# Ageing Well Public Talk Series 2022/23

**Talk 4. Equality, Diversity and Inclusion in Access and Provision of Care in Health Services**

**Dr Carlos Moreno Leguizamon, PhD, Associate Professor Health Inequalities, University of Greenwich**

### Slide 1: Learning Message

* Explore the relationship between health Equality-Inequality/Diversity and Inclusion (of Identities)
* Consider ways that exclusion affects population health outcomes and results in suffering
* Reflect and plan for how to consider these ideas in your daily life and practices

### Slide 2: Our work is to provide WORLDVIEW(S), among others

* Academic Frameworks
* (Science + Art Humanities +Social Sciences)

### Slide 3: Our work is to understand and acknowledge Worldview(s), among others

* DAILY LIFE… FRAMEWORKS
* (Family values, group traditions, media, books, religion, conversations, Institutions)

### Slide 3: What is in my Worldview(s)? MY?

* Media discourse?
* Some family values and traditions (Country)
* Science
* Spirituality Indigenous people: Nature
* Literature

### Slide 4: How Do We Learn These Frameworks? Mostly Through Language (Verbal/nonverbal/formal and non-formal)specifically: social categories

* World Reality
* Equality
* Diversity
* Inclusion

### Slide 5: Today

1. Health equality/inequality when accessing and providing HEALTH services (patients and health professionals’ experiences from a qualitative perspective)

2. Diversity: how to understand it and capture it (in research & practice)

3. Identity, exclusion, and inclusion

* Race/Ethnicity (structural racism)
* Gender
* Disability
* Sexual orientation
* Age,
* Religion
* Class
* Language & accent

### Slide 6: Clarification - Understanding individual health or population’s health?

* The individual – The Biomedical approach/Scientific medicine
* Social sciences and humanities (Populations + groups)
* All Relational aspects (Networks)
* Body/Systems/Organs …(Person/subject?)
* Example: Pain

### Slide 7: Clarification: Social Sciences & Public Health – The main determinants of health

Social Determinants of Health -[The Dahlgren-Whitehead rainbow](https://webarchive.nationalarchives.gov.uk/ukgwa/20220208115302/https%3A/esrc.ukri.org/about-us/50-years-of-esrc/50-achievements/the-dahlgren-whitehead-rainbow/)is a model for determining health inequalities that maps the relationship between the individual, their environment and health. It was developed in 1991 by Göran Dahlgren and Margaret Whitehead and places individuals at the centre, with various layers of influences on health surrounding them, such as individual lifestyle factors, community influences, living and working conditions, and more general social conditions.

The model remains one of the most effective illustrations of health determinants and has had widespread impact in research on health inequality and influences. It has helped researchers develop a range of hypotheses about the determinants of health, explore the relative influence of these determinants on different health outcomes and plot the interactions between the various determinants.

* Economic Stability.
* Education Access and Quality.
* Health Care Access and Quality.
* Neighbourhood and Built Environment.
* Social and Community Context.

### Slide 8: Today?

* Health equality and inequality when accessing and providing Health services (patients and health professionals experiences from a qualitative perspective)

### Slide 9: Health equality/inequality when accessing and providing HEALTH services

The ideal of many societies

“Equality and diversity is a term used in the United Kingdom to define and champion equality, diversity, and human rights as defining values of society. It promotes equality of opportunity for all, giving every individual [and group] a chance to achieve their potential, free from prejudice and discrimination.” Wikipedia

Inequality: the unfair situation in society when some people have more opportunities, money, etc., than other people:

The law has done little to prevent racial discrimination and inequality and sexual inequality

There remain major inequalities of opportunity in the workplace.

<https://dictionary.cambridge.org/dictionary/english/inequality>

### Slide 10: Health Inequalities –question

Any Experience of Health Equality/Inequality from Any Health Service?

Age? Identity? Social class? Accent?

