

ENACT EQUALITY - WRITTEN EVIDENCE (FDO0066)

1. About Enact Equality

2. Enact Equality is a non-profit organisation that works to advance racial justice and equality in the UK. We run large-scale, national campaigns advocating for new laws, legislative amendments and policies to better protect ethnic minority communities. We also conduct research, draft legislation, host events and work with political leaders on equalities-related interventions at both the House of Commons and the House of Lords.

3. L'myah Sherae is the Director of Enact Equality and the author of this written evidence, which is being submitted on behalf of the organisation.

4. Summary

5. Air pollution is the world's single largest environmental health risk, causing an estimated 4.2 million premature deaths a year from outdoor pollution, and 3.8 million premature deaths from indoor pollution, according to the Organisation for Economic Co-operation and Development (2020). With high levels of air pollution and other environmental factors adversely impacting the health of people living across the UK, it is becoming increasingly important to prioritise and improve physical resilience. A growing amount of research shows that a healthy lifestyle and diet can have a significant impact, even in some of the most polluted areas (Fia Foundation, 2022; Wang et al, 2022; Dirt to Dinner, 2023). For example, a well-balanced diet can help decrease a person's risk of various diseases that are linked to air pollution, such as diabetes, heart disease, stroke, and particular types of cancer. In addition, many studies have suggested that some of the adverse effects of pollution can be reduced by intake of micronutrients such as B vitamins, and vitamin C, D, and E (NHS, 2020).

6. Whilst there is much research available on the above topics, there is limited awareness of how issues such as air pollution, obesogenic environments and food insecurity are often interconnected, and can disproportionately impact ethnic minority groups in multifaceted ways. Therefore, the following written evidence shall demonstrate the importance

of creating a whole system approach, in order to improve the health and wellbeing of marginalised communities living in the UK.

7. Race, ethnicity and food insecurity

8. Even though pollution affects all communities, it is important to understand that outdoor air pollution is not *evenly* distributed, and its impact disproportionately affects minority ethnic and low-income communities in particular. Due to historic migration trends, higher levels of employment opportunities, greater access to social housing and increased availability of public transport, nearly all of the UK's Black and Asian population reside in urban areas; these communities are therefore most likely to live near busy arterial roads, motorways, and transport hubs (Runnymede, 2022). Proximity to other pollution sources, like industrial sites, is often also the case, and comparative lack of green assets, such as parks and trees, further exacerbates the situation.

9. As stated prior, ambient air pollution can increase a number of health risks. Some research shows that air pollution may heighten the risk of overweight and obesity, as it increases oxidative stress and adipose tissue inflammation, which is closely tied to obesity and metabolic syndrome (An et al, 2018). In the year to November 2021, 63.5% of adults in England were overweight or living with obesity. However, 72.0% of adults from Black ethnic groups were overweight or living with obesity, which is the highest percentage out of all ethnic groups (UK Government, 2023). Notwithstanding, it is important to note here that (1) there may be a variety of factors that cause higher obesity rates amongst Black ethnic groups and (2) there is continuing debate about the validity of using current definitions of obesity for non-white ethnic groups, for both adults and children. Different ethnic groups are associated with a range of different body shapes and physiological responses to fat storage. Therefore, revised Body Mass Index (BMI) thresholds and waist circumference measures are often recommended (NHS, 2011).

10. Despite the above, a variety of studies do show that both air pollution and food environments are often linked to health outcomes, with ethnic minority groups disproportionately impacted by both ambient air pollution and obesogenic environments (Health Action Research Group, 2021). For

example, in England the density of fast food outlets in local authorities ranges from 26 to 232 per 100,000 population depending on their deprivation score; the higher the deprivation score, the greater the density of fast food outlets (Health Action Research Group, 2021). Nearly half of all Black, Asian and minority ethnic households in the UK are living in areas with high poverty levels, and the prevalence of obesity in adults and children is twice as high in deprived areas compared to those in less deprived areas (Health Action Research Group, 2021). Furthermore, many drive-throughs and fast food outlets in the UK are air pollution hotspots. Without measures to limit exposure, these sites can contribute to chronic health problems among drive-through workers and the people they serve. In most instances, drive-through employees and residents living nearby are regularly exposed to toxic fumes that can have long-term health effects (Air Quality News, 2020).

