**NHS Education for Scotland**

**Transcript of ‘The Impact of Structural Inequalities on Mortality Rates of Ethnic Minorities during the COVID-19 Pandemic’**

**NES Bereavement Conference 2021 session recording**

**Speaker**: Dr Gwenetta Curry, Lecturer of Race, Ethnicity, and Health College of Medicine and Veterinary Medicine University of Edinburgh

**Chair**: Dr Ken Donaldson, Associate Postgraduate Dean for Grief & Bereavement, NHS Education for Scotland

Ken Donaldson (KD): Good afternoon everybody and welcome to the afternoon session of today's bereavement conference. Glad you could all join us and I hope you've had a good lunch and a good break. So, my name is Ken Donaldson. I'm one of the Associate Postgraduate Deans at NHS Education for Scotland with the Grief and Bereavement team and I'm also Medical Director for NHS Dumfries and Galloway. So, again, welcome. I'm going to move on to introduce our first speaker of the afternoon. So, as we've already heard from Lucy and Emily's chat this morning, that, the effect on, the effect on everybody through Covid has been enormous, but there has definitely been inequalities, and particularly in minority and ethnic groups, there’s, there has been a significant effect of Covid. And we're delighted to welcome Dr Gwenetta Curry who is a Lecturer of Race, Ethnicity and Health in the Usher Institute at the University of Edinburgh. Her research interests are Racial and Ethnic Health Disparities, Maternal Health and Black Family Studies. Her present research analyses racial disparities in treatment and infection rates of COVID-19. She is the co-author of the UNCOVER COVID-19 Evidence review “What is the Evidence on Ethnic Variation on COVID-19 Incidence and Outcomes,” and “Sharpening the global focus on ethnicity and race in the time of COVID-19” which has recently appeared in The Lancet. She is a member of the Royal Society’s DELVE Initiative and a Senior Research Associate in the Global Health Governance Programme in the University of Edinburgh Medical School. She is a member of the Medical School Equality, Diversity, and Inclusion Alliance and the UK Inclusive Data Taskforce. So I will hand over to Dr Curry. Thank you very much for coming along to talk to us today.

Gwenetta Curry (GC): Thank you for the introduction and also thanks for having me come and speak today. Alright, so, yes, so the title of the presentation is the Impact of Structural Inequalities on Mortality Rates of Ethnic Minorities during the COVID-19 Pandemic. And the reasons this is a really important topic is because COVID-19 did not create these inequalities. These inequalities existed long before Covid showed up at our doors, and a lot of my work talks about different kind of disparities that existed and how it links to racial inequality. And COVID-19 is pretty much like a case study of like how this operates in society. So I'm going to go over some brief demographics of the UK, look at housing, occupations, health disparities and the impact of COVID-19 and kind of highlight some gaps in data and a brief conclusion.

So when we talk about the demographics of the UK overall population, we're looking at a majority white population, which I believe is 86% white, but we have ethnic minorities increasing in numbers. And Asian, Asian populations make up 7.5%, Black populations 3.3% and Mixed 2.2%. Now what is notable about these groups is that the ethnic minorities, or the ethnic minority population is relatively young compared to the white population. So, the average age of white people across the UK is 41 and the average age for Asian populations are 29 and for Black populations 30. And if you talk about Mixed population, the average age is as young as 18. So there's a, a shift going on in terms of the… there's an increase of ethnic minorities, but there's also this very young population which you would assume to have longer, longer life expectancy, less issues around health inequalities, just because they're younger. But the data shows, there’s still some real issues here, and that's what the data… the presentation today will kind of, highlight.

So when we talk about living conditions, where you live is so important to the amount of resources and the opportunities you have throughout your life. When we talk about the Black, Asian, Minority Ethnic populations, the households have less quality housing, it’s likely, they're more likely to live in overcrowded areas as well as households. And these are some of the highlights when we talk about this… the current COVID-19 pandemic. Living in multigenerational housing increased the risk of passing the virus to family members because you lived with some older populations, and we know that the data shows that age was a huge factor and still is a huge factor in the risk of death to COVID-19. The Race Equality Foundation showed that Bangladeshi households were 63% and Black African households were 75% more likely than white British households to suffer from housing deprivation. And when we talk about housing deprivation, it's not only the quality of houses but also the neighbourhood that they are placed in. So in these areas there is less access to healthy foods and places to exercise.

