

Racial Inequalities in Healthcare - Current Awareness Bulletin

March 2022

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Covid-19

[Racial discrimination, low trust in the health system, and COVID-19 vaccine uptake: a longitudinal observational study of 633 UK adults from ethnic minority groups](#) Preprint, February 16, 2022

Longitudinal observational study of racial/ethnic discrimination occurring since the start of the first lockdown (measured in July 2020) and later COVID-19 vaccine status. Findings underscore the importance of addressing racial/ethnic discrimination and the role the National Health Service in regaining trust from ethnic minority groups to increase COVID-19 vaccine uptake amongst ethnic minority adults.

[Ethnic/racial minorities' and migrants' access to COVID-19 vaccines: A systematic review of barriers and facilitators.](#) Journal of migration and health, Feb 2022

This study found that low confidence in COVID-19 vaccines among Black ethnic minorities driven by mistrust and safety concerns led to high vaccine hesitancy in this group. Building trust, reducing physical barriers and improving communication and transparency about vaccine development through healthcare workers, religious and community leaders can improve access and facilitate uptake of COVID-19 vaccines among ethnic minority and migrant communities.

['It's possibly made us feel a little more alienated': How people from ethnic minority communities conceptualise COVID-19 and its influence on engagement with testing](#) Journal of Health Services Research & Policy, January 2022

This study aimed to understand how ethnic minority groups in the United Kingdom conceptualised COVID-19 and how this influenced engagement in testing. Study concludes that health communications should focus on counterbalancing the mistrust, alienation and stigmatisation that act as barriers to testing, with trust built using local credible sources.

[Trust and inclusion during the Covid-19 pandemic: Perspectives from Black and South Asian people living with dementia and their carers in the UK](#) International journal of geriatric psychiatry, Jan 2022

People from ethnic minority backgrounds living with dementia are more likely to be diagnosed later and have less access to health and social care support than their White counterparts in the United Kingdom (UK). Covid-19 has exacerbated health inequalities and diminished trust from underserved communities in the government and health services.

Healthcare Workforce

[Race 2.0 TIME FOR REAL CHANGE](#) NHS Providers, March 2022

This report provides an honest playback of NHS Providers member views on where their organisations are in the journey towards racial equality. Drawing on interviews with chairs, chief executives and non-executives and a survey across our membership, it provides a snapshot of where NHS boards feel they have made most and least progress, and what both NHS Providers and the national bodies can do to accelerate the pace of change.

[Equality, diversity and inclusion. Targets, progress and priorities for 2022](#), General Medical Council, March 2022

The General Medical Council (GMC) has published its first update on progress towards the equality, diversity and inclusion targets it set last year. The report shows that the gap between employer referral rates for ethnic minority doctors and international medical graduates, compared to white doctors, has reduced slightly.

[Employment Inequalities Among British Minority Ethnic Workers in Health and Social Care at the Time of Covid-19: A Rapid Review of the Literature](#). Hussein, S (Pre-Print), 2022

A rapid review methodology was employed to examine the work experiences and outcomes of ME workers in health and social care in the UK, focusing on low paid workers. The review identified 51 relevant outputs, discussing inequalities across recruitment, career progression and workplace experiences, including bullying and harassment. The findings highlight the impact of the intersectionality of gender, race and migration status concerning the ways inequalities are manifested and operated through individual perceptions and institutional and structural racism.

[Now is the time for radical action on racial health inequalities: A new report by the NHS Race and Health Observatory makes robust recommendations--we must act on them](#). BMJ, March 2022

A new report by the NHS Race and Health Observatory makes robust recommendations—we must act on them, write Mohammad S Razai and colleagues.

[Racism in two UK global health institutions](#). Lancet, March 2022

Reviews found that the LSTM and the LSHTM have racially discriminatory and exclusionary cultures in which racist behaviours, when reported, were often dismissed or ignored.

[Racism ruining doctors' mental health, finds largest survey of discrimination in medicine](#) Independent, February 2022

Ahead of the publication of the BMA's full 'Anti-Racism in Medicine report', in spring 2022, the association's headline findings indicate a high level of racist incidents occurring within the health service.

[Multiple stakeholder perspectives of factors influencing differential outcomes for ethnic minority students on health and social care placements: a qualitative exploration](#) BMC Medical Education, January 2022

This study presents a rich exploration of the factors affecting differential outcomes of ethnic minority students on practice placements through the lens of four different stakeholder groups. The issues and challenges raised appear to be common to most if not all of a wide range of health and social care professions.

Health Inequalities

[Addressing Racial and Ethnic Inequities in Datadriven Health Technologies](#) Institute of Global Health Innovation, February 2022

Data-driven technologies like artificial intelligence (AI) are powerful tools demonstrating potential in the diagnosis and treatment of diseases such as skin cancer. Yet these could inadvertently worsen the health inequalities experienced by minority ethnic groups if current challenges such as biased algorithms, poor data collection and a lack of diversity in research and development are not urgently addressed. The report calls for further research and transparent discussion on the creation and use of these technologies in health care.