### Slide 11: DATA & literature

* “From 2014 to 2016, the level of inequality, or gap, in life expectancy between the most and least deprived areas of England was 9.3 years for males and 7.3 years for females.”
* “Higher mortality rates in more deprived areas... (income + class)… from heart disease, lung cancer, and chronic lower respiratory diseases account for around a third of the total gap in life expectancy for both sexes.”
* “The gap in healthy life expectancy (years lived in good health) between the most and least deprived areas of England was around 19 years for both males and females in 2014 to 2016.”
* “This inequality in health begins early in life with wide inequalities in child health outcomes…In 2014 to 2016, children in the most deprived areas were twice as likely to be born with low weight than children in the least deprived areas.”
* <https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-5-inequalities-in-health>

### Slide 12: DATA & literature

* “ Asylum seekers, refugees, Gypsy, Roma and Traveller groups are among the most vulnerable groups facing serious access barriers.”
* “The 2017 British Social Attitudes survey found… that those self-identified as Black (ethnicity) reported lower levels of satisfaction with the NHS (44% satisfied) than those identified as White (58%)
* Stonewall in a study reported that 13% of LGTB respondents reported experiencing unequal treatment from health care staff because they were LGTB, with this number rising to 32% for people who are transgender and 19% for BAME LGTB people.”
* [The Kings Fund](https://www.kingsfund.org.uk/publications/what-are-health-inequalities)

### Slide 13: Palliative Care Needs in Ethnic Minority groups [LAPCEL](https://www.youtube.com/watch?v=TJnujJ1JFEM)

### Slide 14: Findings = 1. Communication between health providers and service users –relation

Health providers

* Cultural beliefs and practice of others
* Lower level of referrals (assumptions over family based care) e.g., Fountain, 1999; Ahmed et al, 2004; Badger et al, 2009)

Service Users

* Trust towards health care professionals
* Lower uptake of palliative services among BME members and more likely to die in hospital especially Pakistani, Bangladeshi, Indian, Black African, Black Caribbean and Chinese patients.
* Communication/language issues between staff and Black and Minority Ethnic groups

### Slide 15: Findings = 2. Health providers and service users

Health providers

* Lack of knowledge of customs and traditions surrounding EoL among staff (Calanzani et al., 2013)
* Age, and gender of professionals

Service Users

* Proper Knowledge about what specifically PC and EoL services are.
* Hospice care not seen as appropriate by some
* Generational differences.
* Overlaid by class differences e.g., poorer people less likely to access palliative care – overrepresentation of some BME groups in lower socioeconomic groups/ neighbourhoods.

### Slide 16: Findings = 3. Preferences -- health providers and service users

Health providers

* Training in cultural competence
* Intersectionality

Service Users

* Varied
* Home/Hospital
* Family/Wishes/Final decisions

### Slide 17: Overall Conclusion

* “Evidence shows that people from (BAME)/Ethnic Minority communities continue toface Health inequalities and discrimination in the workplace and are more likely to develop and die due to a plethora of diseases, most recently COVID-19.”
* [West Yorkshire and Harrogate Health and Care Partnership Review Report](https://www.wypartnership.co.uk/application/files/7116/0284/2929/bame-review-report.pdf#:~:text=Yet%2C%20evidence%20shows%20that%20people%20from%20Black%2C%20Asian,of%20a%20plethora%20of%20diseases%2C%20most%20recently%20COVID-19)

### Slide 18: Today: Part 2

1. Health equality/inequality when- accessing and providing Health services (patients and health professionals’ experiences from a qualitative perspective)

2. Diversity: how to understand it and capture it (research and practice)

### Slide 19: Diversity: how to understand it and capture it in research and practice

* The challenge for health services today is not DIVERSITY since this is almost inbuilt into the health system (multicultural society); from staff to service users, the NHS is a diverse institution. The issue is how we understand it.
* Diversity includes “race”, ethnicity, gender, sexual orientation, socio-economic status, social class, age, physical abilities, religious beliefs, language, friends, geography, political views, and social organisations.
* So far, it can be understood:
* Legally,
* Academically, (Social Sciences such as Anthropology, Sociology, and Political Science)

### Slide 20: Legal context (your service?)

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society (provision of services)

