



# **DRIVING RACE EQUITY IN HEALTH AND CARE**

STRATEGY 2021 - 2024

**INDEPENDENCE**

INDEPENDENCE

**OBJECTIVITY**

OBJECTIVITY

**INTEGRITY**

INTEGRITY

**EFFECTIVENESS**

EFFECTIVENESS

**COLLABORATION**

COLLABORATION

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# ABOUT US

The NHS Race & Health Observatory was established by the NHS in 2021 to examine ethnic inequalities in health across the country, and to support national bodies in implementing meaningful change for ethnic minority communities, patients, and members of the health and care workforce.

We work as a proactive investigator, commissioning new research and synthesising existing evidence to ensure that our health and care system works for everyone, regardless of their race. We make practical recommendations for national policy leaders and, crucially, we support the real-world implementation of those recommendations.

We are an independent body, sitting far enough outside the health and care system to serve as a critical ally, but close enough to ensure that our work is firmly rooted in the day-to-day realities of patients and staff members.

Our ultimate aim is to help close the gap on ethnic inequalities in health and care. We'll do this by gathering the best possible evidence, listening to the voices of those who interact with the health and care system, and building an enduring network of passionate and influential people who share our commitment to equality.

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The Observatory is a critical next step in the health and care system's race equality journey. It will ensure that we harness the expertise of our academics, communities, and clinicians. It will challenge leaders, but also support the implementation of practical solutions. In so doing, it will seek to radically address ethnic health inequalities in this country.

- MARIE GABRIEL CBE, CHAIR

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**LANGUAGE HAS POWER, WE ARE GUIDED BY 5 PRINCIPLES.**

## Our approach to terminology

Language has power, and the terminology we use when talking about race and ethnicity can have real world policy impact. At the Observatory, we are guided by five principles when talking and writing about race and ethnicity:

- We will always be **specific** where possible about the ethnic groups we are referring to, only using collective terminology where there is a legitimate need to do so.
- We will **not use acronyms or initialisms** such as BME or BAME.
- Where collective terminology is needed, we will always be **guided by context**, and will not adopt a blanket term. In the event that the context is not decisive, we will use collective terms such as 'Black and minority ethnic', 'ethnic minority', 'Black, Asian and minority ethnic' interchangeably. This is to reflect the fact that no one term is suitable to all of our stakeholders and to respect individual and community dignity.
- We will always be **transparent** about our approach to language.
- We will always be **adaptable** and remain open to changing our approach to language in the future.

These principles were arrived at following a stakeholder consultation process carried out in Summer 2021. To find out more about it, visit our website at [nhsrho.org/publications](https://nhs.uk/nhsrho.org/publications)

# RACE AND HEALTH

Ethnic inequalities in health have long been a fact of life in this country, often seen as inevitable or a problem that is too hard to solve. For many years, leaders and policymakers have tried to ensure that the health and care services provide equitable provision, but interventions are often short-lived, or enacted on too small a scale to make a tangible difference for service users (Robertson et al. 2021). The creation of the Observatory, the first organisation of its kind, is testament to the enduring hope that the system can work better.

And it has come at the right time. The Observatory was established in the midst of the COVID-19 pandemic, where Black and Asian communities were disproportionately represented among those who died from the disease. Among the health and care workforce, too, it was minority communities who were disproportionately concentrated on the front lines, at higher risk of catching the disease, and therefore dying. The pandemic did not create the conditions for these unequal outcomes, but has illuminated what was already there, making it impossible to ignore.

Furthermore, the Observatory has been created against the backdrop of the shifting global narrative that has emerged alongside increased attention on the Black Lives Matter movement. This new narrative rightly accepts that eradicating inequalities is not a burden that should not be borne by the people who are disadvantaged by them. It is rather the responsibility of the those who hold power to deliver this change, and success will not be achieved without confronting the embedded forces of systemic and institutional racism.

Inequalities in health are not just about the experiences people have in hospitals, surgeries or care homes, but also about the broader social factors that dictate our level of health risk in the first place. Forces such as racism, discrimination, deprivation, and social segregation influence a person's quality and length of life long before they encounter our health and care system. The challenge facing us, therefore, is not just about equity in access to services, but also about understanding the systemic disadvantage faced by ethnic minority people in this country more broadly.

