



**Review of health research and data on racialised groups:
Implications for addressing racism and racial disparities in public
health practice and policies in Europe**
RECoRD project

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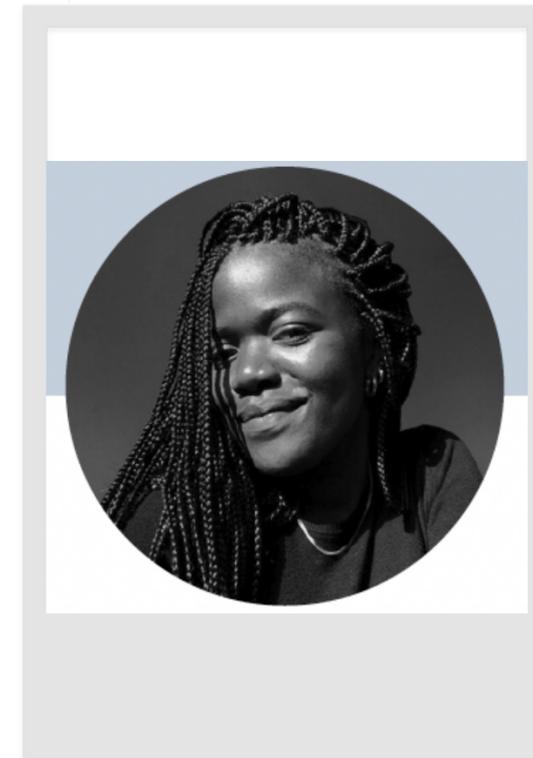
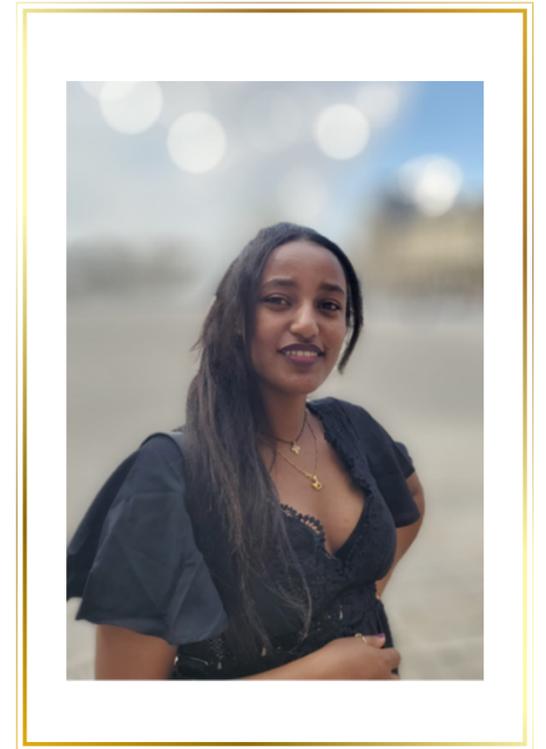
Data Hub // DPH, ITM



**Be-cause health International Conference on the future of global health
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RECoRD Team

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The RECoRD project - how it all started



- Personal reflections
- Looking around PH&GH work and research and noticing absence of racial/ethnic lens, even though it is a **key determinant of health** and our ultimate goal is health equity
- Black Lives Matter, decolonisation

