Why having a fairer more equitable NHS is a health issue

Yvonne Coghill CBE

"Focusing on racism in the NHS is important because not only is it the right thing to do, its about health" – Lord Crisp 2004

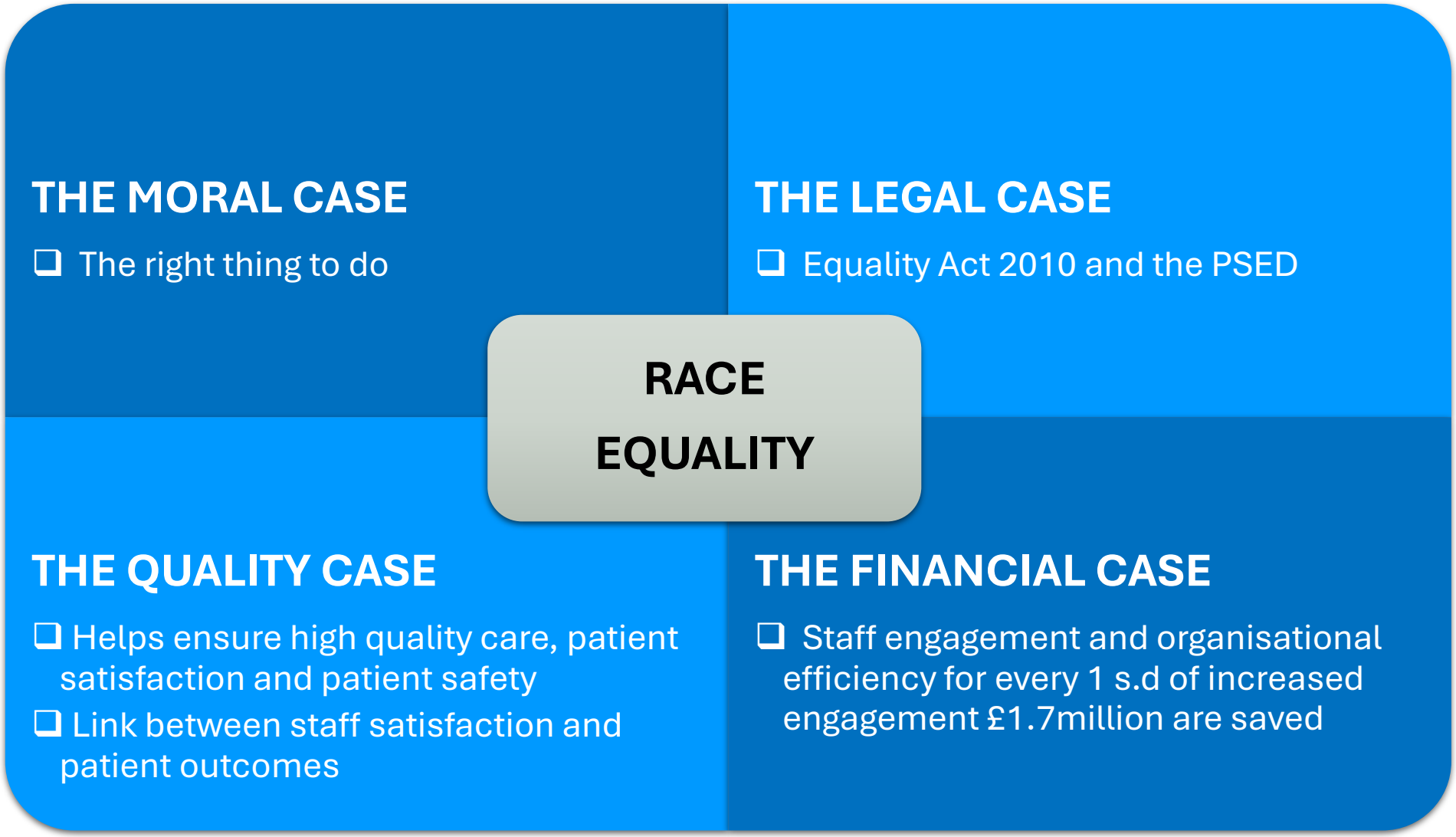
EXCELLENCE IN ACTION

The 1st principle of the NHS Constitution

The NHS provides a comprehensive service, available to all irrespective of gender**, race** disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to diagnose, treat and improve both physical and mental health. It has a duty to each and every individual that it serves and must respect their human rights.