Before the equality act there were individual commissions to handle each protected characteristic:

* Race
* Disability

After the equality act all protected characteristics got integrated in one act/commission

* Age
* Disability
* Gender assignment
* Marriage and civil partnership
* (Race/Ethnicity)
* Religion or belief
* Sexual orientation

###  Slide 21: Protected Characteristics

* Age
* Sex
* Disability
* Ethnicity
* Gender assignment
* Religion/Belief
* Sexual orientation
* Marriage/Civil Partnership
* Pregnancy/Maternity

### Slide 22: Academically: the category of Race

* “The race concept is inadequate for describing the complex structure of human genetic variation” ( Gravlee, C. How Race Becomes Biology: Embodiment of Social Inequality)
* It is a socially constructed category (biological determinism)
* Racial purity –essentialisation.
* The discussion and differentiation of the concepts of race and ethnicity are significant. In many ways, race is a concept rooted in arbitrary “biological” events without little genetic foundation as it is known contemporarily.
* Ethnicity is a cultural category that acknowledges the identification of groups based on certain similarities (language, traditions, geography, customs) the group identifies.
* Genetics differences do not account for differences in academic, intellectual, or musical performances (in groups).

### Slide 23: [How to argue with a racist: Five myths debunked](https://www.bbc.co.uk/news/science-environment-51914782)

“MYTH 1: The DNA of white and black people is completely different”

“MYTH 2: There is such a thing as 'racial purity’”

“MYTH 3: 'Germany for the Germans', 'Turkey for the Turks' (and other variations)”

“MYTH 4: A genealogy test can prove someone is 100% white.””

“MYTH 5. Black people are better at running than white people.”

### Slide 24: Other Categories

* Sex/Gender (Myths?)
* Abled/Disabled (Myths?)
* Sexual Orientation (Myths?)

### Slide 25: Overall Conclusion

(Our frameworks )BINARIES versus CONTINUUMS in our ways of knowing, being

and dying

### Slide 26: Academically: The Cultural Sensitivity Continuum

* Fear: Others are viewed with trepidation and contact is avoided
* Denial: The existence of the other group is denied
* Superiority: The other group exists but is considered inferior
* Minimization: The group is acknowledged, but the importance of cultural difference is minimized (e.g., “we’re all human after all”)
* Relativism: Differences are appreciated, noted, and valued
* Empathy: A fuller understanding of how others perceive the world and how they are treated is achieved
* Integration: Assessment of situations involving members of other cultures can be accomplished and appropriate actions undertaken

### Slide 27: Academically Continuum of Acculturation

Separation

Individuals value holding onto their original culture and avoid interaction with other cultural groups

Marginalization

Low interest in cultural maintenance and relationships with individuals from other cultures

Integration

Cultural integrity is maintained while the individual participates in the larger social network

Assimilation

Individual from a non-dominant group does not wish to maintain their original culture and actively participates in dominant culture

### Slide 28: Research assumptions (translation into practice)

* To understand the needs and experience of the different groups, the research has to appreciate the views of all the stakeholders but particularly the users and the providers of the health services in question (service user involvement).
* The research should include as criteria the timely, appropriateness, ease to use, and cultural sensitivity with which the services are delivered.
* Is the immediate context of the service preventive, primary, secondary?
* Is the service available to all in a fair way?

### Slide 29: Today 3rd Part

1. Health equality/inequality when- accessing and providing Health services (patients and health professionals’ experiences from a qualitative perspective)

2. Diversity: how to understand it and capture it (research and practice)

3. Identity exclusion and inclusion

* Race/Ethnicity (structural racism)
* Gender
* Disability
* Sexual orientation
* Age
* Religion
* Class
* Language and accent

### Slide 30: Identity

* “Identity is the fluid qualities, beliefs, personality, looks and/or expressions that make a person (self-identity) or
* The fluid qualities, beliefs, looks, and/or expressions that make a group (socially constructed category)”. Black, Asian, and Minority Ethnic Groups Other identities