11. In addition to disproportionate levels of air pollution and obesogenic environments, Black communities in both rural and urban areas are more likely to experience food insecurity as well. Access to basic, essential needs varies widely. Research shows that one in ten people live in areas of “food deserts”, which denotes locations with limited access to fresh, healthy and nutritious food (Race Report, 2024). As a result, academic experts have argued that people of colour are more likely to experience diet-related illnesses including type 2 diabetes, obesity and cardiovascular disease (Race Report, 2024). Studies show that Black and ethnic minority groups in the UK are approximately 1.5 times more likely to be at risk of food insecurity as white-British people (Bankuet, 2020), and the statistics become even more alarming when examining race disproportionately in specific geographic localities. For example, Black people in Islington, Lambeth and Wandsworth (London) make up 16.8% of the local population but 39.6% of the food bank usage (Bankuet, 2020). More often than not, access is greatly dependent on environmental factors, including employment opportunities, safe and affordable housing, education, healthcare, and support through local policies. These issues, compounded with decreased availability and lower intake of nutrient-dense foods, increase the risk of obesity and noncommunicable diseases - which is further exacerbated by heightened levels of ambient air pollution.

12. Without financial means to consistently purchase nutritious foods, diet choices are frequently driven by affordability. This means that low-income groups tend to buy foods that are rich in added sugars, salts, and synthetic fats, as these items are often sold at a cheaper price point (Air Quality News, 2020). Historically, Black families haven't had access to the same financial stability and resources as their white counterparts, due to institutional racism and structural barriers. Other financial hindrances include statistically lower household income and fewer opportunities for well-paying, living-wage jobs. Ethnic minority communities often have limited access to financial literacy and savings, lower access to personal and business credit, and relatively lower generational wealth transfer. There is a huge ethnicity pay gap, and this has a negative impact upon the health outcomes of Black and Asian communities across the UK. Thus, a whole system approach addressing socio-cultural, living, working and environmental conditions is necessary to improve health and wellbeing amongst minority groups (Healthline, 2020). Air pollution poses significant risks, but by tackling food insecurity, incorporating certain foods into diets and adopting healthy lifestyle habits, people can build resilience and help protect their bodies from its harmful effects.

13. Future policy tools and recommendations

14. Improving access to employment and finance

15. The quality of life within Black and Asian communities has been adversely impacted by centuries of systemic barriers within the employment sector. In October-December 2022, the UK unemployment rate was 3.1% for people from a white ethnic background; however, the rate was as high as 7.5% for minority ethnic groups, despite some candidates already possessing the necessary qualifications required for their desired profession. People from white ethnic backgrounds (3.1%) had the lowest unemployment rates, and people from Mixed/multiple ethnic backgrounds (11.3%) and a Pakistani ethnic background (8.7%) had the highest unemployment rates overall (House of Commons Library, 2023). Furthermore, Black and Asian communities in the UK have less access to finance. 60% of Asian and 63% of Black households have no savings, compared to only 33% of white households (Natwest, 2021). Black African, Black Caribbean and Bangladeshi groups are 4x, 3.5x and 2.5x (respectively) more likely to be denied a loan

compared to white groups too (Natwest, 2021). Research shows that when people are faced with limited resources, high-calorie meals are often the easiest and cheapest option available, and are more likely to be advertised and part of price promotions such as 2-for-1 deals (Cancer Research, 2022).

16. Therefore, funds need to be redistributed to improve access to finance, tackle food insecurity and support the most marginalised communities. Reallocating economic resources from overfunded institutions and investing in protecting and empowering ethnic minority communities is a potential way of addressing some of these issues. The Healthy Start scheme also provides a useful example of how particular groups in society can be targeted in an effective way to improve access to healthy foods. The scheme targets pregnant women and families on low-income and provides vouchers that can be used to buy milk, fresh or frozen fruit and vegetables. The scheme has resulted in increased spending on fruit and vegetables by 15.5% compared to pre-reform levels (Health Action Research Group, 2021). It could be useful for policy-makers to explore the option of replicating this scheme with ethnic minority groups, involving community-based organisations to ensure cultural sensitivity and authentic engagement.

