British Heart Foundation Cymru

Response to the Equality and Social Justice Committee inquiry into the implementation and delivery of the Anti-racist Wales Action Plan

Introduction

The British Heart Foundation (BHF) is the largest independent funder of medical research into heart and circulatory diseases in the UK and the third largest charitable funder of medical research in the UK, as well as a source of trusted information and support for the 7.6 million people living with heart and circulatory diseases. We are pleased to respond to the Equality and Social Justice Committee's consultation. If the Committee would like any further evidence please contact Inioluwa Longe, Policy and Public Affairs Coordinator for Wales.

This consultation response brings together existing evidence of health inequalities associated with race and ethnicity in CVD (cardiovascular disease). There are different health inequalities faced by different ethnic groups, and these inequalities are reflected in cardiovascular diseases. Racism is a major contributor to worsening these existing health inequalities. This should be a priority for tackling health inequalities, as CVD morbidity and early mortality is often a consequence of inequalities and the wider determinants of health.

Racism is a catalyst of cardiovascular disease in ethnic minority groups.

Amongst the 7.6 million people living with heart and circulatory diseases in the UK are individuals who experience racism at some point in their lives. This in turn affects their health outcomes and access to health care. There is a complexity that exists in figuring out the relationship between ethnicity and heart and circulatory disease, but it largely lies in disparities in the social determinants of health (the conditions in which we are born, grow, live, work, and age) and how they influence the onset of CVD and their outcomes.[1] [2]

Research carried out by Race Equality Foundation shows that racism is a root cause of poor health for minoritised ethnic groups.[3] The Race Equality Foundation shows that this happens both directly (for example, through increasing stress, or worsening mental health), and indirectly (for example, increased exposure to toxins in the environment, and targeted marketing of harmful substances like tobacco and alcohol).[4] Harmful products such as tobacco, alcohol and high fat, salt and sugar (HFSS) products are major drivers for the risk factors in developing CVD, which is a huge burden on Wales' NHS.[5] The Race Equality Foundation also found that there is worsening of physical health scores for people who report experiences of racism and racial discrimination, and these differences increase over time, building a lifetime risk of CVD morbidity[6]

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[1] M. Marmot (2020) Health Equity in England: The Marmot Review 10 Years On

[2] BHF (2019) National Audit of Cardiac Rehabilitation Quality and Outcomes Report 2019

[3] Race Equality Foundation (2023) Racism is the root cause of all ethnic health inequalities

[4] Ibid

[5] NCD Prevention Report welsh-english-ncd-paper.pdf (bhf.org.uk)

[6] Ibid

In 2022 The Welsh Government and the NHS, in its programme for transforming and modernising planned care and reducing waiting lists in Wales, identified smoking and obesity as two of the biggest causes of avoidable ill health and death, and drivers of health inequalities. These are both underlying risk factors for cardiovascular diseases (CVD).[7]

There are recognised differences in cardiovascular risk factors between different ethnic groups.

People with certain minority ethnic backgrounds living in the UK may be more likely to develop CVD than the majority White population. Much of the data that exists is specific to England. However, this data is useful in the absence of data for Wales to help build a picture of the inequalities experienced by those with minority ethnic backgrounds.

Research has shown that people with a South Asian background are more likely to develop coronary heart disease (CHD) than those with a White European background. People with an African or African Caribbean background are at a higher risk of developing high blood pressure and having a stroke than other ethnic groups.[8]

BHF analysis of the Health Survey for England indicates that;

- People with an Asian background have higher rates of undiagnosed high blood pressure (25%) than people with other ethnic backgrounds (Black 16%, White 19%).[9]
- People with an African, African Caribbean, or South Asian background are more likely to develop Type 2 diabetes, particularly at an earlier age and have a lower BMI than the rest of the UK population.[10]
- People with a South Asian background are four times more likely to have Type 2 diabetes than those of White British ethnicity, whilst individuals with a Black African or Black Caribbean background are three times more likely to develop Type 2 diabetes than those with a White British background.[11]
- Rates of infant and maternal mortality, CVD and diabetes are higher among Black and South Asian groups than white groups.[12]

Despite these existing rates of heart diseases, Black groups have lower-than-expected rates of access to and use of cardiovascular care.[13]

In a 2023 audit of Cardiovascular Disease Prevention in England, findings showed Black and Mixed ethnic groups were less likely than other ethnic groups to be prescribed drug therapy, receive regular monitoring, or reach target treatment thresholds (e.g., keeping blood pressure within target range).[14] Black ethnic groups were the least likely to have a current prescription of lipid lowering therapy, at 75.0% compared to

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[7] NHS Wales (2022) Programme for transforming and modernising planned care and reducing waiting lists in Wales.

[8] BHF, Ethnicity.

[9] BHF, HRC insight summary spreadsheet.

[10] BHF, Ethnicity; NICE (2018) Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups

[11] Public Health England (2020) Beyond the data: understanding the impact of Covid-19 on BAME groups

[12] The King's Fund (2023) The health of people from ethnic minority groups in England

[13] CVDPREVENT (2023) Third Annual Audit Report

[14] CVDPREVENT(2023) Third Annual Audit Report

other ethnic groups, for which there was a max of 87.1%. Similarly for the Mixed ethnic group (77.6%). Further, March 2022 data showed that, of those with hypertension, the Black (53.8%) and Mixed (53.8%) ethnic groups were the least likely to be treated to the age-appropriate blood pressure target.[15]

Gaps in data and knowledge present a huge barrier to fully understanding ethnic health inequalities.

In Wales there is limited data showing how these inequalities impacts Black, Asian and Minority Ethnic people. Data limitations in Wales means that the effects of racism on health cannot be properly studied and addressed. Surveys that attempt to understand the extent of racial discrimination lack suitable sample sizes of ethnic minority people of different ages, or suitable measures of racial discrimination in their questionnaires. The Race Equality Foundation has rightfully recommended that future data collection, investment, and infrastructure, needs to better represent older ethnic minority people and adequately capture historical experiences of racism and discrimination, to enable more robust understandings of the effects of racism on health outcomes over the entire life course.[16]

To address these gaps, BHF will be carrying out in-depth qualitative research to explore ethnic inequalities and to find out the interconnectedness of racism in worsening and widening these disparity gaps, particularly in relation to cardiovascular and heart related diseases. We would be pleased to share our findings with the committee when published.

[15] Ibid

[16] Race Equality Foundation (2023) Racism is the root cause of all ethnic health inequalities