### Slide 31: Inclusion of Identities

Protected characteristics

* Age
* Sex
* Disability
* Ethnicity
* Gender assignment
* Religion/Belief
* Sexual orientation
* Marriage/Civil Partnership
* Pregnancy/Maternity
* Others
* Accent
* Nationality
* Geographical
* Location
* Caste

### Slide 32: Academic challenge: Identities in Multicultural Societies

* Ethnicity and Gender
* Doctor’s gender and age
* Age, Ethnicity and Disability

### Slide 33: Intersectionality

* It considers identity as a necessary element in people’s lives.
* It brings to the forefront a set of arguments needed to be included in contemporary research and policy in health services.
* In broad terms it focuses on critically examining the “intersections of life stages with selected identity markers and with axes of power, privilege, and oppression” (Hankivsky & De Leeuw 2011, p.6).
* It challenges homogenisation of any group by including differences within differences in specific contexts.

### Slide 34: Intersectionality

* Invite your users to self-identify their diverse characteristics
* Have diversity champions among staff and users
* Have members of diverse communities in your different committees and boards
* Review your practices
* Be sure your staff reflects the diversity of your users
* Provide training on diversity issues (including your administrative staff)
* Seek assistance and help from diverse communities
* Be aware of holiday celebrations, religious days, meals, snacks

### Slide 35: Checklist & Tips for individuals working with inclusive Health services

* Ask open questions that show some willingness to learn about the person, family, religion, age, sexual orientation… (teacher)
* Please do not assume anything, just ask.
* Everybody likes to tell stories/ (3 min) /Narrative Medicine
* Be aware that communication is not only speaking but also nonverbal communication (total communication).
* Nonverbal communication: 1. face expressions. 2. kinesics (body) and 3. proxemics (space)

### Slide 36: Cultural Competence Checklist for Success

* Makes the environment more welcoming and attractive based on cultural values of clients.
* Avoid stereotyping and misapplications of scientific knowledge
* Include community input at the planning and development stage
* Use educational approaches and materials that will capture the attention of your intended audience

### Slide 37: Cultural Competence Checklist for Success

* Find ways for the community to take the lead
* Be an advocate – strike a balance between community priorities and organisations’ mission
* Understand there is no recipe
* Hire staff that reflect client/service users
* Understand cultural competency is continually evolving
* Be creative in finding ways to communicate with population groups that have limited English-speaking proficiency

### Slide 38: Conclusion

* The provision of health services in any area is not ONLY about
* knowledge but also
* Ac-knowledgement
* Social Suffering Theory that patients, family, and friends suffer

### Slide 39: References

[GOV.UK -Chapter 5: Inequalities in health](https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-5-inequalities-in-health)

[The Kings Fund: What are health inequalities](https://www.kingsfund.org.uk/publications/what-are-health-inequalities)

[West Yorkshire and Harrogate Health and Care Partnership Review Report : Tackling health inequalities for Black, Asian and minority ethnic communities and colleagues](https://www.wypartnership.co.uk/application/files/7116/0284/2929/bame-review-report.pdf#:~:text=Yet%2C%20evidence%20shows%20that%20people%20from%20Black%2C%20Asian,of%20a%20plethora%20of%20diseases%2C%20most%20recently%20COVID-19)

[Alderson, P., (1998). The importance of theories in health care BMJ 1998;](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1114019/)

[Babatunde, T., Moreno-Leguizamon, C. (2012) - Daily and cultural issues of postnatal depression in African women immigrants in South East London: tips for health professionals, Nursing Research and Practice](https://pubmed.ncbi.nlm.nih.gov/23056936/)

