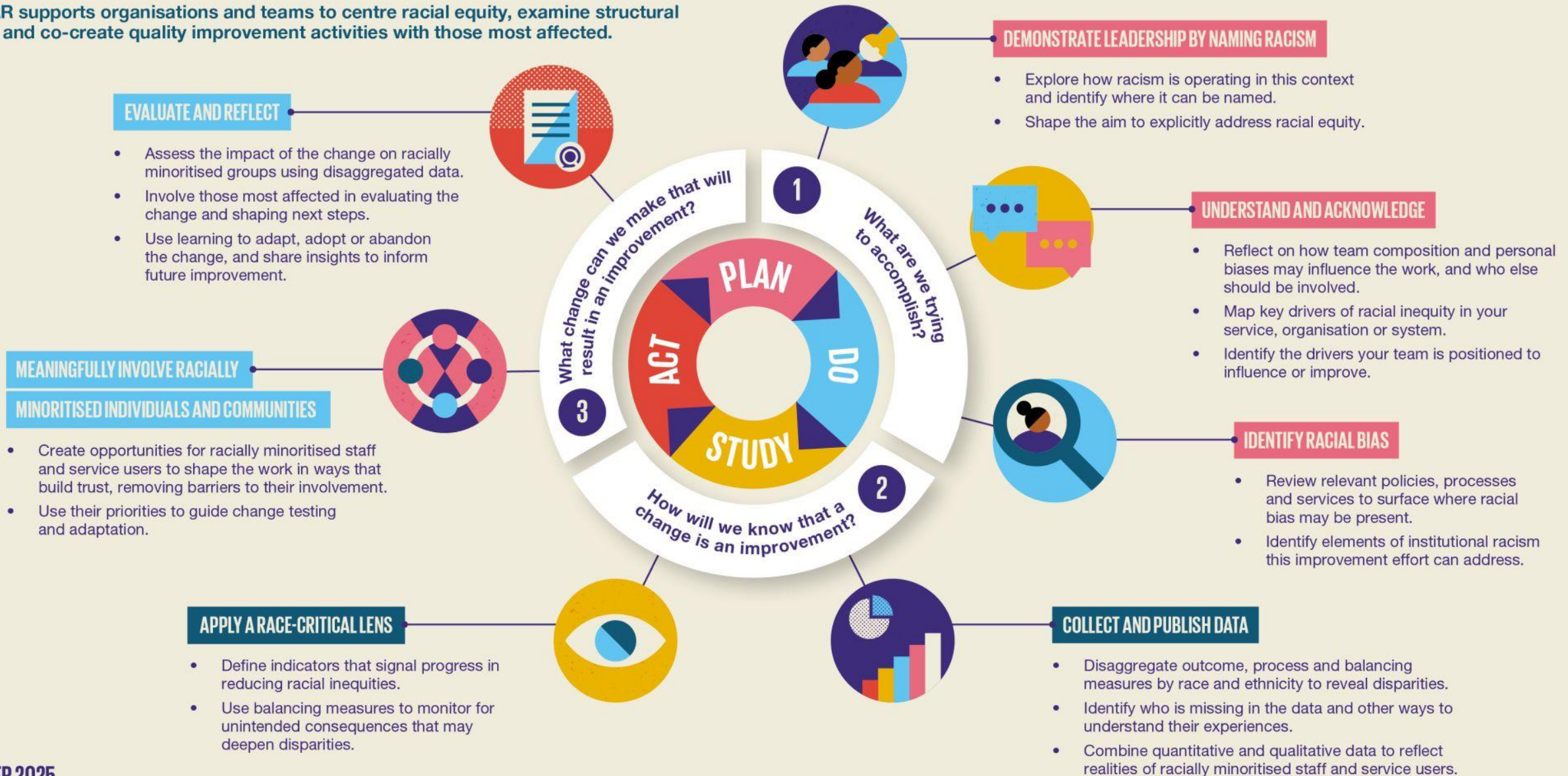
# Genetic testing to determine use of chemotherapy has incorporated new “African” gene variant

Experts say the move could potentially help save the lives of Black and ethnic minority cancer patients



# THE ANTI-RACISM MODEL FOR IMPROVEMENT (MFI-AR) FRAMEWORK

MFI-AR supports organisations and teams to centre racial equity, examine structural harm, and co-create quality improvement activities with those most affected.





**Staff engagement leads  
to better patient  
outcomes**



# TOWARDS RACIAL AND ETHNIC EQUITY WITHIN NHS ORGANISATIONS

## 1 NAME RACISM

- Name racism explicitly and consistently to advance race equity across all staff and at all levels of the organisation
- Actively commit to sustained and multi-level work to address racism and its root causes establishing commitment on the agenda from all leaders and staff
- Articulate the evidence-base for the “why” and the “how” when it comes to tackling race inequality and promoting inclusion

## 2 DEMONSTRATE LEADERSHIP

- Embed equity into organisational governance, performance management, strategy, and everyday decision making
- Model the behaviours and actions that we expect from others, and have clear leadership accountability for developing work to tackle racism and advance equity
- Inspire a clear, equity-focused vision for equity – reinforce innovation, reward progress and celebrate success

## 3 FOCUS ON DATA AND EVIDENCE

- Strengthen the collection and use of data to generate insights and strategies to drive targeted, evidence-based action
- Enable assessment of the extent and impacts of racism and the effectiveness of work to address racism
- Focus on evaluation for continuous learning and development of interventions to tackle inequality