At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

Why RACE EQUALITY is Important in the NHS



EXCELLENCE IN 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

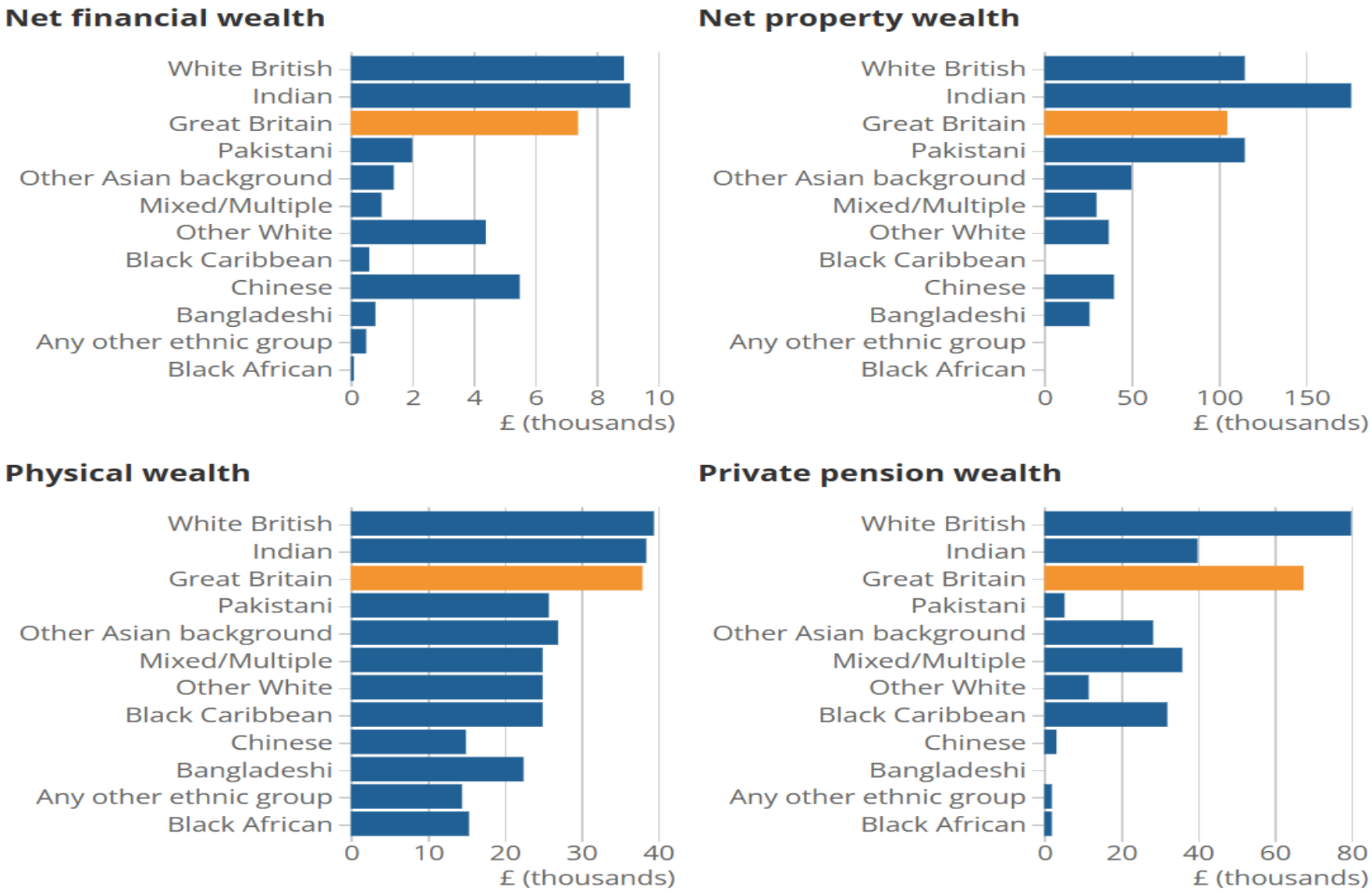
Make less money over their life course

Live in poorer areas and accommodation

More likely to be convicted and imprisoned

Have poorer experiences and opportunities in the workplace

Wealth of different groups in Great Britain



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/3zK5IjL

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

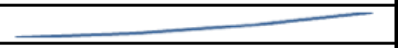
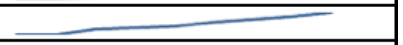
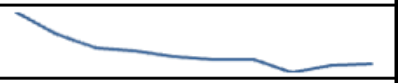
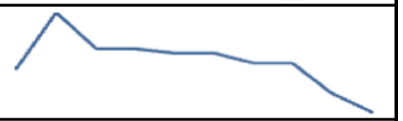
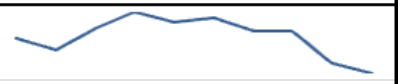
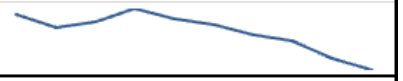
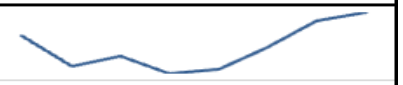
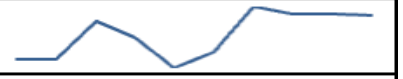
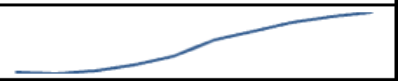
WRES indicators

Indicator 1	Indicator 2	Indicator 3	Indicator 4
•Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM compared with the percentage of staff in the overall workforce	•Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts	•Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process	•Relative likelihood of BME staff accessing non mandatory training and CPD as compared to white staff

Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9
•KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	•KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	•KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	•Q17. Percentage of staff experiencing harassment, bullying or abuse from manager/team leader or colleague	•Percentage difference between the organisations' Board membership and its overall workforce

EXCELLENCE IN ACTION

WRES DATA 2016 - 2025

WRES indicator			Year									Trend