### Slide 40: References

* Hankivsky O (2011) Introduction. In: Hankivsky O (ed.) Health Inequities in Canada: Intersectional Frameworks and Practices. Vancouver and Toronto: UBC Press
* Kleinman, A., (2010). For social theories for global health, The Lancet 375 (9725), 1518-1519.
* Moreno Leguizamon, C., Smith, D. and Spigner, C., (2017) Positive ageing, positive dying: Intersectional and daily communicational issues surrounding palliative and end of life care services in minority groups in the UK and the US. In: Docking, Rachael Elizabeth and Stock, Jennifer, (eds.) International Handbook of Positive Aging. Routledge International Handbooks. Routledge, United Kingdom, pp. 21-36. ISBN 978-1138933057
* Rutherford, A., ( 2020). How to Argue with a Racist: History, Science, Race and Reality Weindelfed & Nicholson, London.
* Smith, D.; Moreno-Leguizamon, C. (2017) Working with Minority Communities using a Learning Alliance (LA) Methodology: A Case Study in Palliative and End of Life (EoL) Care Services in Craig G, (Editor), Community organising against racism, 'Race', ethnicity, and community development. Policy Press.

**Next Talk 3. Series 2022/23 - 5. General Practice ‘COVID-19 and beyond’ Andrew Potter. 18th January 2023**

Summary of related resources to The Ageing Well Public Talk Series

Podcasts

[Vseteckova J & King J (2020) COVID-19 Interview podcast for The Retirement Café: ‘*Ageing Well Under Lockdown’*](https://theretirementcafe.co.uk/077-dr-jitka/)

[Vseteckova J & Broad E  (2020) Keep Me Walking - researching with people living with dementia and their carers - Podcast – Open University in collaboration with The Parks Trust](https://youtu.be/0QHAS88C-LU)

[Vseteckova J (2020)  Podcast - areas for research with The Open University](https://youtu.be/vE6J9J_ovOM)

[Broad E & Methley A & Vseteckova J (2021) Podcast OU & The Parks Trust & Northamptonshire Healthcare NHS Foundation Trust - Spotter sheet and mindful walking.](https://www.youtube.com/watch?v=dq5OXEBk3CA&feature=youtu.be)

[Broad E & Methley A & Vseteckova J (2021) Preventing brain decline while ageing](https://www.youtube.com/watch?v=965w7K8XPdo)

OpenLearn Resources:

[Vseteckova J (2020) Ageing Well Public Talk Series](https://www.open.edu/openlearn/health-sports-psychology/health/the-ageing-well-public-talks)

[Vseteckova J (2019) 5 reasons why exercising outdoors is great for people who have dementia](https://www.open.edu/openlearn/health-sports-psychology/mental-health/5-reasons-why-exercising-outdoors-great-people-who-have-dementia)

 [Vseteckova J (2019) Depression, mood and exercise](https://www.open.edu/openlearn/health-sports-psychology/mental-health/depression-mood-and-exercise?in_menu=622279)

[Vseteckova J (2019) Five Pillars for Ageing Well](https://www.open.edu/openlearn/health-sports-psychology/mental-health/five-pillars-ageing-well)

[Vseteckova J (2020) Ageing Brain](https://www.open.edu/openlearn/health-sports-psychology/health/the-ageing-brain-use-it-or-lose-it)

[Vseteckova J (2020) Ageing Well Public Talks Series II. Plan for 2020 – 2021](https://www.open.edu/openlearn/health-sports-psychology/health/ageing-well-public-talk-series-plan-2020/2021)

[Vseteckova J (2020) Walking the Parks with The OU and The Parks Trust](https://www.open.edu/openlearn/health-sports-psychology/social-care-social-work/keep-me-walking-people-living-dementia-and-outdoor-environments)

[Vseteckova J, Borgstrom E, Whitehouse A, Kent A, Hart A (2021) Advance Care Planning (ACP ) - Discuss, Decide, Document and Share Advance Care Planning (ACP )](https://www.open.edu/openlearn/health-sports-psychology/health/advance-care-planning-acp-discuss-decide-document-and-share)

[Vseteckova J, Methley A, Lucassen M (2021) The benefits of mindfulness and five common myths surrounding it](https://www.open.edu/openlearn/health-sports-psychology/mental-health/the-benefits-mindfulness-and-five-common-myths-surrounding-it)

[Vseteckova J, Broad E, Andrew V (2021) The impact of walking and socialising through 5 Ways Café on people living with dementia and their carers: A volunteer’s perspective](https://www.open.edu/openlearn/health-sports-psychology/health/the-impact-walking-and-socialising-through-5-ways-cafe-on-people-living-dementia-and-their-carers)

