Tackling racialised health inequalities

Cross Party Group on Health Inequalities June Meeting

Shruti Jain, Organisational Lead

Twitter @shruti_fruiti

Public Health Scotland

A Scotland where everybody thrives

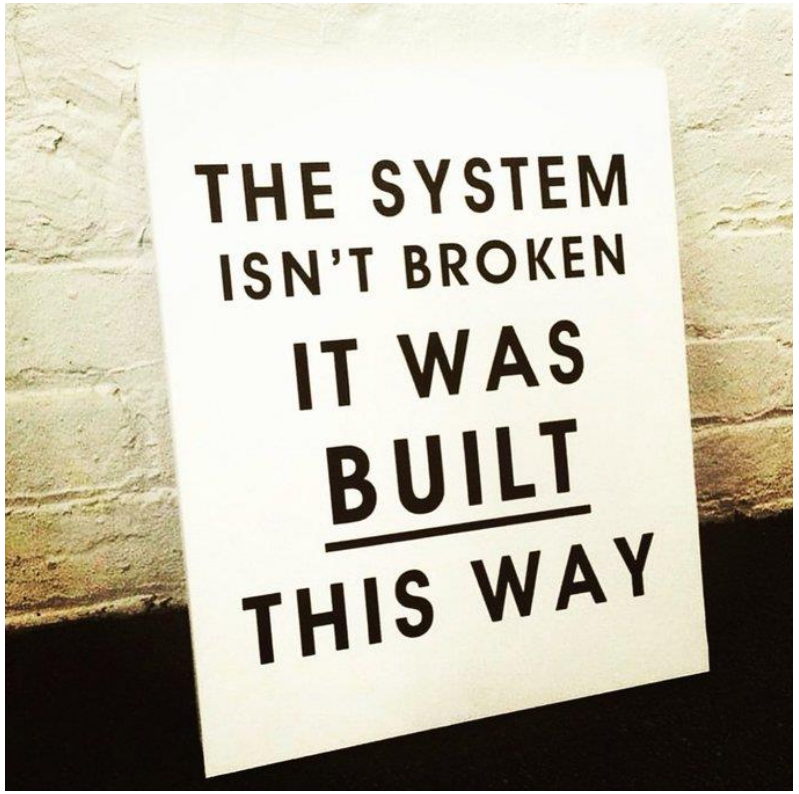
We want to see:

- Life expectancy in Scotland start to improve again.
- The difference in life expectancy between the wealthiest and the poorest people getting smaller.

[Public Health Scotland's strategic plan 2022 - 2025]



Race, racism and racialisation



- **Race** is a social construct.
- **Racism** is a system of oppression.
  - An individual operates within the system.
- **Racialisation** as a term describes the process done to individuals and communities by the system.
  - **Racialised** is the term used to describe the individual or community as a result.

- Terms refer to individuals and communities of colour and their experiences.
- The experiences of White minority individuals and communities can be discussed through the lens' of **xenophobia and discrimination**. Their experience and outcomes are different, but not the same as White majority groups.

Angela Saini: Superior – The Return of Race Science, 2019
https://centerforhealthprogress.org/blog/race-social-construct/
https://www.crer.org.uk/what-is-racism

Let’s start with some statistics

Socio-economic factors

- EM people twice as likely to experience poverty as white Scots
- 38% of children in relative poverty with 34% in absolute poverty, however JRF suggests 48% in relative poverty
- x4 more likely to live in overcrowded properties – 11.8% c/f with 2.9%
- 2.8% public sector employees despite 5% of working age
- Low-income, less quality precarious employment

- Health outcomes

- UK study w Scottish sample conducted at the outset of C-19 reported 56% of pregnant women admitted to hospital with confirmed C-19 were EM
- increased risk of illness and death from C-19 among EM groups reported by PHS
- General incidences of all cancers is increasing. CRUK identified myeloma and stomach cancer is more prevalent in Black people, gallbladder cancer in Black and Asian people, and prostate cancer in Black men.
- S. Asian & Black x2-4 more likely to develop T2D
- S. Asian a 40% higher rate from CHD than all others

Scottish Government National Statistics (2021) Poverty and Income Inequality in Scotland 2017-2020.
Joseph Rowntree Foundation (2021) Ethnicity, poverty and the data in Scotland.
Ethnicity ad employment in Scotland’s public sector. 2021 CRER
Monitoring ethnic health inequalities in Scotland during COVID-19 (publichealthscotland.scot)
Population - Gypsy/Travellers in Scotland - A Comprehensive Analysis of the 2011 Census - gov.scot (www.gov.scot