			2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1	Percentage of BME staff	Overall*	17.70%	18.10%	19.10%	19.90%	21.10%	22.40%	24.20%	26.40%	28.60%	30.74%	
		VSM*	5.40%	5.30%	6.90%	7.60%	7.90%	9.20%	10.30%	11.20%	12.70%		
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.57	1.6	1.45	1.46	1.61	1.61	1.53	1.59	1.62	1.77	
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.56	1.37	1.24	1.22	1.16	1.14	1.14	1.03	1.09	1.11	
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		1.11	1.22	1.15	1.15	1.14	1.14	1.12	1.12	1.06	1.02	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	29.10%	28.40%	28.50%	29.70%	30.30%	28.90%	29.20%	30.40%	27.80%	28.59%	
		White	28.10%	27.50%	27.70%	27.80%	27.90%	25.90%	27.00%	26.80%	24.10%	23.61%	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME	27.00%	26.00%	27.90%	29.30%	28.40%	28.80%	27.60%	27.70%	24.90%	24.05%	
		White	24.00%	23.00%	23.40%	24.40%	23.60%	23.20%	22.50%	22.00%	20.70%	19.92%	
7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion **	BME			47.50%	44.60%	45.60%	44.00%	44.40%	46.40%	48.80%	49.64%	
		White			61.10%	59.00%	59.70%	59.60%	58.70%	59.10%	59.40%	59.12%	
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	14.00%	14.50%	15.00%	15.30%	14.50%	16.70%	17.00%	16.60%	15.50%	15.04%	
		White	6.10%	6.10%	6.60%	6.40%	6.00%	6.20%	6.80%	6.70%	6.70%	6.69%	
9	BME board membership		7.10%	7.00%	7.40%	8.40%	10.00%	12.60%	14.00%	15.60%	16.50%	17.34%	

EXCELLENCE IN ACTION

NHS Quality and Staff Engagement 2009
Professors Michael West & Jeremy Dawson

There is a spiral of positivity in the best performing NHS trusts. The extent to which staff are committed to their organisations and to which they recommend their trust as a place to receive treatment and to work is strongly related to patient outcomes and patient satisfaction. Climates of trust and respect characterise these top performing trusts.