[Vseteckova J, Methley A, Lucassen M (2021) The benefits of mindfulness and five common myths surrounding it](https://www.open.edu/openlearn/health-sports-psychology/mental-health/the-benefits-mindfulness-and-five-common-myths-surrounding-it)

[Methley A, Vseteckova J, Broad E (2021) Outdoor Therapy: The Benefits of Walking and Talking](https://www.open.edu/openlearn/health-sports-psychology/mental-health/outdoor-therapy-the-benefits-walking-and-talking)

[Vseteckova J, Methley a, Broad E (2021) What happens to our brain as we age and how we can stop the fast decline](https://www.open.edu/openlearn/health-sports-psychology/health/what-happens-our-brain-we-age-and-how-can-we-stop-the-decline)

[Methley A & Vseteckova J & Jones K (2020) Green & Blue & Outdoor spaces](https://www.open.edu/openlearn/health-sports-psychology/mental-health/the-benefits-outdoor-green-and-blue-spaces)

COVID-19 related

[Vseteckova J, How to age well, while self-isolating (2020)](https://www.open.edu/openlearn/health-sports-psychology/how-age-well-while-self-isolating)

[Vseteckova J, (2020) SHORT FILM - Ageing Well in Self-Isolation](https://youtu.be/LU4pXFgcGos)

[Vseteckova J, (2020) ANIMATION - Keeping healthy in Self-Isolation](https://youtu.be/M9yUC-MUugA)

[Vseteckova J et al (2020) COVID-19 The effects of self-isolation and lack of physical activity on carers](https://www.open.edu/openlearn/health-sports-psychology/social-care-social-work/the-effects-self-isolation-and-lack-physical-activity-on-carers)

 [Taverner P, Larkin M, Vseteckova J, et al.  (2020) Supporting adult carers during COVID-19 pandemic](https://www.open.edu/openlearn/health-sports-psychology/social-care-social-work/how-can-adult-carers-get-the-best-support-during-covid-19-pandemic-and-beyond)

[Robb M, Penson M, Vseteckova J, et al.  (2020) Young carers, COVID-19 and physical activity](https://www.open.edu/openlearn/health-sports-psychology/social-care-social-work/young-carerscovid-19-and-physical-activity)

[Penson M, Vseteckova J et al. (2020) Older Carers, COVID-19 and Physical Activity](https://www.open.edu/openlearn/health-sports-psychology/social-care-social-work/older-carers-covid-19-and-physical-activity)

[Vseteckova J  & Methley A  (2020) Acceptance Commitment Therapy (ACT) to help carers in challenging COVID-19 times](https://www.open.edu/openlearn/health-sports-psychology/health/how-can-acceptance-and-commitment-therapy-help-carers-challenging-times-such-the-covid-19-pandemic)

[‘*Ageing Well Public Talks*’ Series 2021/2022 repository on ORDO Collections](https://ordo.open.ac.uk/collections/Ageing_Well_Public_Talks_2021-22/5493216)

[‘*Ageing Well Public Talks*’ Series 2020/2021 repository on ORDO Collections](https://ordo.open.ac.uk/collections/Ageing_Well_Public_Talks_2020-21/5122166)

[‘*Ageing Well Public Talks*’ Series 2019/2020 repository on ORDO Collections](https://doi.org/10.21954/ou.rd.c.4716437.v1)

[OpenLearnCreate Course on ‘*Ageing Well’ 2019/2020*](https://www.open.edu/openlearncreate/course/view.php?id=5016)

[Home exercise no equipment – no problem (](https://selsdotlife.wordpress.com/2020/04/01/home-exercises-for-older-adults-no-equipment-no-problem/)*[Blog](https://selsdotlife.wordpress.com/2020/04/01/home-exercises-for-older-adults-no-equipment-no-problem/)*[)](https://selsdotlife.wordpress.com/2020/04/01/home-exercises-for-older-adults-no-equipment-no-problem/)