

# **Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) Executive Summary**

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**Birmingham**  
City Council

# Foreword

Birmingham and Lewisham are global communities that thrive from the many cultures and communities within them, including large, diverse and vibrant Black African and Black Caribbean populations.

For too long our Black African and Black Caribbean populations have experienced health inequalities. These have often been ignored and their voices unheard, with these inequalities often accepted as fact rather than an unacceptable wrong to be addressed.

Although it has been hard, the journey over the last eighteen months has been worth it. It has also underlined the critical need for the work as our Black African and Black Caribbean residents have been disproportionately affected by COVID-19 pandemic, both directly through infections and deaths, and indirectly economically and socially. This review has opened difficult conversations, analysed the published research alongside lived experience, and talked head on about the practical steps needed to make lasting change.

We are grateful for the honesty, passion and commitment of the individuals and groups who have been part of the boards or taken part in the community sessions that have guided our work and offered challenge through every stage of this review. Their personal contributions led to the review identifying not just the challenges, but also important opportunities for action to be taken forward in our local communities and systems; as well as further afield in other local, regional, national and international settings.

The review is the first step in a longer journey of transformation and resolution. It shines a light on the unfairness our Black African and Black Caribbean citizens live with every day which damages their health and wellbeing. This is the reality for too many citizens who live within our communities. They experience racism and discrimination, ignorance and invisibility existing within structural and institutional processes that underpin and perpetuate these inequalities.

This is a reality that must change.

The review sets out clear opportunities for action driven by evidence and it is now for us as leaders to work together through the Health and Wellbeing Boards, new Integrated Care System Partnerships and most importantly with our communities themselves, to take them forward.

We are already implementing some of these opportunities for action locally in our areas, through programmes such as Community Champions and pilots of culturally competent health and wellbeing programmes, and we have begun to engage national partners in responding to these opportunities nationally.

We must be committed to a better future for our citizens, and we must work together to seize every opportunity set out in this report to make our communities fairer and healthier for all.



**Councillor Paulette Hamilton**

Cabinet Member for Adult Social Care and Health and Chair of the Birmingham Health and Wellbeing Board



**Councillor Chris Best**

Cabinet Member for Health and Adult Social Care and Chair of the Lewisham Health and Wellbeing Board