Existing evidence already shows us the impact that racism has on mental and physical health, and the ways in which structural racism drives unequal outcomes through deprivation, discrimination, intergenerational trauma, and embedded cultural



assumptions (Barnett et al, 2019; Nazroo, 2003; Kelly et al., 2009; Wallace, Nazroo, & Bécaries, 2016; Wohland, Rees, Nazroo, & Jagger, 2015; Williams, Neighbors, & Jackson, 2003). We will not spend time rehashing these established facts, but rather focus on where the gaps are in the evidence base, and where the health and care system can be mobilised to make a difference.

Crucially, we must also look forward. All of the research in the world is worth nothing if people aren't willing to act on it. We will work with a broad network of passionate experts and leaders to ensure that these insights are turned into practical recommendations so that the health and care system works better for those underserved communities.

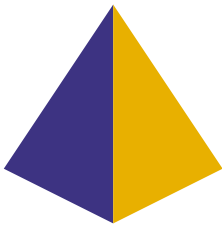
There are opportunities before us. The health system in England is undergoing another restructure, putting the emphasis on integrated care across systems, places, and populations, and specifically including the reduction of health inequalities as a measure of success. We have the opportunity to embed inequality at the very heart of these new ways of working.

With technological advances such as genomics and precision medicine promising to change the future of healthcare, we have the opportunity to make this new age of medicine more equitable than the last.

And with the public and system leaders more comfortable than ever in talking about racism and systemic inequality, we have a chance to lead and participate in difficult, progressive conversations, without which nothing can change.

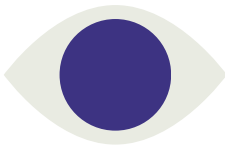
# OUR VALUES

## Independence



The Observatory is guided by no other agenda than its own. We are funded by the NHS, and are committed to supporting it to improve, but our priorities and our work programme have been designed in collaboration with stakeholders with the appropriate expertise and lived experience. We sit alongside the NHS, adjacent but separate. We can scrutinise the health and care system from a distance but remain well positioned to advise on areas for improvement.

## Objectivity



We are committed to remaining objective, being guided not by politics but by research and evidence. We will respond to what the evidence tells us and make recommendations that will serve those we are here to help – the people in this county who experience ethnic health inequalities. Through this objectivity, we will foster confidence in system leaders, and ensure that our interventions have value.

## Integrity



We are committed to integrity, both in the way we work within the organisation, and the way we engage with broader stakeholders and the public. Our processes for funding will be transparent and any work we produce will be made available free of charge to all. We will not shy away from difficult conversations, and we remain open to challenge and debate.



## **Collaboration**

We will remain responsive to our stakeholders - members of the public, patients, health and care staff, academics, clinicians, carers and more. We will make genuine community engagement a requirement of all funding opportunities and commissioned research. And, while we have established our priorities for the first three years, we will remain open to engaging with new evidence and responding to new areas of concern.



## **Effectiveness**

We are committed to making a sustained impact on ethnic health inequalities. It is vital that the work of the Observatory goes beyond research and leads to genuine change. We will ensure value for money by following up on every recommendation and supporting our peers in the NHS and beyond to make best use of the evidence we commission. We will create a network of empowered individuals committed to making and sustaining change.

# HOW WE WORK

The Observatory's core team is small and specialised, with expertise in race equality, research, analysis, policy, and communications. We work through a dispersed network of experts and stakeholders, drawing on the very best minds and experience in the field to guide us and to assure the quality of our outputs. Throughout our first three years we will have several standing groups to guide our work:

- Academic Reference Group
- Stakeholder Engagement Group
- Digital and Data Advisory Group
- Maternal and Neonatal Health Advisory Group
- Mental Health Advisory Group
- Global Health Advisory Group

## **Our model**

Our primary operating model will be to commission research from external organisations, enabling us to always involve the best people possible in the work we do and to ensure high quality outputs that represent good value for money for taxpayers. We will do so openly and transparently, making every effort to procure work from a diverse range of organisations. Where evidence already exists, we will synthesise it into accessible briefings to empower individuals at all levels to advocate for change. As well as producing research reports, we will create tools and resources to help socialise evidence around race inequality and to promote practical, tangible change.

## **How will we know we've made an impact?**

Race equity is not a field in which change comes easily. Our ultimate goal – tangibly reduce ethnic health inequality – may not be visible for many years. In the meantime, we will measure our impact by the responses to the reports we produce, to the policy changes we can bring about, and by the people we engage with. The process map overleaf shows the ways in which we can make an impact: driving policy change, shaping research priorities, influencing and empowering leaders, informing the public, and creating practical resources to help those in the health and care system and beyond advocate for a more equitable world.



