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Addressing inequity to access health and social care for marginalised and minority communities

Why the committee should consider the issue

The failure of current health, social care, and political systems to address the challenges African and Caribbean communities face in accessing health and social care services in the UK has significant implications for physical, and mental health and well-being, and the lives and economic prosperity of members of the African and Caribbean communities. In the UK and Scotland, African and Caribbean communities typically have low levels of engagement with health and social care services. A current example of this low engagement is COVID-19 vaccination, with Public Health Scotland data showing that only 41.7% of people of African ethnicity are fully vaccinated, compared to 75.4% of white ethnicity in the first quarter of 2022. Similarly, in 2022, low levels of engagement were reported with the cancer screening programme in Scotland, which is currently below the target of 70% compared to other racial groups (NHSGCC, Action Plan 2022-2025). This suggests the problem is not limited to vaccine uptake but rather about the accessibility of health and social care generally for African and Caribbean communities. Considering the nature of the health inequalities exposed by COVID-19, inequity to access health and social care for marginalized and minority communities in Scotland and throughout the UK cannot be underestimated.

Why now the committee should look at this now

Understanding enabling and inhibiting factors in how service users access health and social care provisions is central to addressing overall health inequalities in Scotland and the UK. The direct consequence of inequity to access health and social care services can be seen in the rates of hospitalization or death among African or Caribbean people which rose through different phases of the pandemic (Murugesu, 2022). In Scotland during the first wave of the pandemic, hospitalization or death rates were about one and a half times higher than the White Scottish population, growing to two and more than three times higher in the second and third waves, respectively (PHS, 2022). Therefore, the experiences of African and Caribbean communities following the COVID-19 pandemic present a helpful starting point to understand the mechanisms by which inequity to access health and social care service provisions occurs within specific local populations and how they can be addressed.

Our research highlights that among barriers to vaccination for the African and Caribbean communities are mistrust in the Government, poor support for grassroots community groups, and disengagement of the marginalised and minoritized community with the systems exacerbated by everyday microaggressions, discrimination, and racism. Other reasons cited include anxiety around the safety and effectiveness of the vaccines and vaccine confidence (Adekola et al., 2022a, 2022b). The issue here is not that certain groups are hesitant to engage with service provisions; instead, it reflects how the various systems treat people, reducing their willingness to engage with available services. Moreso, many health and social care institutions are unwilling to ask, listen to, accept, or integrate views from marginalized communities despite publicly promoting inclusion, a practice considered a tactic for 'preserving the status quo' (Stilgoe, 2014) and "spectacles of public participation" (Polletta, 2016).

Why this area would benefit from further scrutiny

Our research suggests that community members and groups are willing to work with health, social care, and policy practitioners to address the challenge of inequity to access health and social care services to improve the overall health, well-being, and prosperity of individuals and communities. Moreso, further scrutiny of this area has direct and indirect benefits. Firstly, it provides opportunities for people within African and Caribbean communities to share their experiences of how health inequities affect them and to co-produce tailored fit solutions with affected communities. Secondly, healthcare and policy practitioners such as Public Health Scotland are responsible for leading and enabling the drive to improve health and well-being and reduce health inequalities across Scotland through effective partnerships. Further scrutiny in this area will provide excellent opportunities for them to deliver on these overarching responsibilities, especially within its Inclusion Health programme.

Why the Government needs to act

Addressing inequity to access health and social care services will improve the quality of lives and livelihood of members of local communities, reduces the additional cost to the NHS, and benefits the broader society economically. For example, the Office for Health Improvement & Disparities report in October of 2022 estimated that before the COVID-19 pandemic, health inequalities cost society around £31 billion in productivity, and upto £32 billion a year in tax and an extra £4.8 billion a year to the NHS.

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