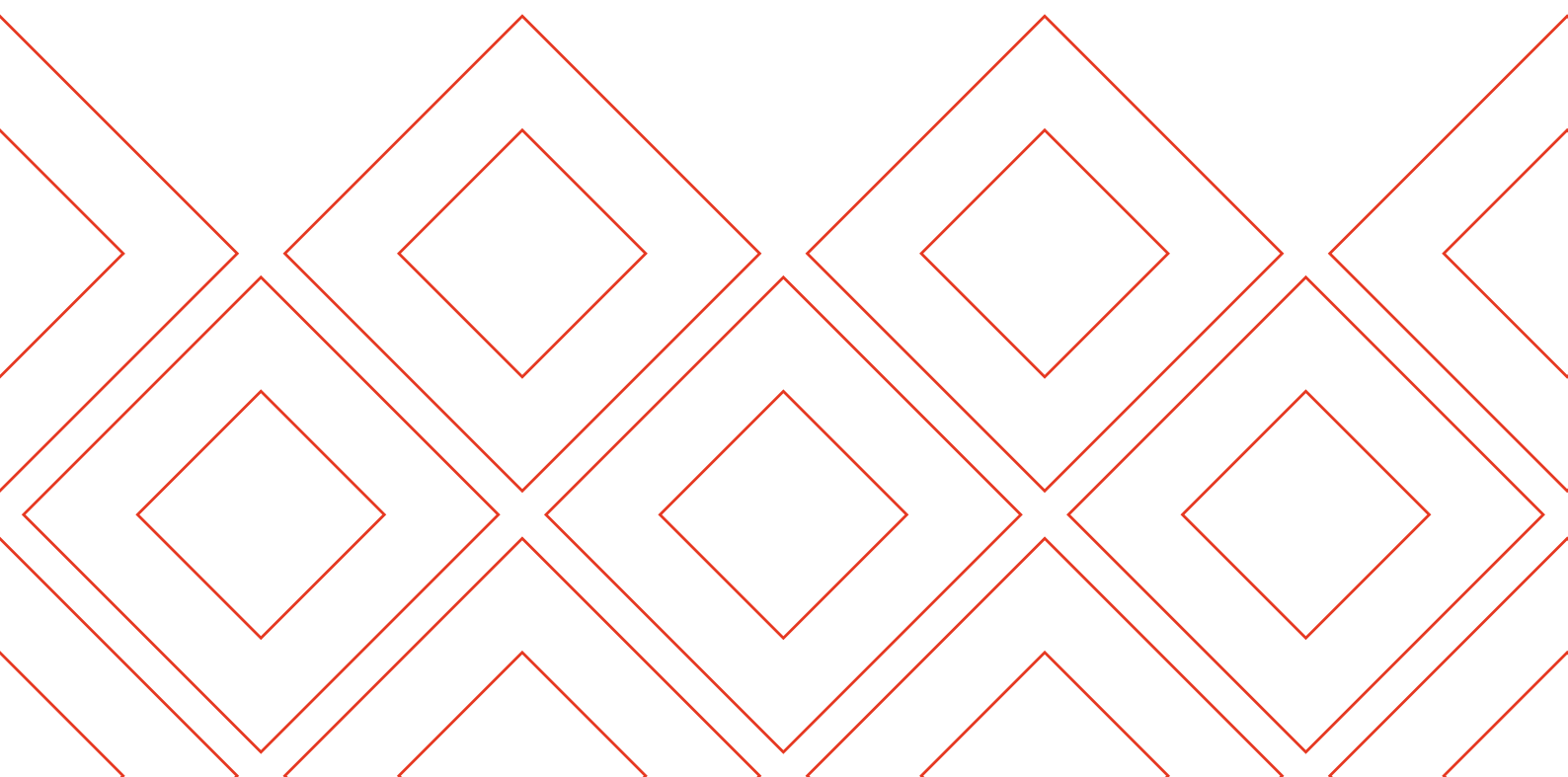
# Executive summary

Health inequalities are not inevitable and are unfair. Many people from different backgrounds across our society suffer health inequalities which can negatively impact the whole community, not just those directly affected. Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) set out to urgently reveal and explore the background to health inequalities experienced by our Black African and Black Caribbean communities.

Birmingham is home to 8% of the Black African and Black Caribbean populations in England and 23% of Lewisham's population is Black African or Black Caribbean (ONS 2011). Therefore, we are uniquely placed to take on this project to improve the health and wellbeing of our populations.

We recognised the need to think and act differently, looking at not just published data and evidence but also listening to professional and lived experiences to better understand health inequalities, the reasons why they exist and identify opportunities for action to address them.

The main aim of the Review is to improve the health of Black African and Black Caribbean people in our communities by listening to them, recognising their priorities, discussing, and reflecting on our findings and coproducing recommended solutions for the Health and Wellbeing Board and NHS Integrated Care Systems to consider and respond to.





## Addressing the layers of disadvantage

This Review clearly demonstrates and reinforces the evidence that there are social, economic and environmental reasons that determine significant inequalities in health outcomes amongst Black African and Black Caribbean communities, both locally and nationally.

These reasons lead to growing inequalities which have continued to worsen throughout the course of the COVID-19 pandemic, with many ethnic communities, especially our Black African and Black Caribbean communities, disproportionately impacted by disease and death.

BLACHIR supports previous research into health inequalities such as the Marmot Reviews<sup>1,2</sup>, demonstrating that widespread inequality creates barriers to healthy behaviours, as faced by Birmingham and Lewisham's Black African and Black Caribbean communities. The Review highlights that we must address the root causes and not just the results of bad health by focusing on fairness, a good start in life, supporting individuals at key stages and planning interventions better in partnership with

our communities. We must make sure that we offer appropriate and accessible interventions at critical times in people's lives, whilst also continuously improving the way services work with them in culturally competent ways designed with communities in collaboration.

Poor housing, lack of green spaces, pollution, unemployment, food and fuel poverty, violence and crime and inadequate education all contribute to worse health and inequalities in these must be improved alongside action in health and social care services, otherwise the gaps will persist.

Structural racism and discrimination, and associated trauma is also a negative determinant faced by our Black African and Black Caribbean communities and one that was a clear and constant theme throughout the Review. This layer of disadvantage cannot be ignored and addressing it must be at the heart of the response.

This Review's purpose is to break down the layers of disadvantage by bringing them to the fore and offering opportunities for action from the BLACHIR Academic and Advisory Boards which were made up of volunteer professionals and academics, and volunteers from our Black African and Black Caribbean communities.

We present key findings from across eight themes and offer opportunities for action to help address them.

<sup>1</sup> Marmot, M., Goldblatt, P. and Allen, J. (2010) *Fair Society, Healthy Lives. Strategic Review of Health Inequalities in England post 2010*. Institute of Health Equity

<sup>2</sup> Marmot, M. et al (2020) *Build Back Fairer: The COVID-19 Marmot Review*. The Health Foundation

## Our methodology

**"There is an urgent need to do things differently, to build a society based on the principles of social justice."**

*Marmot 2020<sup>3</sup>*

In line with the need to think and act differently, BLACHIR took a relatively unique approach to collate and analyse data and evidence, taking a balanced approach with proper consideration for published data and evidence, expert knowledge, lived experience and community voice. This helped the review obtain both quantitative and qualitative information over the course of eighteen months.