**RACE EQUITY IS NOT A FIELD IN WHICH CHANGE COMES EASILY.**

# OUR PROCESS

## Prioritisation

We decide on our priority areas by:

- Drawing intelligence from specialised advisory groups.
- Engaging with a diverse range of community groups.
- Engaging with national and international external experts.
- Maintaining relationships with key policymaking organisations in health and care.

## Research

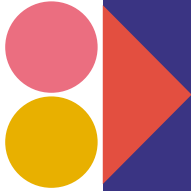
We fill evidence gaps by:

- Commissioning high quality research from external academics, researchers and institutions.
- Collaborating with other key research organisations and thought leaders in the health, care and race equality landscape.

## Dissemination

We promote our work through:

- The production of accessible reports and other resources, containing new insights and actionable recommendations for change.
- Webinars, podcasts, blogs, conferences, and other engagement events to socialise our research findings.



## Impact

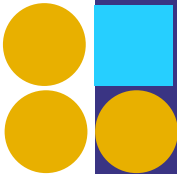
### Driving Policy Change

Engaging with ministers and other policymakers to ensure that evidence is digested and acted upon at the highest level, and ensuring that positive change on race equality is both long-term and irreversible.



### Shaping research

Identifying gaps in the existing evidence base and, where we cannot fill those gaps with our own work, working alongside other research organisations and funders to help prioritise this research.



### Influencing leadership

Engaging directly with local and regional leaders in the system to drive meaningful change, and working with national policymakers to ensure that leaders are both properly equipped and sufficiently accountable.



### Engaging the public

Using diverse traditional, social, and community media channels to raise awareness and stimulate debates to bring understanding of ethnic health inequalities into mainstream discourse.



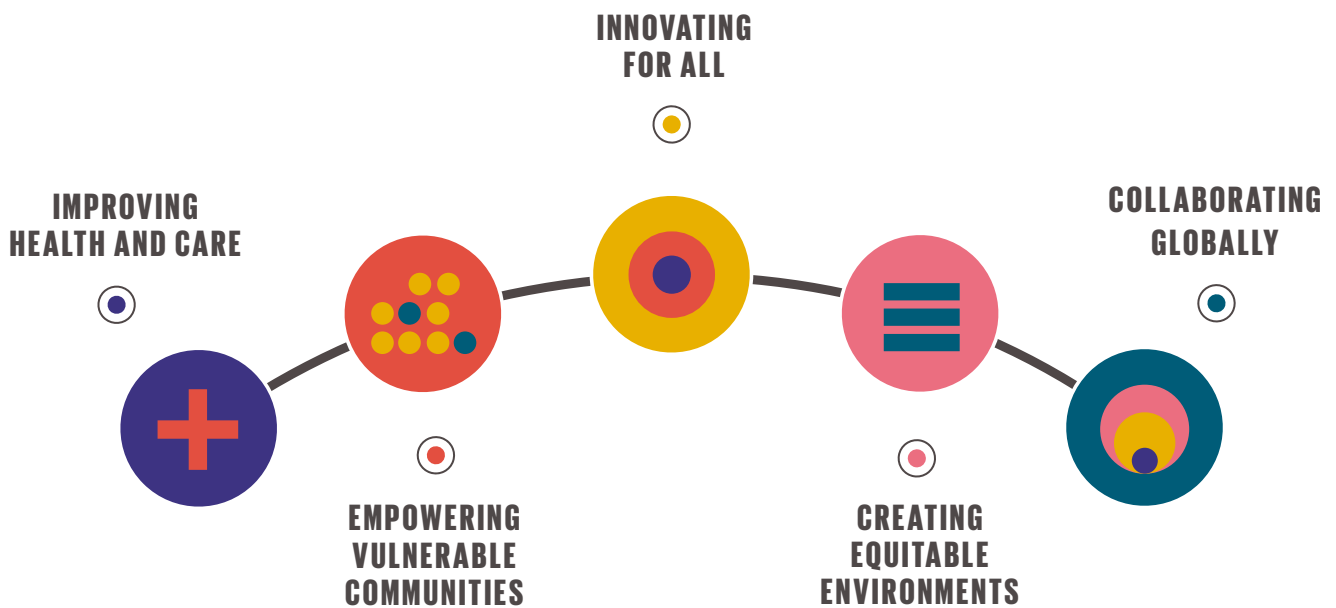
### Creating practical tools

Producing resources and evidence to help improve decision making about populations and to empower communities to advocate for change.

