

Edited by Melanie Etti and Julie Botticello

Understanding Race and Health Inequity in the UK



‘A timely book focusing on health inequities and the importance of taking action to support marginalised and vulnerable communities. The authors expertly articulate key issues in a critical and insightful manner. This is a must-read book for anyone who is interested in developing a greater understanding about the intersections of health, race, inequity, and outcomes’.

– **Professor Marcia Wilson**, *Pro Vice-Chancellor,
Birmingham City University*

‘This book provides a timely and essential introduction into race and health in the UK, with vitally important case studies. A supportive handbook for those seeking to understand health equity’.

– **Dr Annabel Sowemimo**, *Author of Divided: Racism,
Medicine and Why We Need to Decolonise Healthcare,
Community Sexual & Reproductive Health Consultant,
Harold Moody Scholar at King’s College London*

‘Etti and Botticello’s edited volume is a perceptive inquiry into the underpinnings of racial inequity in health in the UK. The authors seamlessly integrate evidence, lived experience and policy insights to create a powerful narrative that exposes systemic gaps, while offering credible paths forward. This book presents invaluable learning and belongs on the desk of healthcare professionals, policymakers, educators, and anyone committed to building fairer, healthier communities in the UK’.

– **Professor Habib Naqvi**, *Chief Executive,
NHS Race and Health Observatory*

‘This important volume is based on five important truths: “Race” is not biology. “Racial”/ethnic differences in health outcomes are not normal. There is a system of structuring opportunity and assigning value based on “race” which is foundational to the history and wealth of the United Kingdom. That system, racism, continues to manifest in our structures, policies, practices, norms, and values today. Racism saps the strength of our whole society. Congratulations, Drs. Etti and Botticello, on convening this urgent conversation and issuing this call for urgent action within the health sector’.

– **Professor Camara Phyllis Jones**, *Past President,
American Public Health Association,
Visiting Professor, King’s College London*



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Understanding Race and Health Inequity in the UK

This timely volume addresses the interpersonal, institutional, and structural factors underpinning inequities in healthcare access, experiences, and outcomes among racialised communities living in the United Kingdom (UK) today.

Bringing together researchers from the UK and Ireland, ranging from established scholars and early-career researchers to those working at the interface of research and community health, this volume assembles their trailblazing work to examine the complex relationship between race, racism, and health. Organised according to the following six themes: Questioning, Research and Data, Maternal Health, Mis/Trust in Services, Chronic Conditions and the Social Determinants of Health, and Beyond Resilience, the chapters uncover how racially unjust systems and practices generate unequal outcomes, while outlining the urgent changes needed to redress these systemic inequities. By examining how racial inequities are produced, sustained, and compounded across key domains of society, healthcare, and health research, the volume offers a critical guide for understanding and, more importantly, addressing racial and ethnic inequities in health in the UK.

This unique and important book is essential reading for educators, students, and policy makers within public health, medical education, public policy, and beyond.

Melanie Etti, Medical Doctor and NIHR Academic Clinical Fellow, University of Oxford, UK.

Julie Botticello, Senior Lecturer and Course Leader, MSc Public Health, University of East London, UK.



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*Edited by
Melanie Etti and Julie Botticello*

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For Melanie, I would first like to give thanks to my family. To my parents, I hope this work honours the journey you made more than 40 years ago. I am immeasurably grateful for all of the sacrifices you made for us along the way. Tash and Ashley, thank you for being a sounding board for all of my ideas and for your never-ending support despite my constant twists and turns. Your encouragement has given me so much strength, and your presence has always allowed me to feel seen. To MyMai and Jesse, I owe so much of my awakening to you both. Thank you for the endless discussions, thought-provoking conversations, and illuminating book and article recommendations. You have both empowered me to see health and medicine through a different lens and enabled me to sharpen my worldview. I am grateful to call you both colleagues and friends. And finally, to Julie. I owe so much of this to you. I am beyond grateful for your unwavering support over the years and your ability to inspire and challenge me when needed. It is the greatest fortune that we were brought together.