Racism as a fundamental cause of health inequalities

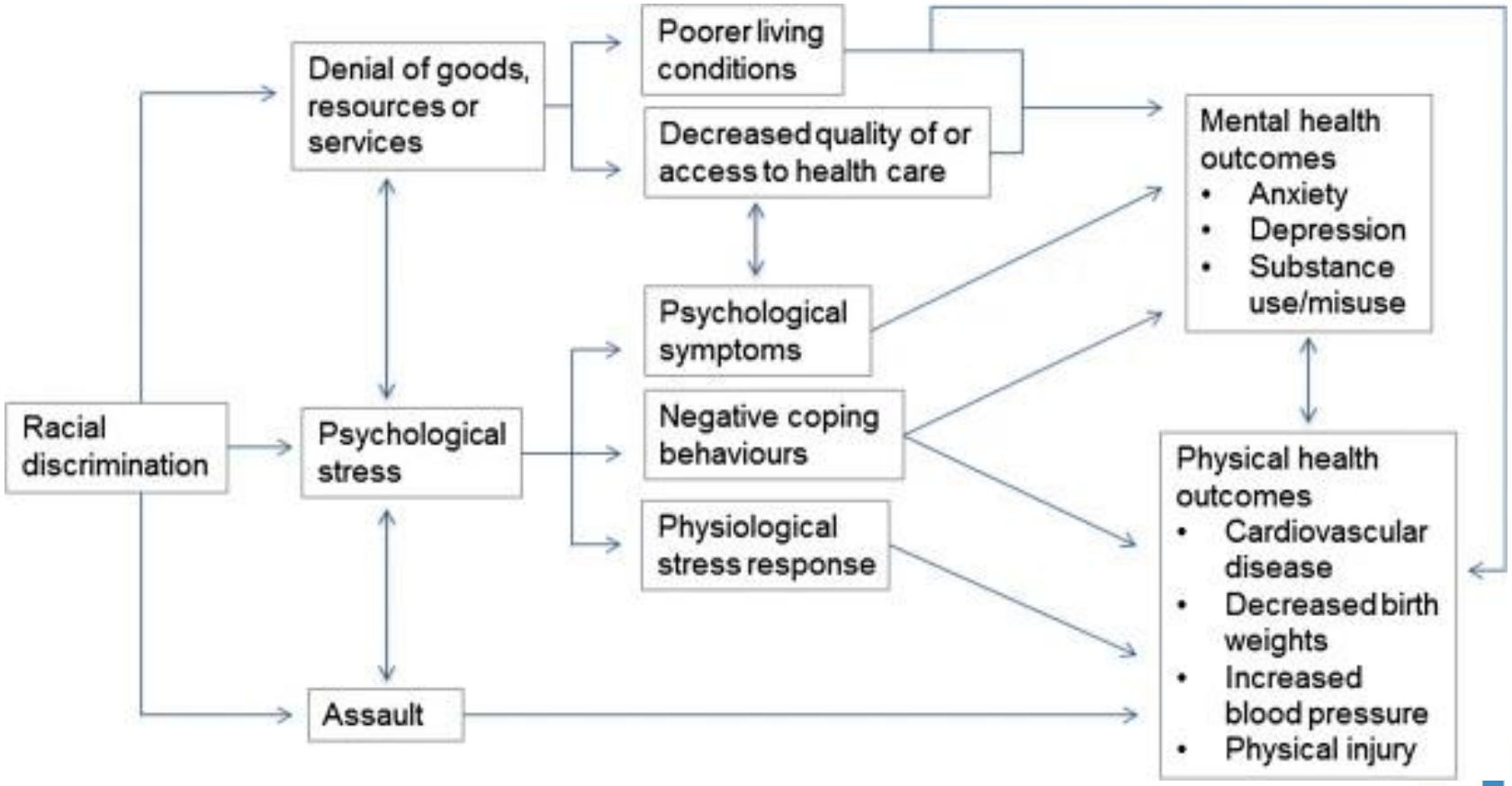
- structural racism as one of ‘the causes of the causes of the causes’ of health inequities

- ‘tackling racism, discrimination and their outcomes’ as a seventh recommendation to reduce health inequalities