# OUR PRIORITIES

In our first three years, we will work across five core workstreams. These areas were identified through extensive stakeholder engagement. To achieve our goal, we will need to be selective about where we focus our attention. The following areas represent our initial focus, but by no means cover the full range of areas that require attention. We have ensured that our strategy allows us to remain flexible and responsive, and we are committed to speaking to experts and listening to our stakeholders throughout this time.

See **Annex A** for more detail on our year one activities.





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Although tackling wider inequalities cannot fall to the health and care system alone, the NHS has committed to tackling race inequality, and has to be supported to work on implementing hard-hitting recommendations for sustained change. I believe the work of the Observatory will be a vital step towards making this a reality.

**- DR. HABIB NAQVI MBE, DIRECTOR**

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**IMPROVING  
HEALTH  
AND CARE**

# IMPROVING HEALTH AND CARE

Under this workstream, we will focus on areas in health and care that have long shown ethnic inequalities in access, experience, or outcomes – working to reshape policy and practice so that they support fair health and care for all. The priorities for our first three years of funding will be maternity and neonatal health; and mental health and wellbeing. Both areas have been highlighted by our stakeholders as needing concerted attention to deliver equity.

Maternal health is among the starkest examples of racial health inequality in the UK. While overall maternal mortality has fallen over the past decade, the evidence suggests a widening gap between the mortality rates of women from different ethnic backgrounds. We also know that women from all Black, Asian and minority groups are at greater risk than their White counterparts of having their pregnancies result in pre-term birth, stillbirth, neonatal death, or delivering a baby born with low birth weight.

In mental health, we know there are severe disparities in terms of access to mental health treatment, and that Black groups are over-represented in some mental health pathways. In addition, we know that the application of the Mental Health Act is unequal, distorted by stigma and stereotyping, to the detriment of Black and minority ethnic communities. With the government in the process of reforming the Mental Health Act, it is important that there is a voice in the system representing these groups.

Under this workstream, we will:

- Establish advisory groups, drawing together experts from across the health and care system, including clinicians, those with lived experience, academics, system leaders, and representatives from the voluntary and charity sectors. These groups will be discipline-specific and will guide the work and the funding of the Observatory over this period.
- Fund original research and synthesise existing evidence, using this intelligence as the basis of actionable recommendations for policy makers.
- Build a broader network of patients, community groups, policy makers and other experts, and facilitate conversations about the future of race equality in maternity health and mental health.

DRIVING RACE EQUITY IN HEALTH AND CARE



# EMPOWERING VULNERABLE COMMUNITIES

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The most vulnerable in society are often those who experience the cumulative impact of health inequalities. Our work to identify and tackle ethnic health inequalities recognises the complexity of the social determinants of health as well as the resulting effect that can have on individual personal choices.

Under this workstream, we will aim to remain responsive to emerging ethnic health inequalities and seek to raise the profile of issues that are not commonly advocated for or well-funded. This means talking frankly about the persisting role of systemic and institutional racism in our health system.

Our immediate priority will be the COVID-19 pandemic. Not only has the disease itself impacted Black and Asian communities to a disproportionate degree, but the roll-out of vaccines among the public and the health and care workforce has exposed issues of mistrust between some communities and the national establishments that were designed to protect them. At the time of writing, the NHS is wrestling with the challenge of clearing elective waiting lists. If not managed carefully, this process could drive inequality yet further.

Beyond COVID-19, we will explore race inequalities in blood donation and organ transplants; sickle cell disease; racial bias in medical devices and diagnostic processes; and many more issues besides. We are committed to engaging with and responding to the concerns of those we were established to work for – the patients, service users, workers and members of the public who have negative experiences and health outcomes because of their ethnicity.

Under this workstream, we will:

- Engage with patients, service users, and specialists to identify emerging issues and raise the profile of issues that have dropped off the policy radar.
- Produce briefings, policy reviews, and other papers outlining actionable recommendations, and work closely with the NHS, the Department of Health and Social Care, and others to promote progressive and equitable policy interventions.
- Co-produce resources and gather together information to support vulnerable communities and individuals.