And I'm originally from the US if you couldn't tell from my accent, and in the US we talk about these health inequalities being closely linked to access to healthcare treatment. While in the UK, as you are aware, we have socialised medicine, so everyone should have access to healthcare and the preventative measures that have been taken to prevent long-term illnesses or chronic illnesses, but the number is very much parallel what we see in the US in terms of health disparities and different inequalities. And the reason this is important is that it really indicates that access is not the only issue here. And when we talk about access, although we have socialised medicine here in the UK, there are longer wait times in deprived areas than the more affluent areas and that has a marked impact on people deciding, "OK, I need to take this day off to go to the doctor. Will I lose my job?" There's different considerations to be made when people decide, "Do I have time to go to the doctor?" right.

There was another… there was an investigation done earlier this summer that indicated that refugees and asylum seekers also had issues with accessing healthcare within the NHS just because of the concern around the legal… their legal status. So although it's not required to show an address or the residence that show that you are a legal residence, when they show up, there has been times where they were asked to show these things. And so these type of practises have led to less interaction with these groups in healthcare. And it comes to the point where they'll have to show up in an, you know, emergency room before they're able to get the care that they could have had if they came into your regular GP office.

Now, home ownership is an important marker because when you talk about home ownership that leads to transferring of intergenerational wealth. So when we talk about intergenerational wealth, it's the wealth of our parents, our great grandparents that is passed down through the generations. When we look at the ONS data from 2015 through 2017, it showed that Black Caribbean populations had some of the lowest rates of home ownership, looking at 37%, compared to 68% of white British homeowners. Right, so they are less likely to be able to pass on the wealth of their, that’s, that's you know, approved through home ownership to their family than their white counterparts.

Occupation, so 28% of African ethnic groups were employed in the health and social work industry, which rose to 41% among African groups between the ages of 50 and 60 years old. So it's very clear that when we talk about healthcare and social care, ethnic minorities are over-represented in these type of occupations and in an era of COVID-19, this became highly significant because they were more likely to be in the front-facing position and vulnerable to the virus, not because of their race, but just because of their occupation being exposed. Historically, minoritised populations have been more likely to experience unemployment than their white counterparts. This data is from 2015, but there's also more current data around during the pandemic, and it showed that 5% of white people versus 13% of Black people and 9% of Asian people were unemployed in the working age category. So we're trying to dig into why are these groups experiencing more unemployment than their white counterparts. And what it… the data shows is that even with the higher levels of educational attainment, they still struggle with unemployment.

Now, the disparities are important because, again, we have to keep in mind that these groups, ethnic minorities across the UK are relatively young, but they still are disproportionately impacted by diseases such as type 2 diabetes, hypertension, as well as obesity. According to the Scottish Diabetes Survey in 2019, type 2 diabetes was more prevalent in South Asian populations and also presented at an earlier age. ONS data showed that 70% of Black adults were considered to be overweight or obese, which is the highest percentage of all ethnic groups. Between 2016 and 2017, of the new cancer diagnoses decreased for all ethnic groups except for Black and Other ethnic groups. In England, Black African, and Black Caribbean ethnic groups had the highest risk of hypertension than general population.

Now, a lot of times when we talk about comorbidities, we look at it in terms of okay, lifestyle, so what are they eating, are they not exercising, are these types of things… are there behaviour things linked to the increased risk of hypertension and type 2 diabetes. Well, in the previous slide, I spoke about the living in deprived areas. So in these deprived areas with lack of resources, lack of access to healthy foods as well as lack of places to exercise, there's a, a huge risk associated with that, so there are definitely links between the higher risk of type 2 diabetes, hypertension, and obesity to where you live and the occupations you work in. So if you are working in a job where you don't have adequate breaks, or you're a worker in shift works, let's say you're working two jobs or three, there are people who are working two or three jobs just to take care of their families, when are you supposed to fit in this magical time to exercise every day? Right? And so those are the things we have to consider when we are, you know, talking… I, I teach medical students, year one and year two, and often I talk to them about the, the other things outside of what’s on the chart. So what are some things in the environment that are causing the patient to struggle with following the best healthiest guidelines? Right?