17. Schools and education

18. Improving nutrition education in the curriculum and involving parents in the process is key to raising awareness about the importance of healthy diets. Teachers should develop a school nutrition policy with aims, norms and rules, covering sanitation, pollution, school meals and snacks, school garden, litter and so on. It is also important that schools promote in-service training in health and nutrition issues for all school staff, including non-teaching staff. Educators should aim to provide dynamic, positive and productive school/family links, including ensuring that; (a) parents/families are aware of the school's nutrition education goals, policy and curriculum (b) parents/families/teachers are aware of the family's role in nutrition education (c) teachers encourage pupils to discuss and disseminate what they learn at school (d) teachers involve parents/families directly in school nutrition education activities.

19. Community based initiatives are crucial too. It is important that schools utilise the potential of community health services related to nutrition education, make good use of government/local government services and

involve community based organisations in the school's nutrition programme. It may also be beneficial to involve local community traders, community-based retail suppliers and other organisations in practical activities. Ensuring that teachers and school staff are aware of the importance of community is key - initiatives should meet ethnic minority students, families and parents where they're at, providing valuable knowledge and building strong community relationships to support long-term change.

20. Local authorities can play an important role in improving the environment in and around schools as well. For example, some local authorities in London have implemented planning policies on new fast food outlets opening near education institutions; these locally enacted regulatory policies aim to limit the opportunities that young people have to eat fast food (Health Action Research Group, 2021). The UK Government should provide greater support for local councils to improve educational environments (including the surrounding areas) and to advance healthy diet and lifestyle initiatives in schools.

21. Although, it is worth noting here that changing the food landscape of a locality is more than simply limiting the availability of fast food outlets or moving in full-service supermarkets. A holistic approach should include open discussions with Black community members, pupils and students to identify what they want and need. Access to fresh produce may be addressed by holding local farmers markets or organising Black-led schemes, for example. A dialogue approach enables authenticity, autonomy, and self-sustaining agency.

22. Lastly, we echo the calls for increased access to healthy free school meals. Enact Equality is part of Marcus Rashford's #EndChildFoodPoverty coalition and we support the view that increased access will help fuel a healthier society. As similarly advocated by Impact on Urban Health (2024), free school meals ensure all children have opportunities to learn and thrive within their academic setting. Investing in high-quality school food helps improve children's educational attainment, thus reducing educational, financial, social and racial inequalities. By expanding free school meals to more families, healthy diets and lifestyles are normalised right from an early age, breaking the often cyclical, intergenerational nature of health disparity and supporting children of all ethnicities to reach their full potential.

23. *Healthcare and targeted advice*

24. There is a clear need for increased knowledge among health professionals who care for ethnic minority patients. Effectively addressing disparities in the quality of care requires improved data systems, increased regulatory vigilance, and new initiatives to appropriately train medical professionals (Williams and Rucker, 2000). It is also important that policy-makers devise strategies to recruit more providers from Black and Asian backgrounds. Despite ongoing efforts for equality, racial bias is still a prevalent issue within the UK's healthcare system, and over many years, research has shown inadequate patient access and poor patient satisfaction among ethnic minority groups (Ajayi, 2021).

25. Targeted advice for people from Black, Asian and minority ethnic family backgrounds is imperative. As mentioned prior, people of Black and mixed ethnicities are more likely to live in the most polluted areas. The specific disease outcomes most strongly linked with exposure to air pollution include stroke, ischaemic heart disease, chronic obstructive pulmonary disease, lung cancer and pneumonia (World Health Organisation, 2024). It is therefore crucial that healthcare providers are aware and able to advise Black patients on how they can improve their diet and lifestyle, in order to build resilience and avoid potential adverse health outcomes.