We identified eight themes related to the health and wellbeing of our populations based on the life course and areas already highlighted in the literature. For each theme a rapid evidence review was conducted to collate the published evidence, in some cases this was done by the local public health teams, in others it was commissioned from external providers. Our board of academics discussed the results from the literature and the evidence review to identify gaps, key issues and opportunities for action. The community advisory board and public engagement events provided an 'expert by experience' perspective to further build the opportunities for action and also provide challenge to the ambition and approaches suggested.

Public engagement activities included four online surveys using the Be Heard and Survey Monkey platforms, six focus groups, five individual interviews and five online community engagement events.

## Our main findings

Seven key areas that need to be addressed were identified as cutting across the eight themes explored. These are deemed as being fundamental to closing the inequality gap, providing fairer access to health and social care services, and improving health outcomes for Black African and Black Caribbean communities. The Review calls on the Health and Wellbeing Board and NHS Integrated Care System Boards to prioritise taking forward work to address the seven fundamental areas that need to change.

### 1. Fairness, inclusion and respect

Across settings and life stages, Black African and Black Caribbean people are exposed to structural racism and discrimination which accumulates over time leading to chronic stress and trauma. There is a need to recognise, identify, address and mitigate structural racism and discrimination as a driver of health inequalities.

**The Review calls for the Health and Wellbeing Board and NHS Integrated Care Systems to explicitly recognise structural racism and discrimination as drivers of ill health, systematically identify and address discrimination within systems and practices, and engage with Black African and Black Caribbean individuals and organisations to ensure community voice and their leadership in driving this work.**

<sup>3</sup> Marmot, M. et al. (2020) *Build Back Fairer: The COVID-19 Marmot Review*. The Health Foundation





## 2. Trust and transparency

Trust is lacking between the Black African and Black Caribbean communities and public sector organisations, and connections with communities need to be built. A long history of discrimination, biases, poor experience and poor outcomes has destroyed trust in statutory services.

**The Review calls for cultural competence training of health and social care professionals led by the NHS Integrated Care Systems and the Councils.** This will require working with trusted community organisations and partners to coproduce training for professionals and volunteers that includes cultural awareness, is trauma informed and recognises the short and long-term impacts of discrimination and racism, values lived experiences and embeds and delivers inclusion in practices and policies.

## 3. Better data

Treating all ethnic minority or 'Black' communities as a single 'Other' group does not consider the cultural differences between Black African and Black Caribbean people. This has led to gaps in available data and limits our understanding of our communities and their needs. These communities are often grouped in research and data with other non-White British ethnic communities, denying their visibility and muting their needs to commissioners and service providers.

**The Review calls for the Health and Wellbeing Boards to act across their partnerships to strengthen granular culturally sensitive data collection and analysis.** Collaboration with professionals who represent these ethnic backgrounds can create a more sensitive, informed and appropriate approach to data collection and commitment that when data is collected it is used to drive better services and outcomes.

## 4. Early interventions

Investing early in people is essential. Too many children and young people from Black African and Black Caribbean communities are facing additional challenges that could be reduced through evidence-based interventions and this would benefit them through their whole life. Supporting children and young people's key periods of change, from birth and infancy to primary and secondary school, and then to young adulthood in culturally competent ways is essential.

**The Review calls for the Health and Wellbeing Board to work with the Children's Trusts and Children's Strategic Partnerships to develop a clear action plan to provide support at critical life stages to mitigate disadvantage and address the inequalities affecting Black African and Black Caribbean children and young people.** Investing early in local opportunities and partnerships is key to helping households and improving the lives of local children and young people.

## 5. Health checks and campaigns

Early detection and diagnosis of disease and identification of risk factors is critical for improving outcomes and empowering people to control their own health and wellbeing. Black African and Black Caribbean populations are at greatest risk of many health conditions but have lower uptake of health checks and screening services.

**The Review calls for the Health and Wellbeing Board to act across their partnerships to promote health checks through public campaigns to increase the uptake of community-based health checks in easy to access locations.** This should also include specific work on mental health and wellbeing, working with community organisations and partners to increase peoples' understanding of the different types of mental illness and to encourage self-help, early intervention and self-referral to the NHS mental health services.