For Julie, I wish to express my gratitude to my students on the Public Health BSc and MSc programmes at the University of East London, for your criticality, openness, and willingness to engage deeply with questions of race, racism, and health inequity in the UK. Working with you has been both foundational and transformative; reorienting

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Abbreviations

AI	Artificial intelligence
BAME	Black, Asian, and Minority Ethnic
BHIVA	British HIV Association
BMI	Body mass index
BP	Blood pressure
CAHMS	Child and Adolescent Mental Health Services
CAHN	Caribbean and African Health Network
CESA	Caribbean Elders Support Alliance
CF	Cystic fibrosis
COPD	Chronic obstructive pulmonary disease
COVID-19	Coronavirus disease 2019
CRT	Critical Race Theory
CRISPR	Clustered regularly interspaced short palindromic repeats
CTO	Community Treatment Order
CYP	Children and young people
DHSC	Department of Health and Social Care
eGFR	Estimated Glomerular Filtration Rate
ENAR	European Network Against Racism
EU	European Union
F	Female
GDPR	General Data Protection Regulation
GP	General practitioner
HSC	Health and Social Care
HES	Hospital Episode Statistics
HESA	Higher Education Statistics Agency
HEXI	Health Experience Insights

ABBREVIATIONS

IOM	International Organization for Migration
IPA	Interpretative Phenomenological Analysis
JSNA	Joint Strategic Needs Assessment
JCWI	Joint Council for the Welfare of Immigrants
LGBT+	Lesbian, Gay, Bisexual, and Transgender Plus
M	Male
MBRRACE-UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK
MFI-AR	Anti-Racism Model for Improvement
MHA	Mental Health Act
MHRA	Medicines and Healthcare products Regulatory Agency
ML	Machine learning
MLTC	Multiple long-term conditions
NHS	National Health Service
NHSE	National Health Service England
NHS RHO	National Health Service Race and Health Observatory
NICE	National Institute for Health and Care Excellence
NIH	National Institutes of Health
NIHR	National Institute for Health and Care Research
OECD	Organisation for Economic Co-operation and Development
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PPI	Patient and Public Involvement
PTS	Post-traumatic stress
RCT	Randomised controlled trial
SCD	Sickle cell disease
TSF	The Silences Framework
UCL	University College London
UK	United Kingdom
UKOSS	United Kingdom Obstetric Surveillance System
US/USA	United States/United States of America
VCSO	Voluntary and community sector organisation
WHO	World Health Organization

About the editors

Melanie Etti is an NIHR academic clinical fellow and medical doctor specialising in Clinical Infection in Oxford. Her research career spans four continents, having conducted research in the UK, US, Uganda, and Brazil. In addition to her academic endeavours, which are primarily rooted in health equity and improving health outcomes for underserved and underrepresented communities, she is also deeply committed to widening participation, in both health research delivery and participation.

Julie Botticello is an interdisciplinary scholar and senior lecturer at the University of East London, UK. Her current research foregrounds the economies of care and repair that sustain every ethical daily life in post-colonial and plural contexts. Alongside her scholarly work, she has pioneered university initiatives to foster belonging among students from racialised communities. She has developed antiracist intervention programmes nationally and internationally to support educators in addressing racism pedagogically, practically, and personally.



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Contributor biographies

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Megan Armstrong is an associate professor of primary care research and a deputy director of the Centre for Ageing Population Studies at UCL. She leads NIHR-funded work co-designing and testing a digital self-management toolkit for individuals experiencing socioeconomic deprivation with multiple long-term conditions (MLTCs). Her research explores how deprivation impacts MLTC self-management, primary care support, and the implementation of digital health interventions. Megan also co-investigates efforts addressing frailty among people experiencing homelessness. Coming from a working-class background herself, she brings lived experience of socioeconomic disadvantage to her research, ensuring that the voices of underserved communities shape solutions to reduce health inequalities.

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Fouad Berrahou is a retired academic and practitioner in health leadership and management with extensive experience in public health systems and postgraduate education. He joined Birmingham City University in 2014 as subject lead in Health Leadership and management and programme director for the online MBA in Health and continues to contribute to teaching in this field. His research demonstrates the enduring importance of leadership and management competence in achieving effective and efficient service improvement, with a particular focus on how different leadership styles support different types of quality improvement within healthcare systems such as the NHS. Previously, he held senior leadership roles within the Texas Department of Health, securing competitive government funding to improve maternal and child health services.

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Linda Gibson is an emerita professor in Global Public Health at Nottingham Trent University. She is deeply committed to the promotion of health and to upstream interventions that address health challenges at individual, community, and global levels. Linda is actively involved in a range of international research projects across Europe and several African countries, including Uganda, Kenya, Malawi, Burkina Faso, and Nigeria, as well as within the UK. Her research interests centre on health promotion, health systems and services, and community development and engagement. She also has a strong focus on patient safety and the prevention and management of non-communicable diseases. Linda's work is underpinned by a strong emphasis on the social determinants of health and informed by a socio-ecological approach. Her current research is funded by a range of major bodies, including the UK Department for International Development through the Tropical Health Education Trust, the UK Department of Health and Social Care, and the European Commission's Horizon 2020 programme.