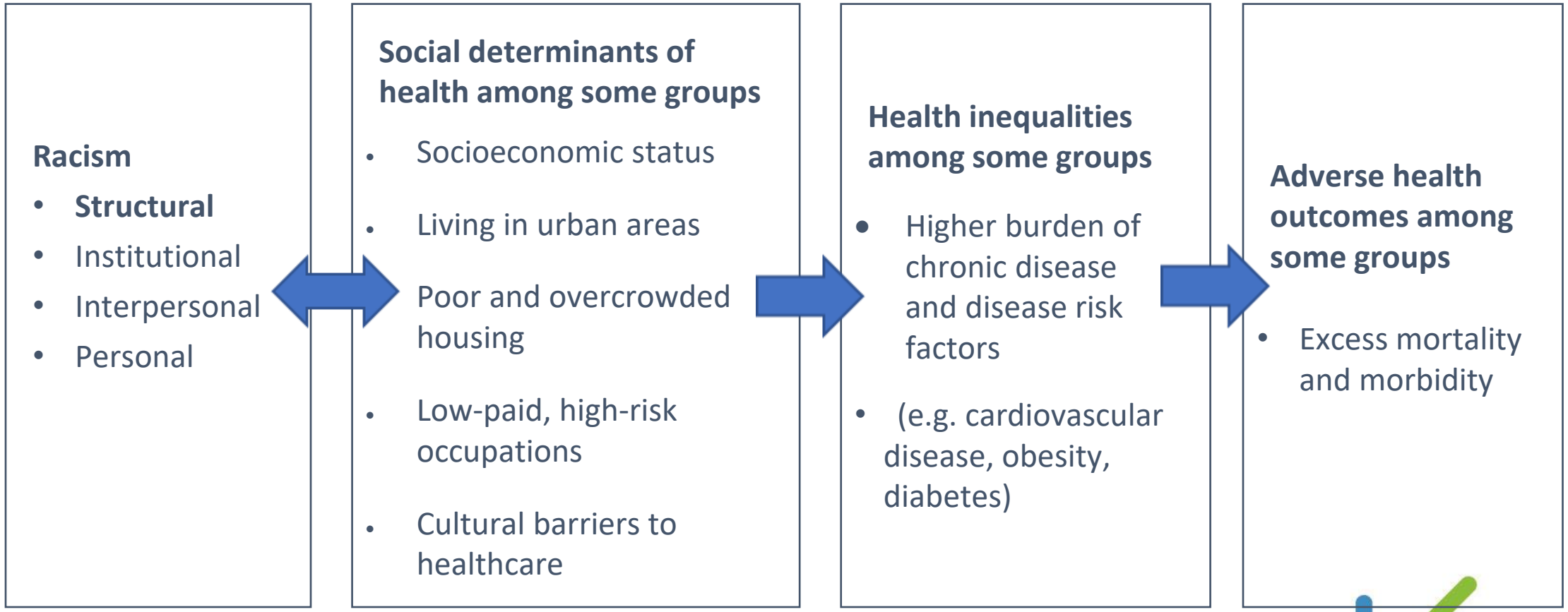
BAME Communities Advisory Group report and recommendations - GOV.UK (www.gov.uk)
https://www.nhsrho.org/blog/build-back-fairer-social-determinants-ethnicity-and-health/
Dahlgren, G., & Whitehead, M. (2021). The Dahlgren-Whitehead model of health determinants: 30 years on and still chasing rainbows. Public health, 199, 20-24.

Racism and Racialisation and health



Impact of Racial Discrimination on Health, Paradies Y. 2013

Whole-system action

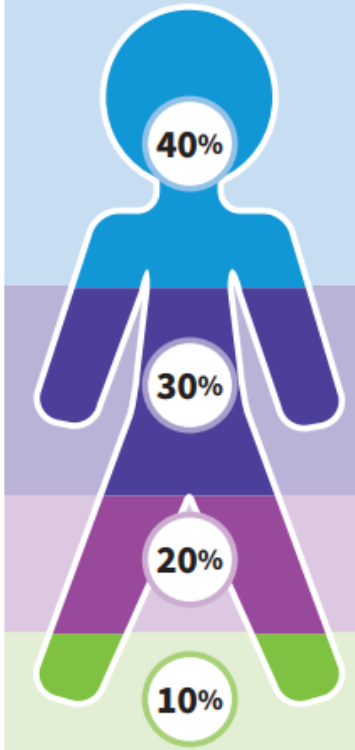


Razai et al's (2021) 'Causes of ethnic disparities in COVID-19 outcomes'

Scotland needs collective action to improve life expectancy and reduce health inequalities

1 Protect investment in the building blocks of health

What shapes our health



Social and economic factors

- Tackling child poverty
- Scottish Child Payment
- Investment in quality early learning and childcare
- Whole family wellbeing and keeping the Promise
- Attainment challenge
- Community Wealth Building
- Cost of living measures
- Affordable and quality housing
- Employability support
- Create a wellbeing economy
- Embed equality and inclusive approaches

Health behaviours

- Regulation of alcohol (e.g. Minimum Unit Pricing)
- Access to healthy foods
- Regulation of tobacco
- Supporting active lives
- Quality addiction services

Health services

- Addressing current acute system pressures equitably
- Vaccines and immunisations
- Screening and diagnostics
- Fair access to quality health care
- Mental health services

Physical environment

- Low Emission Zones
- Active travel investment
- National Planning Framework 4
- Achieve Net Zero

Adapted from The Kings Fund (**https://www.kingsfund.org.uk/publications/vision-population-health**)

2 Long-term investment in prevention: every sector has a role to play

3 **Sustained collaboration**: review of NPF; renewed national and local government partnership; measure what matters; stronger accountability.

Culturally appropriate services (the lack of)



Only English speaking
white
middle class
able bodied
heterosexual
CIS gendered
compliant people
in the lift

https://www.mwcscot.org.uk/news/racial-inequality-and-mental-health-services-scotland-new-report-calls-action

Good work: to build anti-racist mental health care



Read my blog article on systems change and meaningful collaboration that shares power, with the example of anti-racism on the GCPH website: Anti-racism: disrupting and transforming systems.

http://glasgowcity.hscp.scot/news/conversation-action-event-culturally-informed-anti-racist-mental-health-care

Contact details

Shruti Jain
Organisational Lead
Public Health Scotland

shruti.jain2@phs.scot
Twitter: @shruti_fruiti

