



Race Equality in Health - the Key to World Class Commissioning

race for health





This country will not be a good place for any of us to live in, unless we make it a good place for all of us to live in.

Theodore Roosevelt, US President

I hope that people will finally come to realise that there is only one 'race' - the human race - and that we are all members of it.

Margaret Atwood, novelist

Why we need change...

x2 Infant mortality in England and Wales for children born to mothers from Pakistan is double the average.

67 Male life expectancy in Church St, Westminster compared with 83 in Belgravia, one mile away.

x6 Young black men are six times more likely than young white men to be sectioned for compulsory treatment under the Mental Health Act.

40% Percentage of Bangladeshi children in the UK who have visited a dentist – compared with 90% of British children generally.

70% The prevalence of stroke among African Caribbean and South Asian men is 70 per cent higher than the average.

40% Proportion of Bangladeshi men who smoke, compared with 27% of the general population.

50% South Asian people are 50 per cent more likely to die prematurely from coronary heart disease than the general population.

x3 Men and women of Indian origin are three times more likely than most people to have diabetes.

Why we need change... *(continued)*

x2

Young Asian women are more than twice as likely to commit suicide as young white women.

54

Life expectancy for men in parts of Glasgow, compared with 70 in Iraq.

600k

The number of people who have moved to Britain from eastern Europe since 2004.

166

The number of languages spoken in Haringey, north London.



I know I got it made while the masses of black people are catchin' hell, but as long as they ain't free, I ain't free.

Mohammed Ali, boxer

we are...

Race for Health, a Department of Health-funded, NHS-based programme.

We work with PCTs and Trusts to drive forward improvements in health for people from black and minority ethnic (BME) backgrounds. We see this as key to supporting world class commissioning and healthcare. We believe that the time for simply talking about race inequality is over. We support real change across the NHS, with the full implementation of legislation as a starting point.



Civilisations should be measured by the degree of diversity attained and the degree of unity retained.

WH Auden, poet



Imagine an NHS where the health needs of black and minority ethnic communities drive the services they receive. That is what the Race for Health programme is determined to achieve.

Professor Helen Hally, National Director, Race for Health

we want...

To reinvigorate the battle to eliminate inequality, to highlight the real problems and to deliver speedy action. We are asking you to support a genuine, purposeful, testable programme to narrow unfairness that blights so many lives. **This is no box-ticking exercise.**

you can...

Read this short document, recognise the issues and give your backing to a small number of proposals. If adopted, they will make a real difference in improving the health of people seriously disadvantaged in a society that promises equal access to world class healthcare for everyone.

your 3 tasks

We want you to help ensure that your organisation - and those you work with - do the following three things regarding health and their BME communities.

- 1 Know and understand the health needs of your people
- 2 Achieve measurable outcomes for combating health inequalities rooted in ethnicity
- 3 Implement the law on race and equality



*You've got to have something to eat
and a little love in your life before
you can hold still for any damned
body's sermon on how to behave.*

Billie Holliday, singer

1

Know your people

If you do not know your population well, hundreds of local people may have undiagnosed diabetes, coronary heart disease, perinatal complications or mental health problems.

If you reach them, you can:

- Avert blindness, amputation and end stage renal failure;
- Prevent heart attacks and strokes;
- Save the lives of babies – and mothers.

So, make sure that your local population is profiled properly for language needs, religious affiliation, ethnicity and any other special needs.



HOW TO DO IT ...

In Liverpool, 97 practices are developing better understanding of patients. Pauline Mitchell of Liverpool PCT explains: 'We give them training, so staff understand why profiling is important. We provide a tool kit containing a data collection form, a template to enter the data on the clinical system, information on BME health, contacts for community groups plus advice leaflets in different languages. We're cross-matching CHD, BMI, diabetes and smoking status of patients against the new profiling data. Soon, we will spot where patients are not getting vital healthcare.'

We allow our ignorance to prevail upon us and make us think we can survive alone, alone in patches, alone in groups, alone in races, even alone in genders.

Maya Angelou, poet

2

Achieve measurable outcomes

If we are serious about securing real improvements for people from black and minority ethnic communities, we have to know health outcomes for local populations. This knowledge makes it possible to spot where there are differences for black and minority ethnic groups. Where BME communities are doing poorly, it is vital to make robust plans with measurable outcomes to narrow those differences.

*The function of freedom
is to free somebody else.*

Toni Morrison, novelist



HOW TO DO IT ...

All Race for Health's PCTs have pledged to address key performance indicators at Board level. They have promised to develop detailed plans for activity and measurable improvements in conditions such as diabetes, perinatal mortality, coronary heart disease and mental health. We hope that, by 2010, we can, for the first time, begin to show clear improvements in the health of BME people as a result of policies undertaken to tackle their health disadvantage.

For more information go to
www.raceforhealth.org

3

Implement the law on race and equality

The law – notably the Race Relations (Amendment) Act 2000 - has clear requirements. Organisations within the NHS should be making sure that both staff and patients enjoy their fair entitlement – be it to jobs or services - regardless of ethnicity. To find out more about complying with law, go to www.raceforhealth.org

*Teaching is not filling up a
pail, it is lighting a fire.*

WB Yeats, poet



HOW TO DO IT ...

Stephen James of Ealing PCT explains: 'We check what the law is and how it applies to us. So we know our general and specific duties. Next, we list our policies, functions and services and how they relate to race equality. We make sure that people know how, for example, to do a race equality impact assessment and have the capacity to do it, engaging with patients, the public, voluntary organisations and the workforce. Finally, we tell people what we are doing, by publishing details on our website and by talking to people, face to face, in various forums.'

Race for Health's PCTs

- + Berkshire East
- + Bradford and Airedale Teaching
- + Bristol
- + Ealing
- + Haringey Teaching
- + Hastings and Rother
- + Lambeth
- + Leeds
- + Leicester City
- + Liverpool
- + Luton Teaching
- + Manchester
- + Norfolk
- + Oldham
- + Shropshire County
- + South Birmingham
- + Suffolk
- + Trafford
- + Wandsworth
- + Westminster
- + Wolverhampton City



The future is already with us, it is just unevenly distributed.

William Gibson, science fiction author

Contact us

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*Blame no-one, expect
nothing, do something.*

NY Giants locker room



race for health



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