HEALTH AND SOCIAL CARE
COMMUNITY OF PRACTICE ON ADDRESSING RACIALISED INEQUALITIES

TERMS OF REFERENCE

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Version	Date	Description of change	Updated by
1.0	19/06/2023	Version 1.0 of ToR developed by Public Health Scotland's Inclusion Health Team and Scottish Government's Racialised Health Inequalities in Health & Social Care & Health Equity team	Andrea Lenssen

Context

1. There are stark health inequalities between minority ethnic and majority white groups and between different minority ethnic groups. The picture is complex and understanding in Scotland is limited by a lack of quality data.
2. UK data [i]shows that:
    - Black women are 4 times more likely than White women to die in pregnancy or childbirth;
    - South Asian & Black people are 2-4 times more likely to develop Type 2 diabetes than their white counterparts;
    - South Asians have a 40% higher death rate from coronary heart disease (CHD) than the general population;
    - Patients from minority ethnic groups report a poorer access[ii] and experience of using health care services compared to the majority white group.[iii]
    - Scottish data and intelligence compiled by PHS consistently showed an increased risk of serious illness and death from Covid-19 among many ethnic minority groups[iv]
    - Women from Gyspy/Traveller, Bangladeshi and Pakistani ethnic groups record higher rates of health problems and disability than women from the 'White Scottish' group. Gypsy/Traveller women recorded twice the rate.[v]
3. The causes of these differential outcomes of are multiple and inter-related. Minority ethnic communities are disproportionately affected by socio-economic deprivation – a key determinant of health in all communities. However, racialised health inequalities are not accounted for by socioeconomic status alone.
4. Racism in its various forms is a fundamental driver of health inequalities experienced by racialised groups. Structural racism creates and reinforces inequalities, for example through housing, employment, healthcare and criminal justice and can have a detrimental impact upon health.
5. In addition, the cumulative impact of everyday stressors linked to race, racism and discrimination increases psychosocial stress and accelerates biological weathering (greater wear, tear and aging). This in turn can contribute to higher rates of some chronic diseases, worse health outcomes, and in some cases, health-harming behaviours and mental health problems.
6. Recognising the role structural racism plays in creating and maintaining the health inequities experienced by some minority ethnic groups, Professor Michael Marmot has named structural racism as one of the 'the causes of the causes of the causes' of health inequalities. Consequently, he has added 'tackling racism, discrimination and their outcomes' as a seventh recommendation to reduce health inequalities.
7. Because the root causes of poor health lie largely outside the health system, whole-system action is required to address these systemic inequalities. Scottish Government's Care & Wellbeing Portfolio has added a commitment to tackling racism, discrimination, and their outcomes as one of eight policy objectives underpinning its work. Scottish Government's (SG) commitment to establish Scotland's first Anti-Racism Observatory, as recommended by the Expert Reference Group on Covid-19 and Ethnicity (ERG), signals Scotland's commitment to anti-racism.

8. Whilst many of the causes of racialised health inequalities are beyond the control of the health and social care system, we do have an important role to play in addressing inequitable outcomes as well as access to and experience of health and social care services.

9. To that end, a senior Steering Group, chaired by SG's Director of Population Health and Healthcare Improvement Scotland's Director of Evidence, has been established to provide oversight, accountability and an ongoing focus on effective delivery of the Expert Reference Group on Covid-19 and Ethnicity recommendations, going beyond these where the evidence indicates there is a need for improvement. To support its aim of addressing structural racism within health and social care, and actively pursuing equity of access, experience and outcomes for minority ethnic populations, the Group is driving development of an action plan to address racialised inequality in health and social care.