## 6. Healthier behaviours

The awareness about healthier life choices must be increased by using appropriate representation and amplified community voices to help identify and promote better health and reduce stigma. Unhealthy behaviours such as not taking enough exercise, eating an unhealthy diet and use of recreational drugs are a growing concern amongst Black African and Black Caribbean people. As with other ethnic minorities, these unhealthy behaviours can be driven by experiences of discrimination and racism. This is not helped by a lack of quality data, culturally competent resources and services to support healthier life choices.

**The Review calls for the Public Health Teams and their partners to assess current service provision and health improvement campaigns through a cultural competency lens to improve support and access for these communities.** This should be built on coproducing interventions with supplementary training for professionals such as health education and racial trauma awareness to help understand the psychological reasons for unhealthy behaviours and the role of lived experiences of discrimination in causing unhealthy habits.

## 7. Health literacy

Increasing people's skills, knowledge, understanding and confidence (health literacy) to find and use health and social care information and services to make decisions about their health is key to achieving healthier communities. Many in the Black African and Black Caribbean communities have not been supported to develop in this area in ways that work with their culture and community.

**The Review calls for the Health and Wellbeing Boards and NHS Integrated Care Systems to work with local community and voluntary sector partners to develop targeted programmes on health literacy for Black African and Black Caribbean communities.**

Improving health literacy has been shown to have a positive impact on reducing health inequalities and helping people to manage long-term conditions effectively and to reduce the burden on health and social care services.



## Opportunities for action

There are 39 opportunities for action across the eight themes explored as part of this review summarised below, they are also included in Appendix 1 of the full report.

In some areas these opportunities are suggested as pilots of approaches as the evidence base and lived experience supports action but there is limited evidence on effectiveness. This reflects the lack of detailed and focused research into ethnic communities' specific needs and how best to respond to them. Appendix 2 of the full report sets out the recommendations for research questions that could help close some of these gaps for the future.

These opportunities outline the potential next steps proposed to address the findings from the review and are for the Health and Wellbeing Board and the NHS Integrated Care System Boards to consider and respond to alongside the seven key areas for action, as outlined in the previous section.

### Theme 1: Racism and discrimination

Who	Opportunities for action
<b>Local Councils and Health and Wellbeing Board Partners</b>	<b>1.</b> Pilot the removal of the colour language from ethnic coding and evaluate the impact on participation and experience of data collection.
<b>Local Councils and Children's Trusts</b>	<b>2.</b> Pilot the integration of discrimination and racism into the approaches to adverse childhood experiences and recognise this both in the assessment of children's needs and in the design of interventions to mitigate these adverse impacts.
<b>Local Councils and Health and Wellbeing Board Partners</b>	<b>3.</b> Review staff equality and diversity training to ensure that this is a core part of the delivery of training, co-delivered by diverse individuals with lived experience.
<b>Local Councils and Education Partners</b>	<b>4.</b> Work with education partners for all ages and local communities to explore how ethnic diversity can be further integrated into education to reflect the diverse cultures and various perspectives of history and experience.

### Theme 2: Maternity, parenthood and early years

Who	Opportunities for action
<b>Local Integrated Care Systems (ICS) and NHS Provider Collaboratives</b>	<b>5.</b> Address any gaps in existing Maternity and Paediatric Health Professionals' training including topics on cultural awareness, learning from lived experience, awareness of inclusion practices and policies, and awareness of trauma caused by racism and discrimination and how to deliver sensitive care.
<b>Local Integrated Care Systems (ICS)</b>	<b>6.</b> Co-design online tool with communities to collect information on beliefs, cultural practices and traditions from ethnic groups. This resource could then be used for training to inform practice and communication with patients and service users.
<b>Local Maternity System Partnerships and Healthy Child Programme Providers</b>	<b>7.</b> Improve data collection by specific ethnicity in maternity and early years services considering the differences in ethnic background and nationality. Work with professionals who represent the ethnic minority groups to ensure a sensitive approach when collecting data.



Who	Opportunities for action
<b>Local Maternity System Partnerships (LMS) working with Local Council Housing Teams</b>	<b>8.</b> Support all women who are migrants, refugees, and asylum seekers, particularly those with no access to public funds, to access appropriate care during and post pregnancy, through appropriate support and protecting them from relocation or eviction.
<b>Local Public Health and NHS services</b>	<b>9.</b> Develop culturally specific and appropriate weaning support initiatives for Black African and Black Caribbean parents.