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Helen Jones is a lived experience leader, having grown up in poverty, family breakdown and abuse. For 20 years, Helen has worked in the charity sector, primarily in her role as a founder employee and CEO at Leeds Gypsy and Traveller Exchange. Whilst there, Helen was heavily involved in promoting solidarity among groups experiencing health inequalities and launched the negotiated stopping programme of work, aiming to secure better treatment of nomadic people in the UK. As part of this, Helen co-founded the Moving for Change network, bringing together disparate groups across the UK around a shared purpose. This project ‘broke the glass ceiling’ for Romany and Traveller projects by securing £2 million in National Lottery Heritage funding.

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Angela D. Kumah is a public health and mental health professional with over seven years’ experience spanning community psychology and juvenile rehabilitation, and public health practice in Ghana and the UK. She is a teaching fellow at Keele University on the Master of Public Health programme. Her doctoral research at Birmingham City University focused on culturally sensitive mental health promotion among Black African and African-Caribbean communities, using appreciative inquiry to explore resilience and service co-design. She has also worked with Birmingham City Council on community-based mental health initiatives, bridging academic research and applied public health practice. Her interdisciplinary interests span global health, race equity, cultural humility, and inclusive pedagogical practice.

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Last Mafuba is a community organiser, public health specialist, and social scientist working to disrupt the structural injustices informing migrant mental health in the UK. Her work is grounded in a commitment to racial justice and collective care. Her recent PhD in Social Science and Social Policy examines how hostile migration regimes, racism, and institutional neglect restrict access to mental health services for Black sub-Saharan African migrant communities. She is the founder and CEO of Inini Initiative Ltd, a grassroots social enterprise delivering culturally grounded peer support groups and community-led interventions. She advocates for culturally sensitive mental health care designed with, not imposed on, migrant communities, treating care itself as a form of resistance and a pathway to systemic transformation. She also holds a number of senior leadership and advisory roles, including Independent Chair of Coventry and Warwickshire REACH Mental Health Alliance, and Chair of the Patient and Carer Race Equality Framework (PCREF) Independent Advisory Group within Coventry and Warwickshire NHS Partnership Trust.

Meiko Makita is a sociologist, with a focus on social gerontology and health research, and a lecturer at the School of Health Sciences, University of Dundee. As a Mexican-Japanese cis-woman, her background adds a valuable perspective to her research work, especially as a BAME individual and an immigrant to the UK. Recently diagnosed with a chronic illness condition herself, Meiko draws upon both her personal journey and academic research to provide insightful reflections on the UK healthcare system. Her dual cultural identity and a first-hand appreciation for the challenges within the system contribute to a nuanced understanding of the intersectionality within healthcare experiences.

Alison McFadden is an academic midwife and health services researcher with a focus on reducing health inequities for women, infants, and families in the UK and globally (<https://www.dundee.ac.uk/people/alison-mcfadden>). She is particularly interested in health policy, improving access to healthcare and the quality of healthcare for marginalised communities. Alison’s research uses qualitative and mixed methods and has been funded by the National Institute for Health Research, Medical Research Council, and the Scottish Government.

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Danielle Nimmons is an Alzheimer's Society-funded clinical research fellow in general practice. Her mixed methods PhD is exploring the identification of anxiety and depression in people living with dementia in primary care. Her research interests are in multiple long-term conditions, with a particular focus on dementia, Parkinson's disease, and frailty. She also has an interest in health inequalities, public engagement, and undergraduate medical education. She studied medicine at the University of Manchester, where she also gained an MRes in Medical Sciences with Distinction. She continues to work as a GP alongside her PhD.

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Maria Quigley is a professor of statistical epidemiology at the National Perinatal Epidemiology Unit (NPEU). Her research focuses on infant feeding, preterm birth, perinatal mental health, and survey methodology. She has expertise in the analysis of population-based cohorts and surveys, such as the Millennium Cohort Study, in the design and analysis of the NPEU National Maternity Surveys, and in RCTs. She has also used record linkage of large, routinely collected data to address a range of research questions in the area of maternal and child health.

Tanvi Rai is a health researcher based at the University of Oxford. She has an interdisciplinary and international background that spans across public health and applied social sciences. Tanvi maintains a strong interest in health inequalities, and her research so far has been about social and structural determinants of health, developing inclusive research methods and healthcare implementation practices, as well as studies involving socially sensitive health topics and working with variously marginalised populations.

Mohammad Sharif Razai is a clinician, researcher, and writer. He is an NIHR clinical lecturer at the University of Cambridge, an honorary research fellow at City St

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Laura Sheard is a reader in the School of Health Sciences, University of Manchester, UK. She is a qualitative methodologist, health sociologist, and implementation scientist. Her research portfolio lies at the intersection of health inequalities and healthcare improvement. Her core research interests include understanding the quality, safety, and experience of NHS healthcare. She specialises in ethnographic methods, particularly longitudinal embedded ethnographies.