Rationale, objective & key definitions

Rationale

Society

Post-racial myth
/ colourblind
paradigm

Data systems

No/few data
collection on
racial minorities

Research

Race-based research

Race-avoidance
strategies in research +
proxies

No/few research on
racism+health

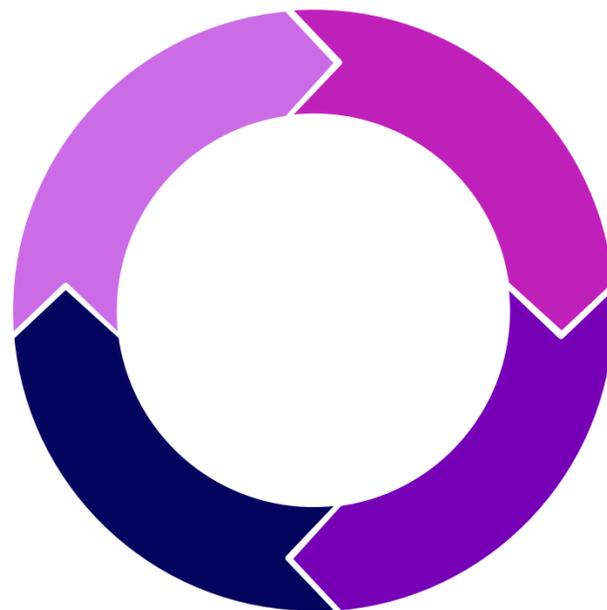
Racial disparities
overlooked in Health
Equity

Data

Myths about data on
racial minorities

- illegal (BE)
- unconstitutional (FR)
- ethnic-based (NL)

Focus on
quantitative data at
the expense of
experiential
knowledge



Objective

To explore + assess health research and data on racially minoritised groups

Review questions, based on objective:

- What **terminologies** are used in health research on racially minoritised groups, and how are they **operationalised**?
- What **type of data** on race, ethnicity, and related euphemisms and proxies is used, and why?
- How is **research** on racially minoritised groups **carried out**?
- What **evidence** is **available** on the use of racially minoritised groups data to **promote racial equity in health**?
- What are **best practices** on research and the use of data on racially minoritised groups, and why?

Key definitions

RACE

- socially and politically **constructed** differences
- no biological basis

RACISM

- **Process** which results in the **minoritisation** of racialised groups i.e. **racially minoritised groups**
- **Various manifestations:** internalised, interpersonal, and **systemic**



RACE-CONSCIOUS APPROACH

emphasises **racism**, rather than race, as a **key determinant of illness and health**

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Viewpoint

From race-based to race-conscious medicine: how anti-racist uprisings call us to act

Jessica P Cerdeña MPhil^{b c †}, Marie V Plaisime MPH^{d †}, Jennifer Tsai MD^{a †}

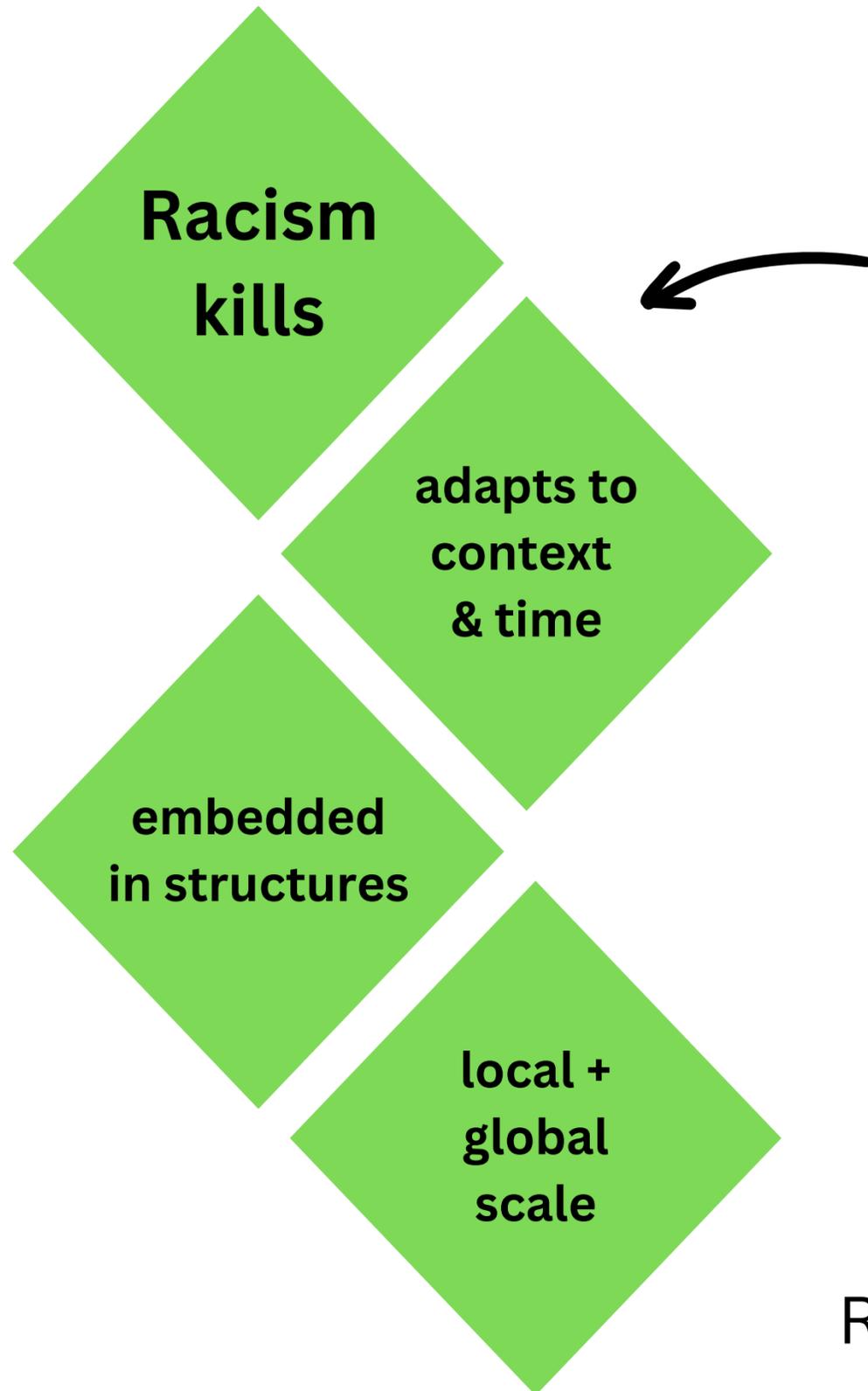
Relevance of race and racism in public & global health