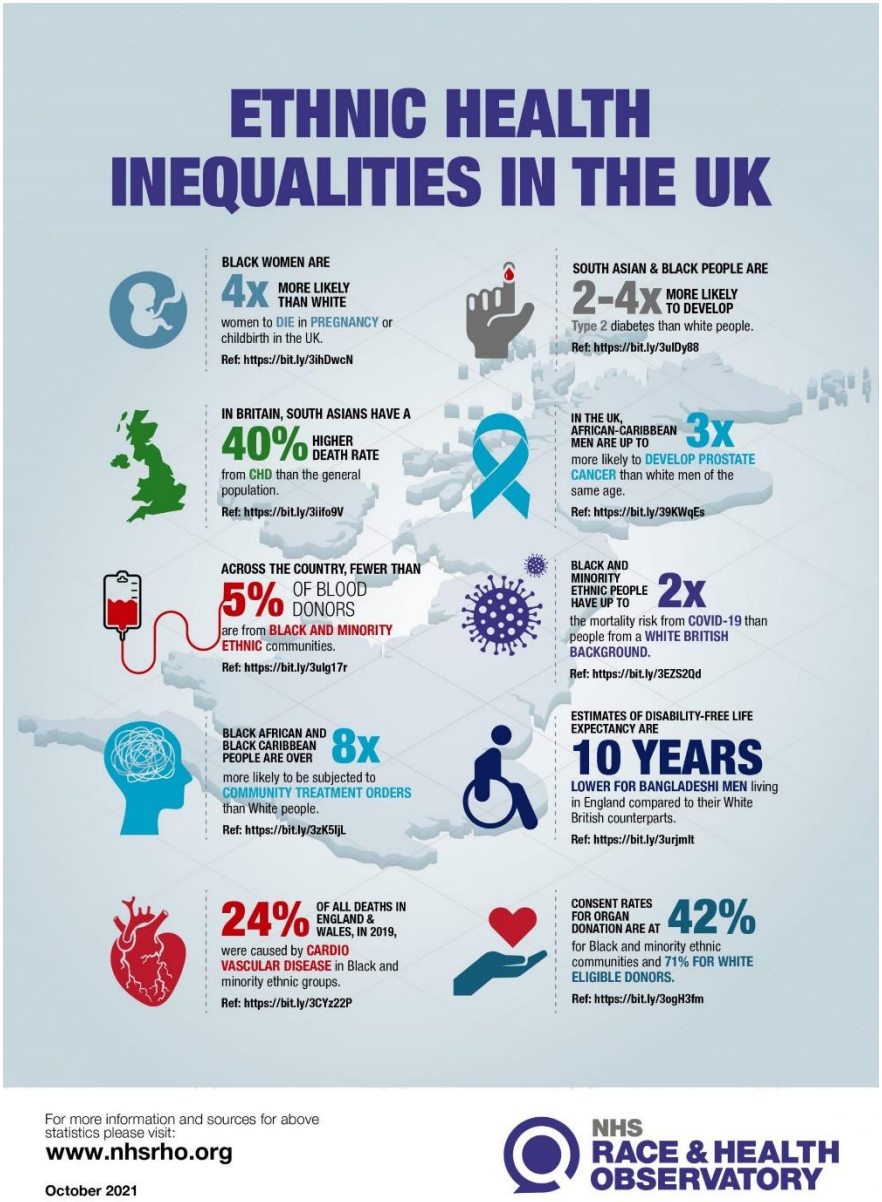


FIGURE 1: SOURCE HTTPS://WWW.NHSRHO.ORG/PUBLICATIONS/ETHNIC-HEALTH-INEQUALITIES-IN-THE-UK/

Aims

The overarching aim of the Steering Group and the Community of Practice aligns with the vision laid out in the Race Equality Framework for Scotland, specifically:

"Minority ethnic communities in Scotland have equality in physical and mental health as far as is achievable, have effective healthcare appropriate to their needs and experience fewer inequalities in housing and home life."

This community of practice provides a platform for colleagues working across health and care in Scotland to collaborate towards the overarching aim and to:

1. Build capability of health and social care policy and delivery professionals to better understand and address racism, discrimination and their outcomes. This includes building an understanding of structural racism and how it operates, and practical anti-racist actions to dismantle it.
2. Improve understanding of the evidence base as well as the differential experiences and perspectives of minority ethnic groups in relation to health and social care, to support the development and delivery of anti-racist policy and services; to share good practice.
3. Build awareness of intersectionality[vi] as introduced by Kimberlé Crenshaw in 1989, particularly recognising the specific inequalities experienced by certain groups, such as minority ethnic women.
4. Work together to identify areas for development in capability, leadership, resources and tools needed to pursue equity and anti-racism in health and social care, and to prioritise actions.
5. Provide a platform that facilitates relationships and connections to be established between people working in different parts of the health and social care system, so that we can collectively create an impact.

Objectives

1. Over the next 12 months there will be a focus on learning what structural racism is, how it manifests in health and social care and the impact it has on the health and experience of people from minority ethnic groups. This may include unlearning bad practice and assumptions that health inequalities are about individuals' choices, culture or biology.
2. Increase awareness, capacity and capability on anti-racism, and practical actions to identify and address structural racism and inequities in access, experience and outcomes within health and social care.
3. Members feel better equipped for their role to be active champions of anti-racism and health equity action for racialised and minoritised groups within their leadership, policy and delivery roles.
4. Establish a community that actively participates in sharing good practice, evidence and information, tools and resources to support achievement of its aims.
5. Build connections between people working on anti-racism/racialised inequities in different parts of the health and social care system, but in isolation of each other. Focus on building a common agenda.