[Ethnic Inequalities in Healthcare: A Rapid Evidence Review](#) NHS Race & Health Observatory, February 2022

This 166 page review into ethnic inequalities in health care has revealed vast inequalities across a range of health services. Some of the largest inequalities were found for mental health care, where treatment for Black groups was particularly poor. The review also found there was a lack of research into specific areas including how outcomes may differ for ethnic minority babies in neonatal health care settings,

where just one study was found to investigate health disparities in the care of ethnic minority newborn babies. The rapid review now urges further 'critical action' to be undertaken by organisations including NHS England, NHS Improvement and NHS Digital, with recommendations outlined by topic area.

[Population screening: review of interventions to improve participation among underserved groups](#), Office for Health Improvement and Disparities, January 2022

Summary of systematic evidence review of interventions to improve participation in UK national screening programmes among underserved groups.

[The DNA damage repair landscape in Black women with breast cancer](#) Therapeutic Advances in Medical Oncology, January 2022

While Black women with ER+ breast cancer are 42% more likely to die of their disease than White women, molecular mechanisms underlying this disparate outcome are understudied. Recent studies identify DNA damage repair (DDR) genes as a new class of endocrine therapy resistance driver that contributes to poor survival among ER+ breast cancer patients. This paper systematically analyses DDR regulation in the tumors and normal breast of Black women and its impact on survival outcome. This research is summarised in lay terms, including comment from the author, in the Metro article (Feb 8th) '[Scientists discover why Black women are more likely to die of breast cancer than white women](#)

[Developing a toolkit for increasing the participation of black, Asian and minority ethnic communities in health and social care research](#). BMC Medical Research Methodology, January 2022

It is recognised that Black, Asian and Minority Ethnic (BAME) populations are generally underrepresented in research studies. The key objective of this work was to develop an evidence based, practical toolkit to help researchers maximise recruitment of BAME groups in research.

[Tackling racism in UK health research](#) BMJ, January 2022

Racism is evident across the UK health research landscape, from funding bodies through to peer reviewed journals. Stakeholders must collectively commit to improving equity, diversity, and inclusion in health research, by changing structures, systems, and processes. Ethno-racial equity requires a research community determined to ensure that health research does not reinforce and exacerbate existing health and social inequities

Maternity Care

[Does training affect understanding of implicit bias and care of black, Asian and minority ethnic babies?](#) British Journal of Midwifery. Mar 2022

In the UK, there are huge inequities in maternal and neonatal mortality, yet there appears to be very little training to address this for midwives. This quality improvement project aimed to address this by providing training on implicit bias, stereotyping and clinical assessment of babies from black, Asian and minority ethnic families. It was evident that midwives benefited from the training, as pre-session surveys noted that many midwives were unaware of the factors influencing the care of women and babies from black, Asian and minority ethnic families. The training package was well evaluated; however, more training and research is needed to improve the safety of mothers and babies from black, Asian and minority ethnic families.

['Miscarriage: I was in pain and they did not listen'](#) BBC News, February 2022

The Royal College of Obstetricians and Gynaecologists says the problem of significantly higher rates of pregnancy loss amongst Black women than White women is an urgent problem which needs greater attention.

[Pregnancy screening algorithm can reduce racial disparities in baby deaths, research shows](#) RCOG, February 2022

Racial disparities in baby death rates could be significantly reduced with new pregnancy screening technology, according to research from the Tommy's National Centre for Maternity Improvement – led by

the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives. Researchers found significant racial disparities in pregnancy outcomes when standard screening was used, with perinatal death rates 3 times higher among mothers from ethnic minority backgrounds (7.95 deaths per 1,000 births compared with 2.63 per 1,000 births among white mothers) – but when the new screening algorithm was used in conjunction with targeted care, mortality rates were equivalent between ethnic groups.

[Experiences of Perinatal Mental Health Care among Minority Ethnic Women during the COVID-19 Pandemic in London: A Qualitative Study.](#) **International journal of environmental research and public health, Feb 2022**

Women from ethnic minority backgrounds experienced disrupted perinatal mental health care and COVID-19 restrictions compounding their mental health difficulties. Services should take women's circumstances into account and provide flexibility regarding remote delivery of care.

[A national cohort study and confidential enquiry to investigate ethnic disparities in maternal mortality](#) **eClinicalMedicine, January 2022**

Ethnic disparities in maternal mortality were first documented in the UK in the early 2000s but are known to be widening. This project aimed to describe the women who died in the UK during or up to a year after the end of pregnancy, to compare the quality of care received by women from different aggregated ethnic groups, and to identify any structural or cultural biases or discrimination affecting their care. Multiple areas of bias were identified in the care women received, including lack of nuanced care, microaggressions and clinical, social and cultural complexity. This confidential enquiry suggests that multiple structural and other biases exist in UK maternity care.

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