Relevance of race and racism in public & global health



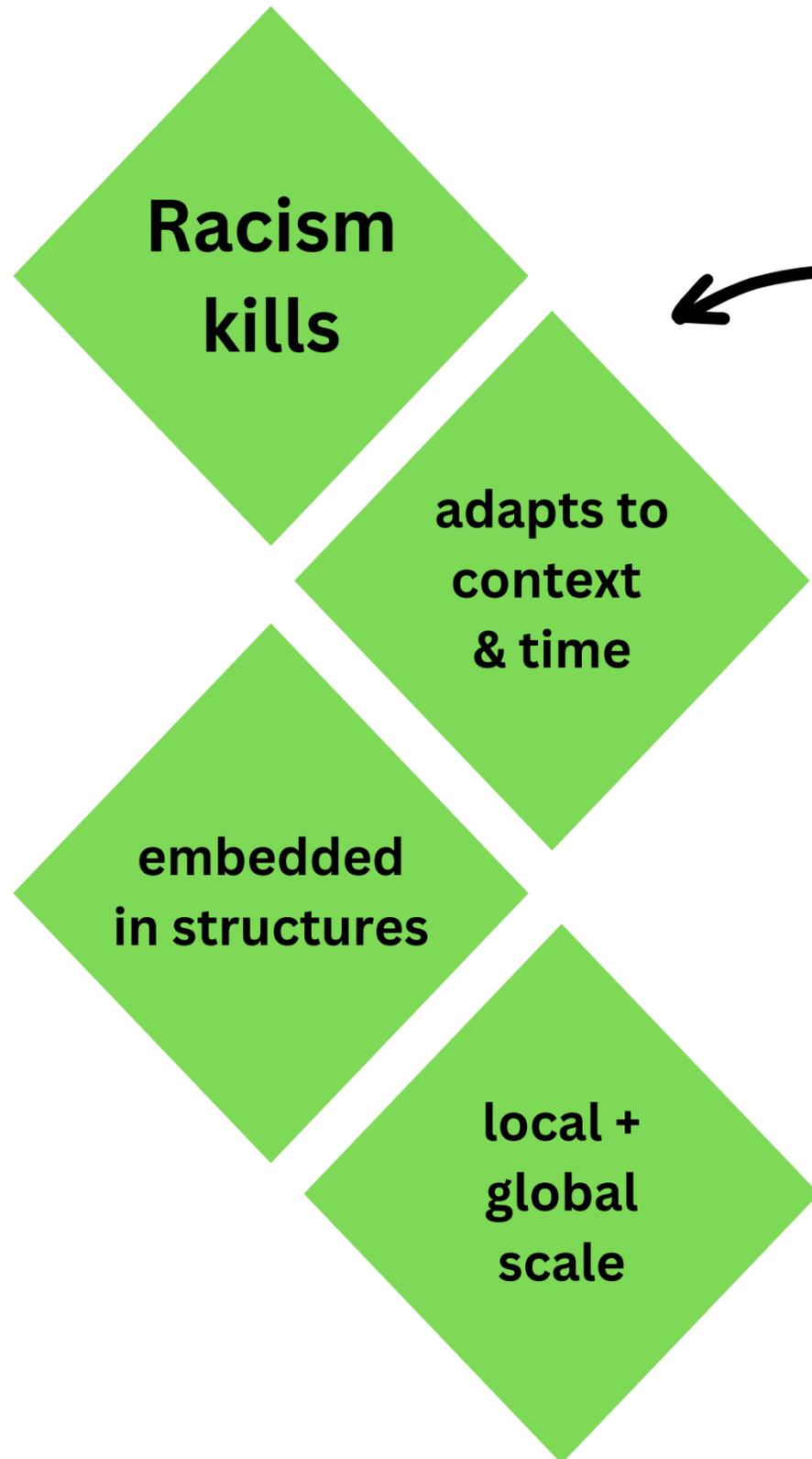
Racism: a many-headed hydra

Relevance of race and racism in public & global health

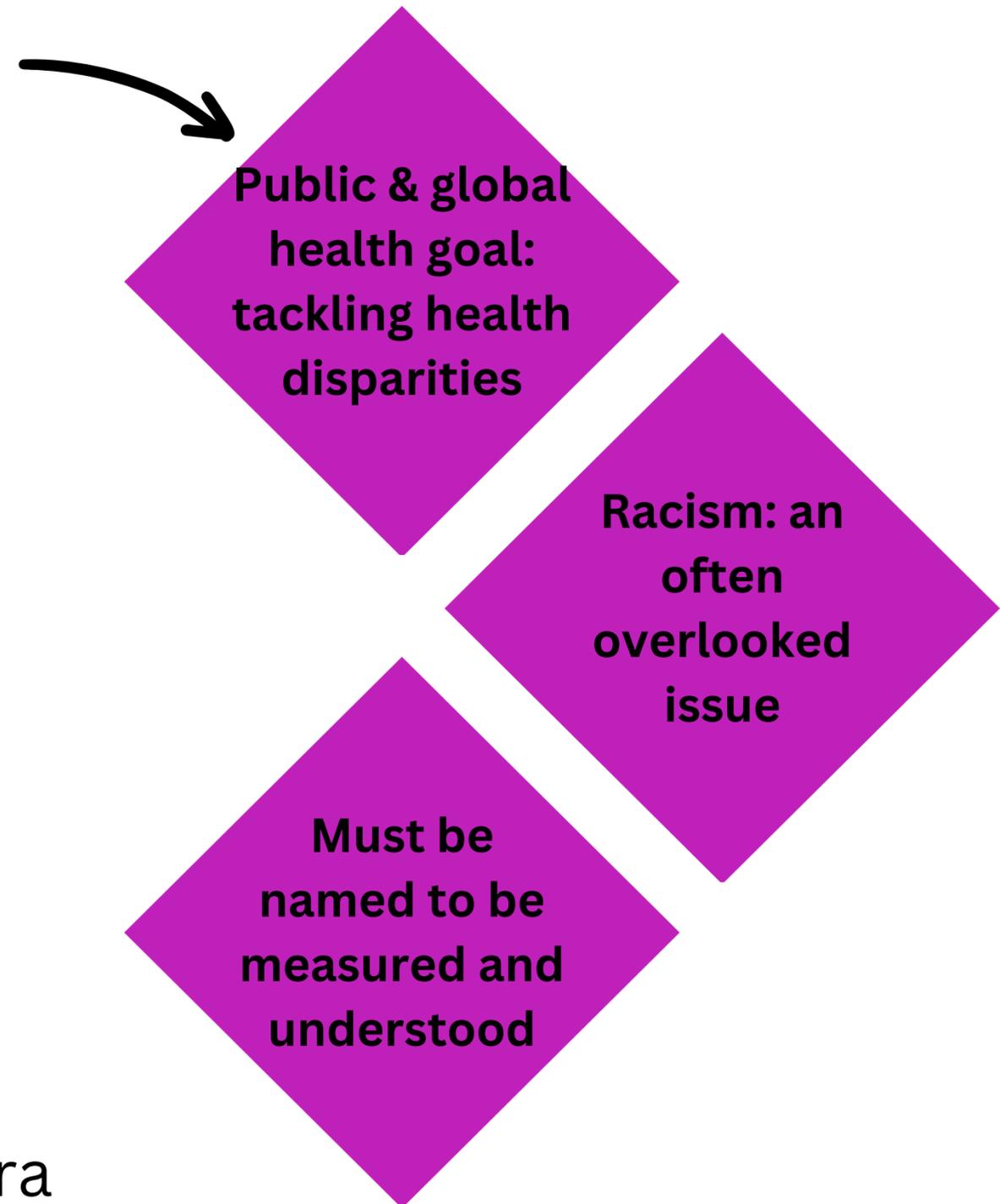