### Theme 3: Children and young people

Who	Opportunities for action
<b>Education settings supported by the Regional Schools Commissioner and local Councils</b>	<b>10.</b> Provide guidance and support for Black African and Black Caribbean parents and young people on applications and transition to secondary school and further education, including online information, support liaison officers, summer schools on core subjects and finance advice.
<b>Local Integrated Care Systems (ICS), Mental Health Trusts &amp; Council commissioned Healthy Child Programme Providers</b>	<b>11.</b> Commission and develop culturally appropriate and accessible services, including schools-based support, for Black African and Black Caribbean young men and women to increase capability, capacity and trust to engage with services. This should be specifically actioned for mental health services and for sexual and reproductive health services and take into account issues around gender exploitation and gender based violence.
<b>Education settings supported by the Regional Schools Commissioner and local Councils</b>	<b>12.</b> Review educational approach and opportunity for targeted intervention to increase academic achievement for Black African and Black Caribbean children and young people.
<b>Local Health and Wellbeing Boards and Integrated Care Systems</b>	<b>13.</b> Address low pay and associated poverty for frontline workers who are of Black African and Black Caribbean ethnicity.
<b>Local Directors of Children's Services and Strategic Children's Partnerships</b>	<b>14.</b> Work with trusted community centres and spaces to provide violence-free, accessible and attractive youth provision for access to wider opportunities, including through existing contracts and partnerships with Black-owned businesses and leaders.
<b>Local Councils and climate change and air quality partners</b>	<b>15.</b> Collaborate with Black African and Black Caribbean communities and their leadership on addressing air quality issues and continue with the in-depth work already in place with explicit consideration of these communities.
<b>Integrated Care Systems and Health and Wellbeing Boards</b>	<b>16.</b> Put in place interventions for Black African and Black Caribbean children and young people that address specific inequalities (e.g. sickle cell disease services), ensuring proportionate targeting and equality assessments of whole population interventions for issues they are disproportionately impacted by (e.g. low traffic neighbourhoods and school streets).

## Theme 4: Ageing well

Who	Opportunities for action
<b>Regional NHS England teams and Local Public Health teams</b>	<b>17.</b> Provide targeted and culturally appropriate screening services for Black African and Black Caribbean older adults.
<b>Local Public Health Teams</b>	<b>18.</b> Campaign to raise awareness and increase uptake of community-based NHS health checks in Black African and Black Caribbean older adults.
<b>Integrated Care Systems</b>	<b>19.</b> Assess the availability of culturally aware services for mental health and evaluate current services to determine how they meet the needs of older Black African and Black Caribbean adults.
<b>NHS England and Integrated Care Systems</b>	<b>20.</b> Support initiatives to improve uptake of vaccinations in older Black African and Black Caribbean people, focusing on areas of higher deprivation.
<b>Local Health and Wellbeing Boards and Integrated Care Systems Partnerships</b>	<b>21.</b> Use life course approach and consider relevant findings from this Review to develop interventions that help to mitigate health inequalities experienced by Black African and Black Caribbean older people.

## Theme 5: Mental health and wellbeing

Who	Opportunities for action
<b>Local Public Health and Community Mental Health Trusts</b>	<b>22.</b> Coproduce awareness campaigns for Black communities to promote a better understanding of different mental illnesses, facilitate early interventions and self-referral in collaboration with carers, families, health services, community and faith centres.
<b>Local NHS providers and Community Mental Health Trusts</b>	<b>23.</b> Ensure practitioners use culturally competent (cultural understanding) trauma informed patient-centred engagement styles and interventions.
<b>NHS Mental Health Providers and Commissioners</b>	<b>24.</b> Ensure mental health workers acknowledge service users' personal histories of racism and recognise them as trauma to enable more effective intervention.
<b>Local Health and Wellbeing Boards and Integrated Care System Partnerships</b>	<b>25.</b> Promote cultural competency training within healthcare services, the criminal justice system, and the police force.
<b>Local Health and Wellbeing Boards and Integrated Care Systems</b>	<b>26.</b> Apply the use of culturally competent language, including using language that considers stigma within communities, such as 'wellbeing' rather than 'mental health'.

## Theme 6: Healthier behaviours

Who	Opportunities for action
<b>Local Directors of Public Health</b>	<b>27.</b> Work with Black African and Black Caribbean communities and organisations to co-create and deliver culturally appropriate and accessible support on positive health behaviours, including health literacy training, social prescribing initiatives and group interventions.
<b>Health Education England</b>	<b>28.</b> Explicitly recognise racism and discrimination as a driver of ill health and put in place training and systems to enable trauma-informed practice and services.
<b>Local Councils and Integrated Care Systems</b>	<b>29.</b> Provide long-term investment for trusted Black African and Black Caribbean grass roots organisations such as faith groups, schools, voluntary and community sector organisations to deliver community-led interventions.
<b>Local Directors of Public Health</b>	<b>30.</b> Work with faith settings to understand and utilise the positive role faith plays in healthier behaviour decision making.
<b>Research funding bodies such as National Institute for Health Research (NIHR)</b>	<b>31.</b> Address the evidence deficit in interventions for Black African and Black Caribbean communities through targeted investment in research, including capacity and skills development for community providers in 'action research' to concurrently deliver and evaluate interventions.
<b>Local Directors of Public Health and nationally the Office for Health Improvement and Disparities (OHID)</b>	<b>32.</b> Undertake insight research with members of smaller Black African and Black Caribbean populations (e.g. Somali, Ethiopian and Eritrean) to understand health literacy needs.