26. People from Black, Asian and minority ethnic backgrounds are at an increased risk of chronic health conditions at a lower BMI (below BMI 25 kg/m²) than people from a white background, and healthcare providers should be aware of this too (National Institute for Health and Care Excellence, 2023). It is important that the NHS and relevant health institutions make use of existing community based networks to share relevant information. This is critical in order to build a human rights based approach, ensuring that the design, delivery and monitoring of healthcare services are tailored around the needs of local Black communities. Providers of healthcare should actively undertake their duties to have due regard for the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities; targeted, tailored care is crucial in achieving these societal objectives.

27. *The nutritional profile of food products*

28. We support the standpoint of a variety of organisations who believe that the UK Government should incentivise and support companies to improve the nutritional profile of food products.

29. All communities deserve access to affordable, nutritious food, no matter what their racial background or economic means may be. Financially incentivising companies to reformulate products - by removing excess sugar, salt, and saturated fat - is a cost-effective way of improving nutritional health and preventing avoidable illnesses. Impact on Urban Health (2024) has carried out some important work in this area, and their extensive engagement with businesses shows that many are willing to embrace the reformulation of their food products.

30. *A whole system approach*

31. Health inequalities are widely prevalent across the UK and have serious implications. To tackle disparities, a whole system approach must be taken. This includes:

- Tackling food insecurity
- Reducing ambient air pollution
- Improving nutrition education in the national curriculum (including the involvement of parents, families and community based organisations)
- Increasing access to finance and employment
- Increasing access to healthy, free school meals
- Incentivising companies to improve the nutritional profile of foods
- Redistributing funds to support the most marginalised communities
- Empowering local authorities to improve school environments
- Increasing the National Living Wage to better assure a minimum income for healthy living and reduce in-work poverty
- Tackling disparities in healthcare and improving training amongst healthcare providers
- Enacting policies that promote accessibility to and affordability of healthy food

32. Whilst national policy implementation is crucial, local communities must also be involved in decision-making to promote engagement and the sustainability of initiatives. We would welcome the opportunity to engage

with both the Food, Diet and Obesity Committee and the Treasury, to discuss our recommendations further and involve other equalities-related organisations who are conducting important work in this space.

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References

Air Quality News. (2020). *Drive-throughs are hotspots for air pollution*. Available at <https://airqualitynews.com/cars-freight-transport/drive-throughs-are-hotspots-for-air-pollution/#:~:text=In%20research%20conducted%20at%20the,and%20the%20people%20they%20serve> [Accessed 25/03/2024]

Ajayi, O. (2021). 'A perspective on health inequalities in BAME communities and how to improve access to primary care'. *Royal College of Physicians: Future Healthcare Journal*. Vol. 8, No. 1, pp. 36-39

An, R., Ji, M., Yan, H. and Guan, C. (2018). 'Impact of ambient air pollution on obesity: a systematic review'. *International Journal of Obesity*. Vol. 42, No.1, pp. 1112-1126

Bankuet. (2020). *Shining a Light on Racial Inequality and Food Insecurity*. Available at <https://www.bankuet.co.uk/blog/shining-a-light-on-racial-inequality-and-food-insecurity> [Accessed 28/03/2024]

Cancer Research. (2022). *Health inequalities: Why is it harder for some people to eat healthily?*. Available at <https://news.cancerresearchuk.org/2022/06/24/health-inequalities-why-is-it-harder-for-some-people-to-eat-healthily/> [Accessed 02/04/2024]

Dirt to Dinner. (2023). *Food as Protection from Air Pollution*. Available at <https://dirt-to-dinner.com/food-as-protection-from-air-pollution/> [Accessed 28/03/2024]

Fia Foundation. (2022). *Additional information on boosting physical resilience to air pollution*. Available at <https://www.fiafoundation.org/media/ca2i2cg0/cleaner-air-4-schools-extra-appendix-2.pdf> [Accessed 26/03/2024]

Health Action Research Group. (2021). *Tackling environmental health inequalities in the UK*. Available at <https://www.healthactionresearch.org.uk/tackling-obesity/environmental-factors/> [Accessed 27/03/2024]