Racism: a many-headed hydra

Relevance of race and racism in public & global health



Racism: a many-headed hydra



Methodology

Methods and Data collection

“Systematic search and review”

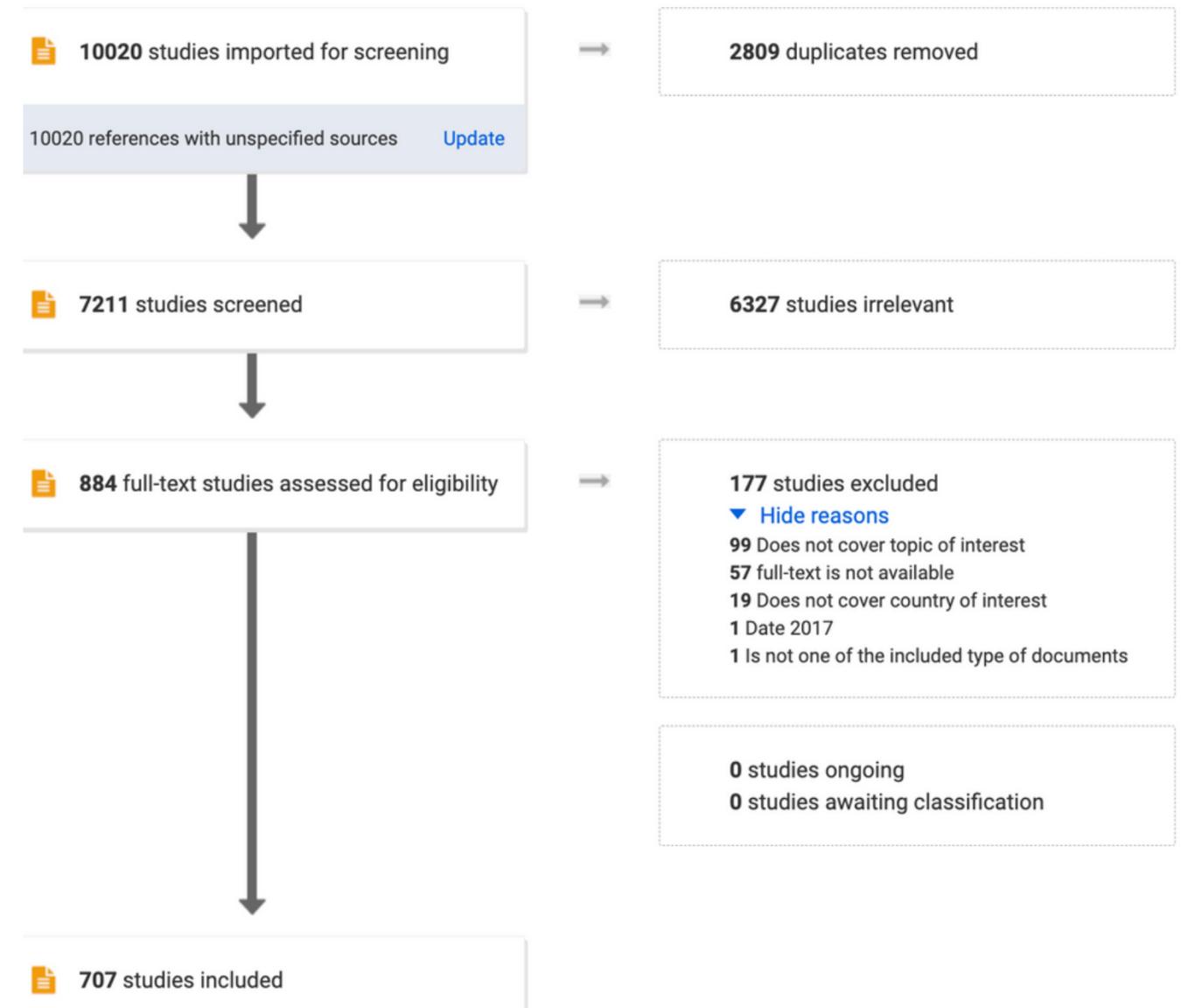
- Critical review + exhaustive search process
- Comprehensive exploration of what is known about the topic
- Supports the synthesis of best evidence and the generation of recommendations for practice