## Theme 7: Emergency care, preventable mortality and long-term physical health conditions

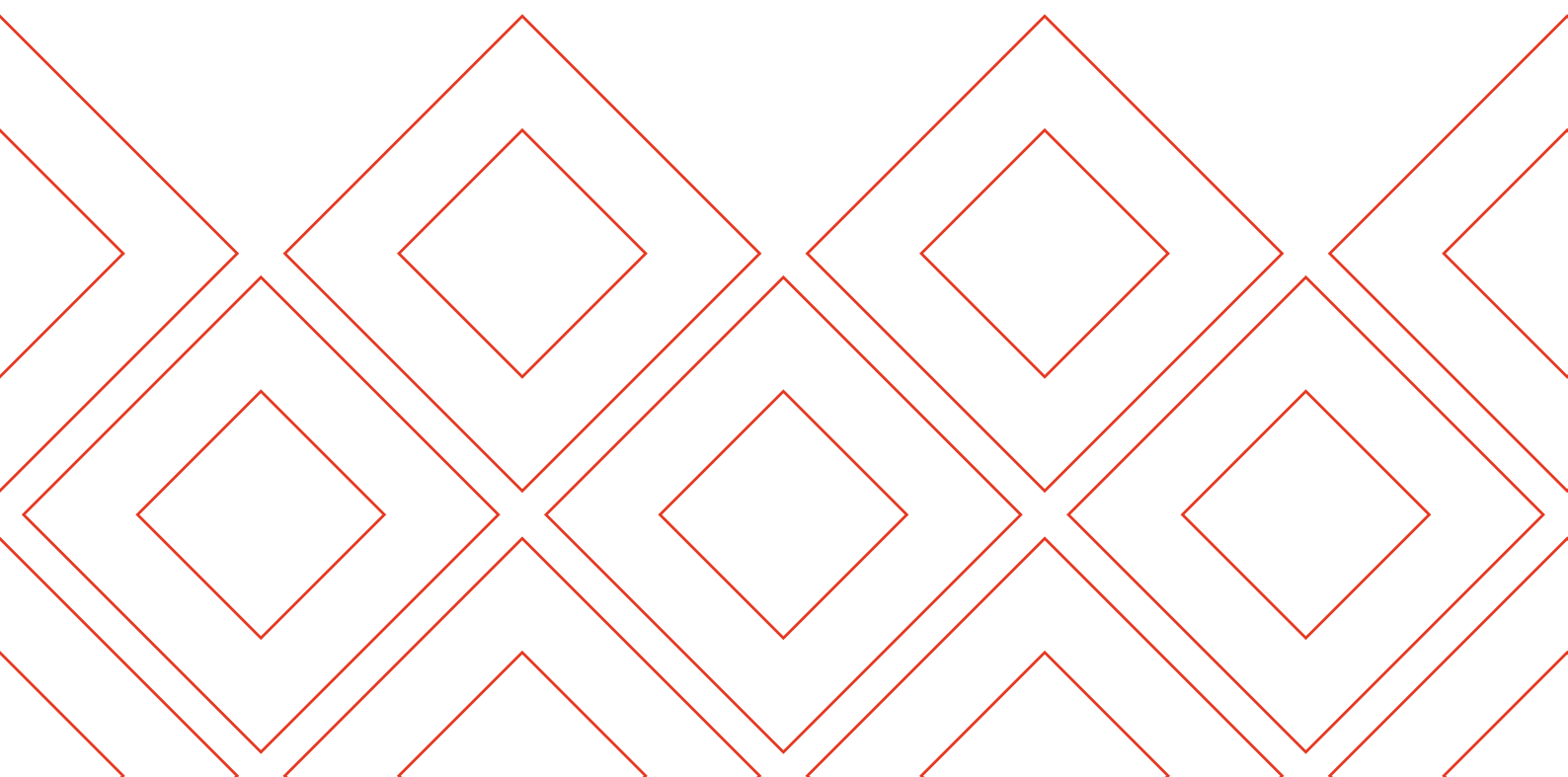
Who	Opportunities for action
<b>NHS England, Integrated Care Systems and Local Councils</b>	<p><b>33.</b> Ensure culturally appropriate data collection and analysis for service planning, monitoring and evaluation that distinguishes by ethnicity and gender for Black African and Black Caribbean populations.</p> <p>This should be supported by clear commissioning that requires data collection and analysis linked to all key relevant performance indicators. A specific example of where this can be rapidly done is through better use of the Friends and Family Test (FFT) and working with Black African and Black Caribbean communities so they engage with the tool and understand how it is used.</p> <p>There should also be better scrutiny and use of data from complaints and complements and this should be reviewed as part of contract monitoring and output data reported into system-leaders.</p> <p>This can also be strengthened through undertaking qualitative research to understand and overcome negative perceptions and experiences of health care for Black African and Black Caribbean communities to avoid delays in accessing care, including the influence of structural racism and discrimination.</p> <p>Through this better data and engagement, local areas should develop a more in depth understanding of the needs of communities in relation to emergency care, preventable mortality and long-term physical health conditions.</p>