DRIVING RACE EQUITY IN HEALTH AND CARE



# INNOVATING FOR ALL

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Technological developments and a proliferation of data in health and care offer incredible opportunities for the future. Harnessing this technology could transform medicine forever, but we must recognise that the size and complexity of the health and care system means the adoption of new technologies is slow and often patchy. If properly adopted, these new technologies can help us eradicate ethnic inequalities in health and care. Alternatively, inattention to these new developments could further ingrain those inequalities.

Under this workstream, we will look at the development and deployment of digital tools – such as video consultations, health monitoring apps, and workforce management systems – and help gather evidence on how they can be used equitably. We will also look at what existing data can tell us about health inequalities and, where necessary, recommend areas where more data should be collected. This includes considering how ethnicity is coded across existing health and care pathways, and how disparities are measured as part of existing performance reporting.

And we must also look further to the future, better understanding developments in areas such as genomics and precision medicine, the adoption of artificial intelligence in diagnostic processes, and beyond.

Under this workstream, we will:

- Establish an advisory group of expert analysts, policymakers, clinicians, and academics to guide our focus over the next three years. We'll rely on this group to steer new research into digital inclusion, use of data, and emerging technologies.
- Develop an interactive digital platform, drawing together data from a variety of sources to create a tool for system leaders to identify areas for attention, and to offer evidence-based solutions. The tool will also serve as a repository for good practice.
- Engage with experts in emerging technologies to commission and collaborate on experimental and forward-looking research and other projects.



# CREATING EQUITABLE ENVIRONMENTS



# CREATING EQUITABLE ENVIRONMENTS

Despite many efforts to deliver equity, racial inequalities are still ingrained in the institutions that constitute the health and care system, and in the systems that determine how people interact with it. The health and care landscape is a complex network of providers, commissioners, regulators, and various other umbrella bodies, some funded privately, some publicly, and all serving subtly different groups of stakeholders. As seen during the pandemic, this system can be agile and reactive, adapting quickly to respond to a crisis when needed. But this model can also lead to inefficiencies and duplication, and dispersed accountability can make it unclear who, exactly, is responsible for embedding racial equity in health and care.

Only by scrutinising how these systems function and interact with one another can we hope to identify and eradicate the causes of racial inequality. At a time where the NHS is about to go through another major restructure, and with a government white paper on social care reform still expected, it is important that we keep our attention on equality always. Working closely with leaders will be essential. Only leaders who are properly empowered and adequately accountable will shift the dial on this agenda.

There are also outstanding issues with the workforce. We know that Black and minority ethnic staff are concentrated at lower pay bands, and often have worse experiences of work than their White colleagues. We also know that our leaders are not representative of the workforces they lead, or the communities they serve. Having people working in health and care who are treated equitably, and can see themselves reflected in their leaders, is a vital prerequisite to delivering equitable health and care to patients and service users. Income is also an important determinant of health; if there are gaps in pay and income by race, this can exacerbate ethnic health inequalities. Ensuring equality and inclusion in the workplace is therefore an imperative area of focus and attention.

Under this workstream, we will:

- Commission a thorough review of how the current system architecture serves ethnic minority communities, identifying areas for potential improvement and reform. This will especially focus on embedding considerations of ethnic inequalities in new Integrated Care Systems.
- Work extensively and continuously with system leaders – including those with renewed responsibilities for health inequalities – to make ethnic equality in health and care impactful in the everyday lives of staff and service users.
- Scrutinise accountability structures, workplace environments, pay, and transformation processes across health and care to ensure that staff, as well as patients, experience equity.

DRIVING RACE EQUITY IN HEALTH AND CARE



# COLLABORATING GLOBALLY

# COLLABORATING GLOBALLY

The health and care landscape is not a collection of faceless institutions, but rather a network of millions of people – workers, patients, members of the public – interacting in countless ways every day. It would be futile to attempt to achieve our mission in isolation, only speaking with a limited pool of experts in closed rooms. We are therefore committed to engaging as broadly and deeply as we can across all the above workstreams.

We will engage with stakeholders and community groups wherever we commission research or initiate programmes of work, and we will offer our support in return to the organisations and individuals who give up their time to help us. This ongoing consultation will range from the types of projects we fund, to the kind of language we use as an organisation.