Key search terms: race/ethnicity/proxies + health

Databases: PubMed, Scopus, Web of Science, Cochrane Library

Focus: BE, FR, NL

Time: From 2018-2022



Method of data analysis

Quantitative and Critical qualitative analysis

Preliminary Results

List of terms

culturally_specific
etrangers_sans_papiers issues_de_minorites peu_francophones
nationality local_community residence racialised
culture_of_heritage country_of_birth ethnic_origin immigrant_history
peers aboriginal asylum_seekers diaspora
foreign cultural_background
migration_background ethnic ethno_racial_identity
background geographical ethnic_minorities
all_backgrounds european_ancestry vulnerable ethnicity origin ethnic_peers
non_legal_residents native_dutch religion adversities immigrants ethnic_linguistic_cultural
migrants migrant_women descent
culturally_diverse refugees unaccompanied_refugee_minors community
immigre african_migrants newcomers minority_groups
ethno_cultural_origin white_dutch_native

On the uses of specific race/ethnic related terms

Use of existing terms

- Source not mentioned
- No definition
- No justification/reflection/reasoning

Use of improvised terms

- No definition
- No justification
- Poor conceptualisation - No clarity

Use of self-identifying terms

- almost non-existent (complexity)



Non-systematic

Confusing

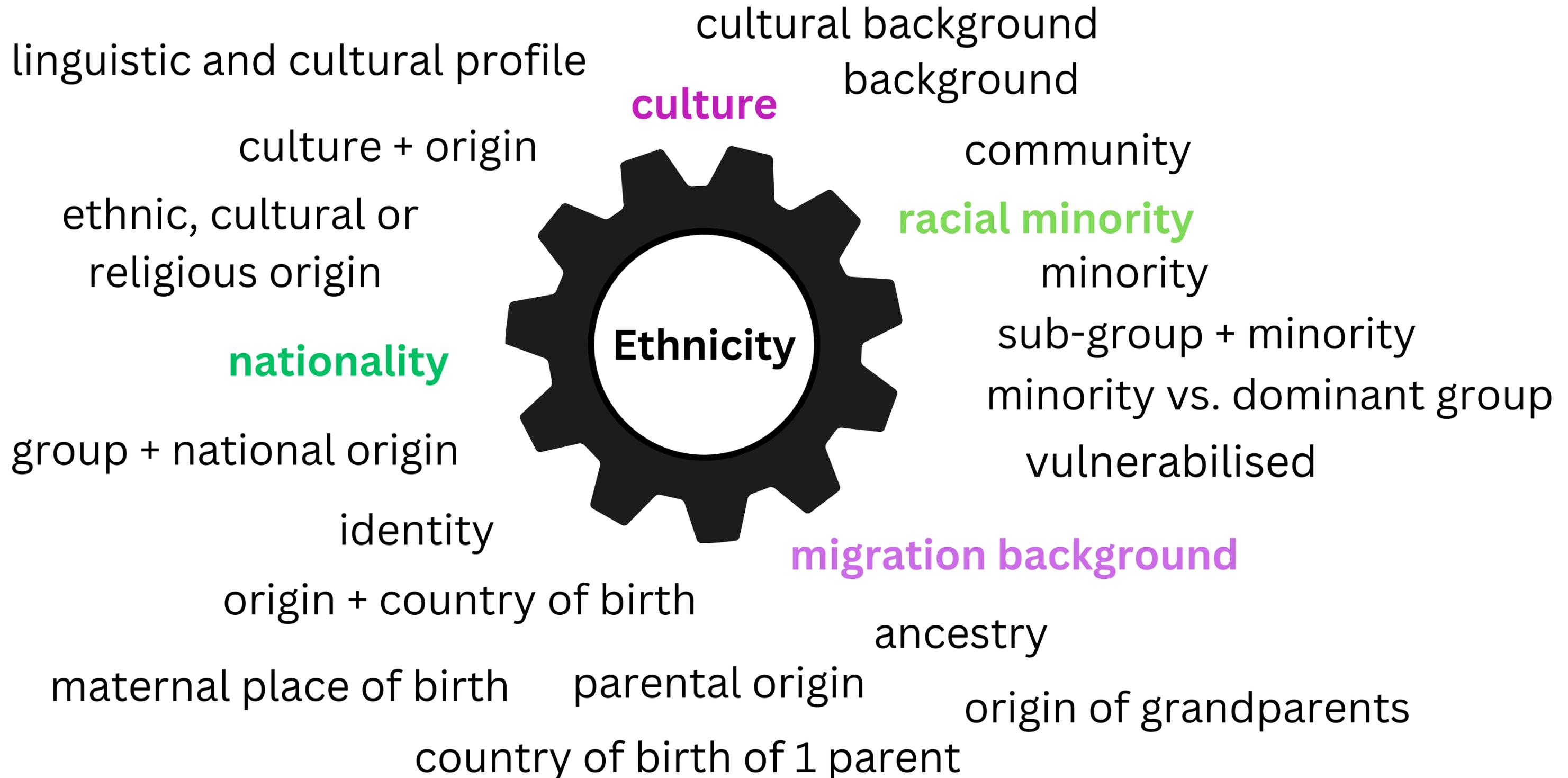
Messy

Problematic

Use of the term 'racism' (out of 300 papers)

- Yes (16%)
 - Concept is mentioned (52% of 'Yes' papers)
 - Concept is discussed (31% of 'Yes' papers)
 - Concept is main focus (6% of 'Yes' papers) = 1% of all papers = almost non-existent
- No (84%)

1 term = different meanings, an illustration



Implications of “1 term = different meanings”

Lack of **definitions**

Wide **variety of meanings** for “seemingly” similar concepts OR for exact same terms



Across AND within studies

Substandard research

Comprehension difficulties for readers

- flawed interpretations
- results easily manipulated

Limited utility and effectiveness for decision- and policy-making

Simplistic **associations** of race/ethnicity/proxies with health disparities

Lack of structural lens to the implications of race & racism in health

Limited potential to use these data/studies to address racial health disparities

Next steps

Short- to medium-term

- Develop guidelines
- Disseminate results through publications, conferences, other avenues

Long-term

- Organise workshops at ITM and beyond
- Build networks around race and health
- Explore and develop new research ideas - other countries/other angles

Q & A

Some questions

- In what ways do you think **race and /or racism** are **relevant** in your work?
- How do you think a **race-conscious approach** could be used in your **field**?
- What are **adequate and relevant terms** to use in your field?

Take home messages

Some questions to consider when conceptualising/designing/implementing research/programmes/policies

- Could my work benefit from the application of a racial/ethnic conscious approach?
- What (terminology) concepts, methods & data would be appropriate for my specific goals?
- How can I ensure that my work contributes to addressing racial/ethnic inequalities and promoting health equity and racial justice?

Thank you!



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