

New review calls for radical action on stark ethnic inequalities across healthcare

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A major review into ethnic inequalities in healthcare co-authored by a University of Sussex academic has revealed vast inequalities across a range of health services.

Some of the largest inequalities were found for mental [healthcare](#) where treatment for Black groups was particularly poor, finds the new report by the NHS Race and Health Observatory co-authored by Dr. Laia Becares in the University's School of Education and Social Work.

The review also found there was a lack of research into specific areas including how outcomes may differ for ethnic minority babies in neonatal healthcare settings, where just one study was found to investigate [health](#) disparities in the care of ethnic minority new-born babies.

The Observatory has today published its much anticipated [rapid review](#), into ethnic health inequalities across a vast range of areas including key priorities set by the independent health body.

The university-led review explores differences in reference to access, experiences of, and outcomes in the following areas:

- Mental healthcare.
- Maternal and neonatal healthcare.
- Digital access to healthcare.
- Genetic testing and genomic medicine.
- The NHS workforce.

Dr. Becares, Senior Lecturer in Applied Social Science at the University of Sussex, said: "Our review shows the role of structural barriers—including racism and experiences of racial discrimination—in patterning stark ethnic inequalities in health care.

"We provide concrete recommendations for change, including within research, policy, and practice, that if taken forward by NHS and political leaders would ensure a fairer and more inclusive system for all."

Ethnic inequalities were found across each area studied. Whilst there were differences between ethnic minority groups, some communities were found to have particularly [poor access](#), experiences and outcomes.

The review of academic research, spanning a 10-year period, found that ethnic minority groups experienced distinct inequalities in mental health support provision, and in gaining access to mental health 'talking therapies.'

It found GPs were less likely to refer ethnic minority patients to the Improving Access to Psychological Therapies (IAPT) programme, compared to White patients. Barriers were also faced by patients who delayed or avoided seeking help for health problems due to their fear of racist treatment from NHS healthcare professionals.

Strikingly, there was evidence that the ethnic inequalities in mental healthcare for adult populations is being reproduced in younger populations, with one study in the review showing that Black children were 10 times more likely to be referred to Child and Adolescent Mental Health Services (CAMHS) via social services rather than their GP service, in comparison to White British children.

In maternal care, there were some positive relationships with midwives, however this was limited by poor communication between women and maternity health providers. Additionally, women that did not have English as a first language often lacked access to quality interpreting services. The one study researchers found that focused on ethnic inequalities in care for new-born babies, showed Asian babies were over-represented in admissions to neonatal units for jaundice.

Overall, the review of maternal healthcare found evidence of negative interactions, stereotyping, disrespect, discrimination and cultural insensitivity, leading to some ethnic minority women feeling 'othered,'

unwelcome, and poorly cared-for.

With respect to the NHS workforce, the impact of racism on careers and professional development was also explored in the review, and there was evidence of an ethnic pay gap affecting Black, Asian, Mixed and Other groups, and to a lesser extent, Chinese staff.

Dr. Habib Naqvi, director of the NHS Race and Health Observatory, said: "It is clear that existing evidence on the stark health inequalities faced by ethnic minority communities has not led to significant change. This is why the Observatory has been established: to synthesise what already exists, translate it into actionable policy recommendations, and to challenge leaders to act. This report should be a tool for them; highlighting the best quality evidence and making concrete recommendations for change.

"By drawing together the evidence, 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."

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.

Lead investigator, Dr. Dharmi Kapadia, Lecturer in Sociology, and member of the Centre on Dynamics of Ethnicity (CoDE), University of Manchester, said: "Our team are pleased to have completed this crucial piece of work to address persistent ethnic inequalities in healthcare in the UK. Importantly, this review provides a solid evidence base from which to plan new ways to address these inequalities at both practical and policy levels.

"For too many years, the health of ethnic minority people has been

negatively impacted by a lack of high-quality ethnic monitoring data recorded in NHS systems; lack of appropriate interpreting services for people who do not speak English confidently and delays in, or avoidance of, seeking help for health problems due to fear of racist treatment from NHS healthcare professionals. Our review confirmed that all of these issues are still to be tackled by the NHS. The evidence on the poor healthcare outcomes for many ethnic minority groups across a range of services is overwhelming, and convincing. The time for critical action on ethnic inequalities in healthcare is now."

Following an open tender process, in May 2021, the contract to review ethnic health inequalities was awarded to the University of Manchester, working in conjunction with the University of Sheffield and the University of Sussex.

Sarah Salway, Professor of Public Health, University of Sheffield, said: "We know that persistent inequalities in the healthcare and health outcomes between ethnic groups remain, despite past commitments to address the issue. The review recommendations published today provide the clear direction we need to truly make a concerted effort to address inequity, not only in areas such as mental health and maternity care, but also within the NHS workforce itself.

"As a nation we are proud of our NHS. It is one of the few healthcare services worldwide that enjoys a reputation for quality care that is free at the point of access, so it can be difficult to discuss how things may be failing. This report however, gives us the opportunity to identify how we can do things better, for a healthier and fairer society. We can work towards an NHS that provides equitable services for all, where language is not a barrier, medical technologies meet the needs of our diverse population, and everyone feels cared for."

The academic team undertook a comprehensive stock-take of available

UK research, screening over 13,000 research papers, identifying 178 studies that were included in the final [review](#).

Provided by University of Sussex

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