Healthline. (2020). *Healthy Food Is a Right for Black People, Not a Privilege*. Available at <https://www.healthline.com/health/nutrition/black-communities-need-access-to-healthy-food#Lack-of-access> [Accessed 02/04/2024]

House of Commons Library. (2023). *Unemployment by ethnic background*. Available at <https://researchbriefings.files.parliament.uk/documents/SN06385/SN06385.pdf> [Accessed 27/03/2024]

Impact on Urban Health. (2024). *Unlocking the potential for cities to be healthier*. Available at <https://urbanhealth.org.uk/> [Accessed 03/04/2024]

National Institute for Health and Care Excellence. (2023). *Obesity: identification, assessment and management*. Available at <https://www.nice.org.uk/guidance/cg189/chapter/Recommendations> [Accessed 03/04/2024]

Natwest. (2021). *Increasing financial inclusion of Black, Asian and Minority Ethnic communities*. Available at https://www.natwestgroup.com/news-and-insights/news-room/press-releases/diversity-equity-and-inclusion/2021/jul/increasing-financial-inclusion-of-black-asian-and-minority-ethni.html#:~:text=60%25%20of%20Asian%20and%2063,respectively%20compared%20to%20White%20groups* [Accessed 28/03/2024]

NHS. (2011). *Obesity and ethnicity*. Available at <https://khub.net/documents/31798783/32039025/Obesity+and+ethnicity/834368ce-e47a-4ec6-b71c-7e4789bc7d19#:~:text=Members%20of%20minority%20 ethnic%20 groups,levels%20of%20obesity%2Drelated%20stigma> [Accessed 03/04/2024]

NHS. (2020). *Overview: Vitamins and minerals*. Available at <http://www.nhs.uk/Conditions/vitamins-minerals/Pages/vitamins-minerals.aspx> [Accessed 25/03/2024]

Organisation for Economic Co-operation and Development. (2020). *Environmental health and strengthening resilience to pandemics*. Available at <https://www.oecd.org/coronavirus/policy-responses/environmental-health-and-strengthening-resilience-to-pandemics-73784e04/> [Accessed 28/03/2024]

Race Report. (2024). *Why racial justice has to be at the heart of food justice*. Available at [https://www.race-report.uk/news/why-racial-justice-has-to-be-at-the-heart-of-food-justice#:~:text=In%20the%20UK%207%25%20of,\(Runnymede%20Trust%2C%202022\)](https://www.race-report.uk/news/why-racial-justice-has-to-be-at-the-heart-of-food-justice#:~:text=In%20the%20UK%207%25%20of,(Runnymede%20Trust%2C%202022)) [Accessed 25/03/2024]

Runnymede. (2022). *Confronting Injustice: Racism and the Environmental Emergency*. Available at <https://www.runnymedetrust.org/publications/confronting-injustice-racism-and-the-environmental-emergency> [Accessed 25/03/2024]

UK Government. (2023). *Overweight adults*. Available at <https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/overweight-adults/latest/> [Accessed 25/03/2024]

Wang, M., Zhou, T., Song, Q., Ma, H., Hu, Y., Heianza, Y. and Qi, L. (2022). 'Ambient air pollution, healthy diet and vegetable intakes, and mortality: a prospective UK Biobank study'. *International journal of epidemiology*. Vol. 51, No. 4, pp. 1243-1253

Williams, D. and Rucker, T. (2000). 'Understanding and Addressing Racial Disparities in Health Care'. *Health care financing review*. Vol. 21, No. 4, pp. 75-90

World Health Organisation. (2024). *Air quality, energy and health*. Available at [https://www.who.int/teams/environment-climate-change-and-health/air-quality-energy-and-health/health-impacts#:~:text=Air%20pollution%20is%20a%20risk,\(household%20air%20pollution%20only\)](https://www.who.int/teams/environment-climate-change-and-health/air-quality-energy-and-health/health-impacts#:~:text=Air%20pollution%20is%20a%20risk,(household%20air%20pollution%20only)) [Accessed 03/04/2024]