Who	Opportunities for action
<b>Local Health and Wellbeing Boards and ICS Partnerships</b>	<p><b>34.</b> Ensure that the engagement of Black African and Black Caribbean communities is meaningful and valued. This should include direct engagement and collaboration with representative organisations that is done in a way which is respectful, transparent and accessible, and considers and values participants' time and commitments. Mechanisms for doing this could include:</p> <ul style="list-style-type: none"> <li>• A team of community advocates who understand the needs and barriers for Black African and Black Caribbean communities, supporting them to 'navigate' and access support (e.g. social prescribing).</li> <li>• Use of faith and workplace settings to increase awareness and understanding of health issues to support informed decisions about health.</li> <li>• Investment in grass-roots organisations to recruit volunteers who can support Black African and Black Caribbean communities that may experience structural institutional racism when accessing services.</li> </ul>
<b>Local Directors of Public Health and NHS Prevention Leads</b>	<p><b>35.</b> Ensure prevention services are fair, appropriate and consider the needs of Black African and Black Caribbean populations, and there is proactive work to address issues with health literacy. This could include:</p> <ul style="list-style-type: none"> <li>• Services considering evidence-based ethnic differences in outcome measures (e.g. BMI versus waist-to-height measures, age of heart disease issue onset for NHS Health Checks, depressive symptoms in childhood and influence on life-time physical health).</li> <li>• Work with communities to co-develop services that are accessible for Black African and Black Caribbean communities (e.g. opening times, location of delivery).</li> <li>• Work with communities to encourage and raise awareness about how to access health services, including investment and development of multi-service hubs and pop-ups based in community locations (e.g. Youth Centres, libraries, leisure centres, faith-based sites, universities, colleges, schools)</li> <li>• Contractual clauses that strengthen support for Black African and Black Caribbean communities when they experience racism while accessing services and offer tiered positive approaches that address reported issues.</li> <li>• Meaningful measurement of change and learning from communities and grass roots organisations being captured and informing service design, monitoring, improvement, and review</li> <li>• Whole system workforces, across all partners and professions including front-line, back-office and system leaders, to complete anti-racism training, with ongoing independent evaluation</li> <li>• Early help provision that supports communities when they do not meet statutory thresholds such as improved investment in grassroots organisations to provide social prescribing support (e.g. befriending, talking therapy, group therapy, forums and general health support).</li> </ul>



## Theme 8: Wider determinants

Who	Opportunities for action
<b>Local Health and Wellbeing Boards and Integrated Care Partnership Boards</b>	<b>36.</b> Consider cultural and religious influences when developing interventions to address the wider determinants of health inequalities for Black African, Black Caribbean and Black-Mixed ethnic minority groups.
<b>Local Councils, NHS Trusts, ICS, advocates for national standards, Criminal Justice System, community organisations</b>	<b>37.</b> Collaborate with government agencies and institutions to remove issues ethnic minorities face when in contact with the justice system and ensure these agencies work to address health inequalities.
<b>Local Health and Wellbeing Boards</b>	<b>38.</b> Conduct more research to understand the impacts of the food environment and food poverty on health and wellbeing of Black African and Black Caribbean communities, and devise strategies to address the structural issues at a community level.
<b>Local Health and Wellbeing Boards and Integrated Care Partnership Boards</b>	<b>39.</b> Take action to address employment inequalities and issues around racism and discrimination in the public sector. Offer more protection for key workers from Black African, Black Caribbean and Black-Mixed ethnic backgrounds in health or other high-risk occupations.