This is best evidenced by the link between ethnic discrimination against staff and patient satisfaction.

The greater the proportion of staff from a black Asian or minority ethnic background who report experiencing discrimination at work in the previous 12 months, the lower the levels of patient satisfaction.

The experience of black Asian and minority ethnic staff is a very good index of the climate of respect and care for all within NHS trusts.

The Weathering effect.

- In 1992 Dr. Arline T. Geronimus coined the term “weathering” to describe the effects of systemic oppression—including racism—on the body. In *Weathering*, based on more than 30 years of research, she argues that health and ageing have more to do with how society treats us than how well we take care of ourselves. She explains what happens to human bodies as they attempt to withstand and overcome the challenges and insults that society leverages at them, and details how this process ravages their health.

Hypervigilance and stress

Hypervigilance is a state of **increased alertness**. If you're in a state of hypervigilance, you're extremely sensitive to your surroundings. It can make you feel like you're alert to hidden dangers, whether from other people or the environment. Sometimes, these dangers are not real, sometimes they are not.

"A preoccupation with race among blacks leads to hyper-vigilance, a heightened awareness of their stigmatized status in society and a feeling that they need to watch their backs constantly," says Dr Lisa A. Cooper, M.D., M.P.H. Johns Hopkins Medical Centre, Baltimore

EXCELLENCE IN ACTION

Examples of hypervigilance

- Being the only black person in the room or group
- Being in areas where there are a lot of Union or St Georges flags
- Going in to shops and being looked at by security guards
- Buying or living in a predominantly white area
- Going into a pub or restaurant that’s predominantly white
- Interview situations
- Having an accent
- Being aware that perhaps you are not wanted or welcome in the country you live in

The Physiological Effects of hypervigilance

Hypervigilance activates the fight, flight or fright response in the brain, even in safe environments which are perceived to be threatening. The amygdala, the brains threat detection centre signals the body to prepare for danger causing adrenaline to be released. This increases the heart rate, elevates blood pressure and blood is redirected to the muscles and the heart, this might cause the body to tremble. The body remains primed for rapid reaction which over time can cause physical symptoms and discomfort and damage the bodies immune system.

EXCELLENCE IN ACTION

Dr Tene Lewis: Everyday discrimination positively associated with the following

Coronary artery calcification	(Lewis et al. Psy Med. 2006)
C-Reactive protein	(Lewis et al. Brain Beh Immunity 2010)
High blood pressure	(Lewis et al. J.Gerontology:Bio Sci & Med 2009)
Lower birth weight	(Earnshaw et al. Ann Beh Med 2013)
Cognitive impairment	(Barnes et al. 2012)
Poor sleep	(Lewis et al. Health Psy. 2012)
Mortality	(Barnes et al. J.Gerontology: Bio Sci & Med 2008)
Visceral fat	(Lewis et al. Am J Epidemiology 2011

EXCELLENCE IN ACTION

The impact of racism on Health

Arlene Geronimous wrote about the **weathering hypothesis** in the early 1990s to account for health disparities of newborn babies and birth mothers due to decades and generations of racism and social, economic, and political oppression. It is well documented that people of colour and other marginalised communities have worse health outcomes than white people

23rd July 2024

‘National disgrace’: black mothers in England twice as likely to have NHS birth investigated

Exclusive: head of Royal College of Midwives blames ‘institutional racism’ as black women face greater risk of death and stillbirth

- Family accuse hospital of ‘negligence and discrimination’ after death of mother and baby

29th April 2026

Stress from racism may help explain why black women more likely to die in childbirth, study finds

Exclusive: Cambridge research finds socioenvironmental stressors may influence body’s ability to function healthily in pregnancy

The Consequences

- Disillusionment
- Unhappiness
- Depression
- Lack of confidence
- Anger/Rage
- Lack of belief in the system
- Lack of engagement and buy in
- Resentment
- Influences performance

Impact on service delivery

EXCELLENCE IN ACTION

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 the beliefs, leading to stereotyping, scapegoating and discrimination.