We also acknowledge that ethnic health inequalities are persistent globally, and there are significant opportunities for collaboration across borders. We want to be transparent with the work we do, sharing our evidence freely and, through effective collaboration, make the most of international expertise to improve equality in health and care in our own system.

Under this workstream, we will:

- Establish a diverse stakeholder engagement group, with broad representation that takes account not only of ethnicity, but also other intersectional issues faced by people in this country.
- Take a systemic approach to engagement, ensuring that systemic primacy, diversity of experience, independence, transparency, and reliance on evidence are always at the centre of the work we do.
- Collaborate globally – inviting experts from across the globe to collaborate on innovative solutions to shared challenges in the field of race inequality in health and care.

## Annex A: Year One Activities

# Improving health and care

| Objective  | Year One Activity   |
|--|---|
| <p>To commission research and community engagement exercises that will lead to actionable recommendations to reduce <b>maternal inequalities</b> in access, care provision and health outcomes for women from Black, Asian and other minority ethnic groups.</p>                 | <ul style="list-style-type: none"> <li>• Establish the RHO Maternal and Neonatal Health Advisory Group.</li> <li>• Commission a systematic review to draw together literature and evidence on ethnic inequalities in maternal health, identifying gaps in evidence, and areas for further research.</li> <li>• Commission further research, according to research briefs informed by both our expert advisory group and community engagement exercises.</li> </ul>  |
| <p>To commission research and community engagement exercises that will lead to actionable recommendations to reduce <b>mental health inequalities</b> in access, care provision and health outcomes for women from people from Black, Asian and other minority ethnic groups</p> | <ul style="list-style-type: none"> <li>• Establish the RHO Mental Health Advisory Group.</li> <li>• Commission a systematic review to draw together literature and evidence on ethnic inequalities in maternal health, identifying gaps in evidence, and areas for further research.</li> <li>• Commission further research according to research briefs informed by both our expert advisory groups and community engagement exercises. Areas of research will include:               <ul style="list-style-type: none"> <li>• The effectiveness of existing MH equalities interventions (i.e. IAPT)</li> <li>• The impact of racism on mental health among Ethnic minority communities.</li> </ul> </li> <li>• Provide strategic input to the government’s review of Mental Health Act, and contribution to NHS England’s Advancing Mental Health Equality Strategy.</li> <li>• Provide expert support to the Royal College of Psychiatrists’ National Collaborating Centre for Mental Health.</li> </ul> |

# Empowering vulnerable communities

| Objective  | Year One Activity  |
|--|--|
| <p>To commission research and community engagement exercises that will lead to actionable recommendations to reduce ethnic inequalities in relation to a range of both <b>ingrained and emerging health issues</b>.</p>                                  | <ul style="list-style-type: none"> <li>• Establish the RHO Academic Reference Group.</li> <li>• Produce an evidence-based report on engagement activity relating ethnic health inequalities in blood plasma donation.</li> <li>• Produce a rapid evidence review, with recommendations, on racial bias in medical devices, including pulse oximeters.</li> <li>• Contribute to the evidence base on other under-researched areas of ethnic health inequality (i.e. sickle cell disease).</li> </ul>  |
| <p>To produce timely and evidence-based advice and recommendations regarding the <b>impact of COVID-19</b> on Ethnic minority communities, including a consideration of both the impact of the disease itself, and access to and uptake of vaccines.</p> | <ul style="list-style-type: none"> <li>• Establish an RHO COVID-19 working group.</li> <li>• Create guidance documents for use in health and care providers during Ramadan.</li> <li>• Support research into vaccine attitudes, behaviours, and beliefs in the community.</li> <li>• Produce policy briefings on vaccine hesitancy among the community, with actionable recommendations for change in the system.</li> <li>• Provide support to healthcare leaders in increasing trust and confidence in COVID-19 vaccine amongst minority ethnic communities.</li> <li>• Explore the impact of long COVID on patients and the workforce.</li> </ul> |