Secretariat and meetings

The Community of Practice will be administered jointly by Public Health Scotland's Inclusion Health Team and Scottish Government's Racialised Health Inequalities in Health & Social Care & Health Equity team. There will be at least four virtual meetings of 60-90 minutes a year, with an option to meet more frequently, or in person, if a topic of special interest is identified.

The terms of reference will be reviewed annually, in discussion with members. We welcome views on the suggested aims, membership, how meetings are run and organised and topics of interest.

Joining the community

You can join the community if you:

- are working in Scotland within health and social care policy or service delivery, or within relevant fields within academia, the third or community sector;
  OR
- are an expert in anti-racism, dismantling systemic racism, or have experience of racism or racialisation, especially within a health and social care context.

If you are interested in joining, please email HealthEquity@gov.scot briefly stating:

- your background and/or expertise and
- your specific areas of interest relating to the aims and objectives of the community.

Please also let us know, if have any good practice examples, resources, tools, skills, knowledge, experience or time you'd be willing share to benefit the community.

Please note: We wish the community to be a safe space where evidence, experience, learning and good practice around anti-racism, dismantling structural racism and racialised health inequalities can be freely and openly discussed and shared. Discussions are likely to have a focus on internal improvement, learning and sharing knowledge among members, and may be sensitive in nature. For that reason, membership is by invitation only. Please do not forward meeting invites to your contacts.

Media representatives will not be invited to attend as this may compromise confidentiality and shift the focus towards external communication. Presentations may be recorded by prior agreement, so that members who weren't able to join a meeting can access the learning at a later date, but Q&A and discussion time will not be recorded.

Appendix 1

Upcoming Meetings
[insert once agreed]

Previously recorded Community of Practice meetings

1. Community of Practice session on anti-racist policymaking, led by the Coalition for Racial Equality and Rights https://youtu.be/zEE1m5ds0LU

Useful links and resources
[to be expanded and developed into a separate resource in the future]

1. Glasgow Centre for Population Health Seminar by Prof David Williams (May 2021) – *'How racism shapes our health'* and *https://www.gcph.co.uk/events/213*

2. Glasgow Centre for Population Health seminar by Professor Kevin Fenton (June 2023) - A public health approach to incorporating anti-racism and structural discrimination in tackling racial and ethnic health disparities

3. Monitoring ethnic health inequalities in Scotland during COVID-19 (Public Health Scotland, 2022)

4. Monitoring racialised health inequalities in Scotland (Public Health Scotland, 2023)

5. Build Back Fairer: Social Determinants, ethnicity and health (July 2022)

6. Expert Reference Group on COVID-19 and Ethnicity: recommendations to Scottish Government

7. Coalition for Racial Equality and Rights - anti-racist policy making: review

8. The Lancet Series on racism, xenophobia, discrimination, and health - Racism, xenophobia, discrimination, and the determination of health - The Lancet

9. Delivering racial equality in medicine (BMA)

10. Anti-Racism and Health: Levels of Health Intervention by Professor Camara Jones - https://www.youtube.com/watch?v=yEHXVUiUMtU

11. Confronting racism denial: using stories to communicate across divides

12. NHS Race & Health Observatory publications Publications Archives - NHS - Race and Health ObservatoryNHS – Race and Health Observatory (nhsrho.org)

13. Coalition for Racial Equality and Rights publications CRER Publications — CRER

14. Runnymede Trust health publications Publications (runnymedetrust.org)

[i] Ethnic Health Inequalities in the UK - NHS - Race and Health ObservatoryNHS – Race and Health Observatory (nhsrho.org)
[ii] Access to health care for ethnic minority populations | Postgraduate Medical Journal (bmj.com)
[iii] The health of people from ethnic minority groups in England | The King's Fund (kingsfund.org.uk)
[iv] Monitoring ethnic health inequalities in Scotland during COVID-19 (publichealthscotland.scot)
[v] 1. Population - Gypsy/Travellers in Scotland - A Comprehensive Analysis of the 2011 Census - gov.scot (www.gov.scot)
[vi] Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color on JSTOR