The plague of racism is insidious, entering into our minds as smoothly and quietly and invisibly as floating airborne microbes enter into our bodies to find lifelong purchase in our bloodstreams.

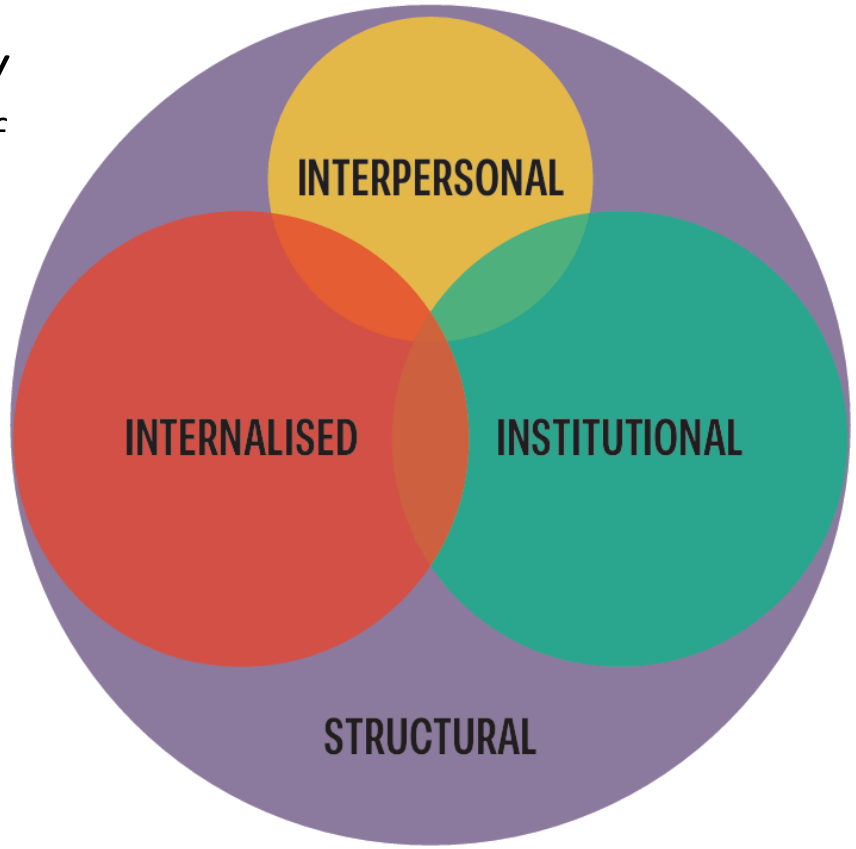
Maya Angelou

EXCELLENCE IN ACTION

Racism comes in different formats

INTERNALISED RACIAL INFERIORITY - The acceptance and acting out of an inferior definition of self, rooted in the historical designation of one's race

INTERNALISED RACIAL SUPERIORITY – The acceptance and acting out of a superior definition of self, rooted in the historical designation of one's race.



INTERPERSONAL RACISM – Pre-judgement, bias or discrimination by a white individual towards a person of colour

INSTITUTIONAL RACISM – Policies, practices, procedures and culture of an institution or system that work better for white people and cause harm to people of colour, often inadvertently or unintentionally.

STRUCTURAL RACISM – The history, culture and current reality of racism across institutions and/or systems; when the institutional racism of multiple institutions overlaps to form a web of racism impacting people and communities of colour. This includes implicit and explicit social narratives about race, such as those perpetuated by the media.

So why has nothing changed

- Racism is a "system of advantage/disadvantage it refers to the notion that societal structures and institutional practices favour certain racial groups over others, often leading to unequal opportunities and resources.
- This concept suggests that racism is not merely an individual prejudice but a comprehensive framework woven into the fabric of society, which perpetuates disparities in wealth, education, employment, and access to services. The system of advantage is primarily experienced by the dominant racial group, who benefit from privileges that are often unacknowledged and often go unchallenged.

Eileen O’Brien 2024

The Future

The only thing necessary for the triumph of evil is that good men

do nothing

Edmund Burke

Do the best you can do until you know better. Then when you know better, do better.

Maya Angelou

The 7 Principles of Anti-Racism