# Innovating for all

| Objective   | Year One Activity   |
|---|---|
| <p>To analyse a clear, action-focused recommendations on improving the quality of <b>ethnicity coding</b> within widely used hospital datasets and identify actions which need to be taken to improve the underlying quality of data.</p> | <ul style="list-style-type: none"> <li>• Produce a report on the quality and use of ethnicity data recording in hospital data sets in England produced in conjunction with the Nuffield Trust, including practical recommendations for the improvement of ethnicity coding across the system.</li> <li>• Work closely with national and regional NHS bodies and leaders in implementing recommended changes.</li> </ul> |
| <p>To produce clear, action-focused recommendations on improving <b>digital inclusion</b> from a race perspective, and equality impact assessing decision-making in this area.</p>  | <ul style="list-style-type: none"> <li>• Establish the RHO Digital and Data Advisory Group.</li> <li>• Commissioning of research on digital inclusion.</li> <li>• Production of evidence-based recommendations papers on digital health inclusion.</li> <li>• Work closely with national and regional NHS bodies and leaders in implementing recommended changes.</li> </ul>  |
| <p>To produce clear, action-focused recommendations on increasing the understanding of racial health inequalities that exist in <b>precision medicine, genomics and pharmacogenomics</b>.</p>   | <ul style="list-style-type: none"> <li>• Commission research on genomic/precision medicine, race and health, and its potential ethnic inequalities.</li> <li>• Produce an evidence-based recommendations paper.</li> <li>• Work closely with national and regional NHS bodies and leaders in implementing recommended changes.</li> </ul>   |
| <p>To gather, analyse, and promote <b>replicable good practice</b> from across the globe via through a digital interactive platform to support the tackling of ethnic health inequalities.</p>  | <ul style="list-style-type: none"> <li>• Complete a process of stakeholder engagement to inform the development of an ethnicity and health outcomes platform.</li> <li>• Develop an interactive digital platform that brings together key insight and best practice.</li> </ul>   |

## Creating equitable environments

| Objective  | Year One Activity  |
|--|--|
| <p>To analyse evidence and policy and produce clear action-focused recommendations on tackling <b>structural race inequality</b> in the systems and organisations that constitute the NHS, including integrated care systems and regional and national bodies.</p> | <ul style="list-style-type: none"> <li>• Commission in-depth research on the role of healthcare architecture and policy levers in tackling ethnic health inequalities.</li> <li>• Produce a report on the role of healthcare architecture and policy levers in tackling ethnic health inequalities, including actionable recommendations for the NHS and other national bodies in driving real and lasting change for ethnic health inequalities.</li> <li>• Work closely with national and regional NHS bodies and leaders in implementing recommended changes.</li> </ul>  |
| <p>To better understand the capability of <b>leadership</b> on NHS boards to tackle ethnic health inequalities and ensure an understanding of ethnic health equalities is central to executive training.</p>   | <ul style="list-style-type: none"> <li>• Commission research into the training and development needs of NHS Health Inequalities executive board leads, including consideration of the barriers and enablers they perceive in their work.</li> <li>• Produce a report on the training and development needs of NHS Health Inequalities executive board leads, which will include practical recommendations for new training resources and other interventions to enable this cohort to be successful in their role.</li> <li>• Work closely with national and regional NHS bodies and leaders in implementing recommended changes.</li> </ul> |
| <p>To ensure that <b>research and educational institutions</b>, including funders, are effectively embedding considerations of health inequalities into their work.</p>  | <ul style="list-style-type: none"> <li>• Work alongside national research funders to promote good practice around research commissioning, including a consideration of the diversity of those receiving funding, and the diversity of the communities involved in the research.</li> <li>• Work alongside national organisations with responsibility for medical education and training to ensure that nuanced considerations of ethnic health inequalities are embedded at all levels.</li> </ul>   |

## Partnerships and global working

| Objective   | Year One Activity  |
|---|--|
| <p>To establish an action-focused model of <b>community and stakeholder participation</b> to co-create recommendations and co-deliver support for leaders to effectively tackle ethnic health inequalities.</p> | <ul style="list-style-type: none"> <li>• Establish a broad stakeholder engagement group, including those with lived experience of health inequality and discrimination.</li> <li>• Establish a systemic approach to community engagement, drawing in diverse voices to all in-house projects, and making extensive stakeholder engagement a pre-requisite of funding.</li> <li>• Consult broadly on the language and terminology used by the Observatory.</li> </ul> |
| <p>To develop and share <b>national and international learning</b> and consensus on evidence-based recommendations on cutting-edge interventions to reduce ethnic health inequalities.</p>                      | <ul style="list-style-type: none"> <li>• Establish a Global Health Advisory Group.</li> <li>• Commission research to increase knowledge on the key challenges related to ethnic health inequalities globally and opportunities for improving the status quo.</li> <li>• Establish partnership working with the US' Centre for Disease Control.</li> </ul>  |



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