## 4 VALUE LIVED EXPERIENCE INSIGHT

- Listen to staff who experience racism and act upon what is heard
- Co-design and co-produce work with staff and centre focus on their experiences
- Balance technology and innovation with human insight and cultural context

## 5 USE EVIDENCE-BASED INTERVENTIONS

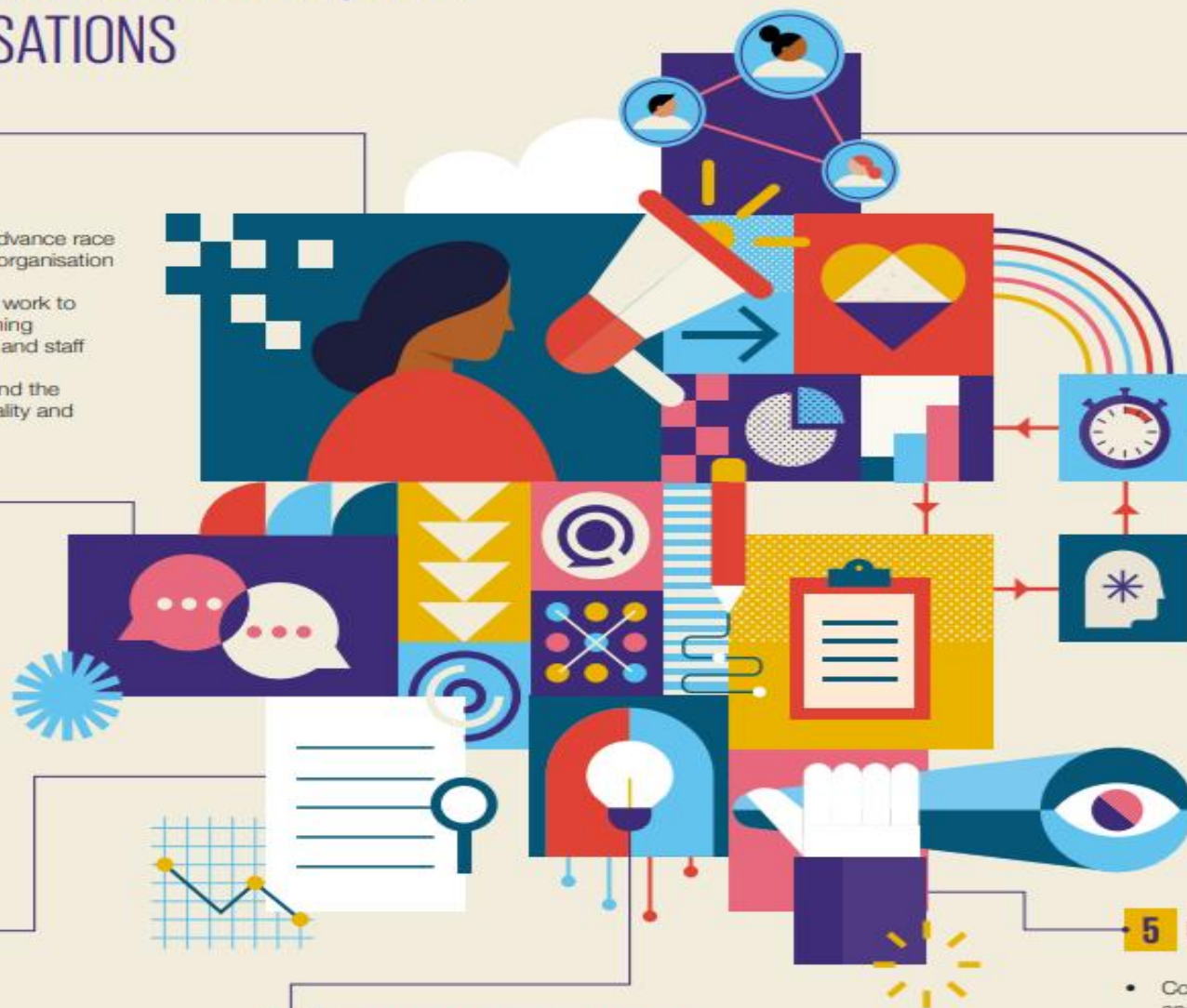
- Consider how racism intersects with other inequalities and with health inequalities throughout work to address racism
- Develop emotionally resonant communication strategies that support structural understanding of racism and discrimination
- Support continuous improvement in performance and share replicable good practice, within and beyond the organisation

## 7 PROMOTE WELL-BEING AND CULTURAL SAFETY

- Empower staff to achieve and maintain working environments where “everyone counts”
- Understand structural, institutional and inter-personal racism and other forms of discrimination through impactful education and learning approaches
- Promote evidence-based, culturally sensitive and safe approaches to staff health and well-being within the workplace

## 6 FOSTER TRANSPARENCY AND ACCOUNTABILITY

- Set specific, measurable and timely indicators for work on addressing racism
- Evaluate and report on the impact of work to hold individual staff, and the organisation, to account for achieving measurable progress
- Foster ‘do or explain’ approach for decision-making, based upon evidence-based interventions



# FROM EVIDENCE TO ACTION





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**RACE & HEALTH**  
**OBSERVATORY**

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