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Angela Tufte-Hewett is an assistant professor of behavioural science and health psychology at the University of Birmingham. She was also a senior lecturer and researcher in health psychology at Birmingham City University, where she has taught since 2014. Her academic work spans behavioural science, health psychology, and public health, with a strong focus on health promotion and applied practice. Previously, she worked as a health promotion coordinator with Prairie Mountain Health and served as deputy director of the Master of Public Health programme at the University of Liverpool. Her experience bridges teaching, programme leadership, and applied public health practice.

Abi Woodward is a qualitative health researcher based at the Wolfson Institute of Population Health, Queen Mary University of London. Her research focuses on understanding and addressing health inequalities at the intersection of ethnicity, culture, socioeconomic deprivation, and access to care. She has a strong applied interest in community-based and culturally relevant interventions, particularly social prescribing and support for South Asian carers. Drawing on a background in Sociology, her work applies a social and structural lens to health research, with the aim of understanding how inequalities are produced and how they might be reduced in practice.



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Preface

In 2021, we met through a mentorship programme for early-career, female, global health professionals sponsored by the University of Global Health Equity, Rwanda. Paired in this supportive relationship, we began speaking regularly over the two years of the programme, most often from two countries (Britain and America) and only recently, from just one, Britain. Despite our shifting locations, we shared a passion for making racial inequity in healthcare opportunities, experiences, and outcomes in the UK visible and for demonstrating what work still needs to be done for its eradication.

For Melanie, her journey towards editing this volume began with the internal work she undertook to unlearn so many of the mistruths that she encountered throughout her medical education. This epistemic awakening fuelled her pursuit of a deeper understanding of the factors that underpin the health inequities that affect racialised communities in the UK. This book is the book she needed while she was at medical school.

For Julie, the need for this book arose in the context of teaching public health undergraduates amid the realisation that there were limited options for core texts that addressed race, ethnicity, and health inequalities in Britain. Drawing on texts that addressed race, ethnicity, and public health in the USA, she supplemented these with key authors, articles, and policies that addressed the same in the British context. While offering an international perspective, the lack of a dedicated volume precluded drawing deeper conclusions about the UK.

When an opportunity arose to propose this much-needed volume, Melanie and Julie excitedly accepted the challenge. Once our editors at Routledge reviewed and commissioned it, we sent out calls on public health, healthcare, race, and ethnicity distribution lists covering England, Northern Ireland, Scotland, Wales, and the Republic of Ireland, and directly asked leading authors to contribute to this important collection. Three years after the start of this project, and together with 31 dedicated authors, situated in England, Scotland, and Ireland, we now present to you the first edition of this

PREFACE

UK-focused volume on race, racism, and health inequity. This book pulls together work from a number of contributors of colour and allies, ranging from established scholars, early-career researchers, and those working at the interface of research and community health, who have conducted trailblazing work examining the relationship between race, racism, and health from across the UK and Ireland.

With undergraduates in mind, each chapter not only details its case but also asks reflective questions after and provides a short list of important texts for further exploration. While being published marks an endpoint in this phase of the volume's journey, its real work begins in earnest with *you*, the reader, and the actions you take in response to each author's elaboration of the dire consequences of ethnic and racial health inequity and their recommendations for meaningful change.

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Introduction

Understanding race and health inequity in the UK

Julie Botticello and Melanie Etti

A brief note about language.

Throughout this volume, the authors will use different terms to refer to people of ethnic minority heritage. We recognise the challenge in finding a unifying term that respectfully encompasses the varying racial and ethnic identities within these communities without inappropriately homogenising them. As highlighted by Meir (2020), race-related discourse should accurately represent the world and the communities living within it.

In this introduction, we use the term ‘racialised communities’ to refer to people of ethnic minority heritage when speaking generally. We chose this term in recognition of the fact that our racial identities are constructed within the context of the societies in which we live. Where we speak specifically about a particular racial or ethnic group, we refer to them directly by name. To this end, we follow APA guidelines (2024) and capitalise all racial and ethnic group names, i.e.: Black, White, African, Caribbean, Indian, etc.

Persistent and avoidable health inequities exist between racialised communities and White populations in the United Kingdom (UK). Health inequities are defined by the World Health Organization (WHO, 2018) as ‘differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age’. Crucially, the term implies a moral and ethical dimension (Whitehead, 1992); it asserts that such inequalities are representative of social injustice, often occurring as a result of unjust public policies, unequal access, and unfair differences in opportunities.

Health inequities among different racial and ethnic groups in the UK are present across the life course and embedded within differential health outcomes. Only recently (Sowemimo, 2023; Liverpool, 2024; Marmot et al., 2024) have these inequities been addressed through sustained engagement with racism and its impact on health in the