# Conclusion

**Out of the huts of history's shame**

**I rise**

**Up from a past that's rooted in pain**

**I rise**

**I'm a black ocean, leaping and wide,**

**Welling and swelling I bear  
in the tide.**

**Leaving behind nights of terror  
and fear**

**I rise**

**Into a daybreak that's  
wondrously clear**

**I rise**

**Bringing the gifts that my  
ancestors gave,**

**I am the dream and the hope  
of the slave.**

**I rise**

**I rise**

**I rise.**

*An excerpt from 'I Rise' by  
Prof. Maya Angelou*

The BLACHIR process allowed us to explore the evidence using a unique compilation of rich local data and intelligence as well as co-exploration with communities to better understand the challenges of persistent inequalities affecting Black African and Black Caribbean people in Birmingham and Lewisham.

The findings from the review clearly demonstrate that the system does not take enough notice of the needs and issues affecting Black African and Black Caribbean people as communities of identity in the UK. We are publishing alongside the Review report a more detailed data pack that we hope to evolve into a dashboard to track progress and impact following this report. We have also included in Appendix 2 of the full report recommendations for research that could help to close some of the clear evidence gaps identified through the Review.

These needs include fairness, inclusion and respect, trust and transparency, better data, early interventions, health checks and campaigns, healthier behaviours and health literacy.

This deficit is against a background of historical oppression, racism and discrimination and a clear and consistent repeating pattern of inequalities. This should not be allowed to continue.

This journey to address the needs has begun in our local areas with this review, working together to coproduce opportunities for action for each of the eight themes explored. We commit to publish in a companion document case studies that demonstrate our work so that this can be shared and learnt from by other areas.

The review is submitting these opportunities for action to the respective local Health and Wellbeing Boards for their consideration and for the two local areas to take forward this work with their communities to build a better future and to break these cycles of inequality and disadvantage for Black African and Black Caribbean communities.

# Acknowledgements and Credits

We would like to express our sincere gratitude to the community representatives who were involved in this review and remained committed to its creation despite the pressures of the pandemic response.

We are grateful to the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) Advisory Board members and wider contributors involved in the community engagement, without whom this work would not have been possible.

We also thank the members of the BLACHIR Academic Board and other partners who supported the delivery of the review and were instrumental in validating the research.

Finally, the whole project would not have been accomplished without the dedication of the local Review Teams in Birmingham and Lewisham Councils. The teams worked diligently and tirelessly to develop and deliver this ground-breaking initiative contributing to the learning and legacy about health inequalities.

**Cllr Paulette Hamilton** (Cabinet Member for Adult Social Care and Health and Chair of the Birmingham Health and Wellbeing Board)

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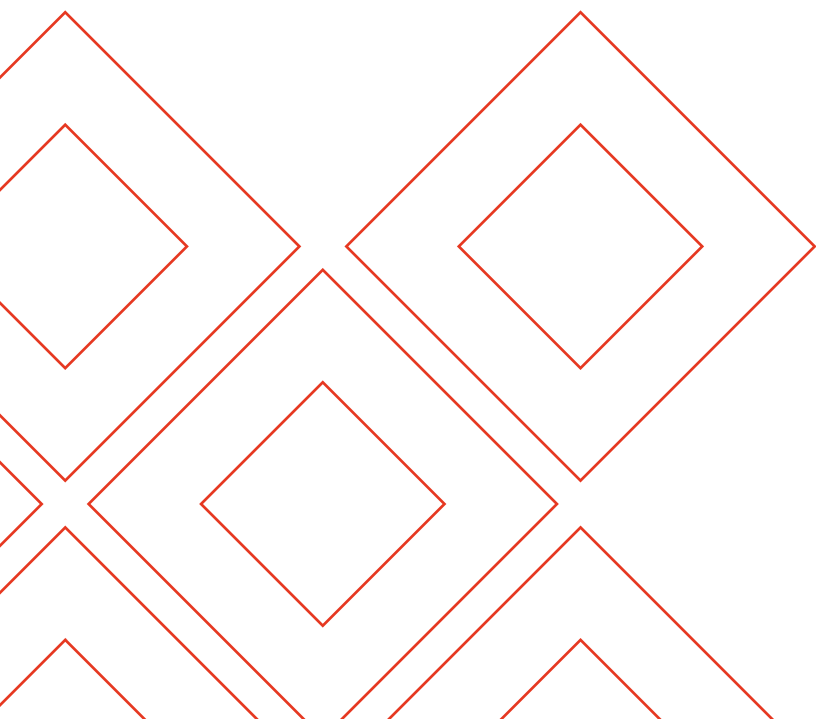
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Richard Battye, River Studio

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**Thank you also to anyone else that has contributed but may not have been listed above.**



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