So the… this is a… this slide kind of just sums up the inequalities across the UK. And we are looking at housing, which we talked about, and education. So when we talk about educational attainment, it's important because we tell kids, "Get your education. You'll be able to get a more sustainable job. You'll be able to get more access to money and wealth." But it shows that Mixed white and Black Caribbean pupils were three times as likely to be permanently excluded than their white British counterparts. So this shows that there can be an interruption in, in education for these groups. And so if you don't have education, you're more likely to, you know, not have access to a stable job, right? And be involved in what they call the gig economy. And so these jobs are not necessarily the dependable income, and so it leaves you at risk for living in deprived areas, as well as lacking the resources you need to live a healthy life. We covered unemployment, again, Black people have the highest unemployment rate across all ethnic groups.

Now, when we talk about policing, I'm from the US as I said, a lot of times when we talk about policing, particularly last summer with the death of George Floyd, the murder of George Floyd, being very publicised. There was a video showing this, and a lot of outrage came out of it and a lot of awareness came out of it with Black Lives Matter. So it became a huge conversation. But it was very easy for people to push it off to, "That's something that happens in the US, and not here." But the data here also shows that Black ethnic groups experience the highest rates of stop and search of all ethnic groups. While the rate of police killings are not nearly as high in the UK as they are in the US, the type of harassment that these populations experience also have a huge impact on their quality of life and their… their quality of life and also their, their health.

Okay, so this diagram really ties it all together. So, when we talk about racial discrimination, a lot of times it's discussed as this inconvenience that happens at one point in your life and you can move past it, it's not you know, it’s not important, ignore it, move on. But it's not that simple, right? There's different forms of, of racism. There can be overt racism, the calling of the N word, different assaults, but there's also covert forms of racism where you deny people access to quality healthcare, or access to home ownership or home loans. There's, there’s evidence showing that ethnic minorities are less likely to be able to buy houses in certain areas than others, even if you do have the economic means. Right? So this diagram shows how racial discrimination links to poor health. And let's follow the top arrow here, racial discrimination leads to denial of goods, one that I talked about was housing, as well as health care services, so it leads to living in poorer conditions, decreased quality or access to healthcare, which has direct links to poor mental health outcomes, increase of anxiety, depression as well as poor outcomes around physical health, cardiovascular disease, decreased birth weights and increase of blood pressure. So the psychological stress that's related to racial discrimination is one that's really important because if we talk about the physiological responses that your body has to stress, so when your body is stressed, it releases a cascading of hormones, cortisol, C-reactive protein, to deal with the threat that you're experiencing. So you have a fight or flight response where when your body feels there's a threat, these hormones increase to help you get away from the threat. But what happens when your body stays in that space for too long? So what we know is that with racial ethnic minorities if they are experiencing racism, microaggressions at work, and their body is stressed at work and then they go home to these deprived areas, they're still stressed, so they never reach back to a level of homeostasis. And what the research shows is that it leads to these poorer health outcomes, the cardiovascular disease, type 2 diabetes and increased risk of… increased risk of, of hypertension.

And Geronimus did a study in the early 2000s and looked at Black women and she created the term called the allostatic load, where you have about 11 different measures, and she took blood pressure, glucose levels, hormone levels and looked at all of these and what she showed is that this particular group of Black women that she studied had a higher level of allostatic load, because the allostatic load is a collection of measures so they had a higher level of allostatic load compared to their white counterparts, which led to a shortening of telomeres. So it actually… they… a lot of people will joke that, you know, ethnic minorities don't always look as old as they are, but their bodies actually are much older than they are if you look at it on that level of experiencing the stress and how it deteriorates your overall health.

Okay, so moving forward we will look at how all of these structural inequalities that I talked about before, how does it link to poor outcomes for COVID-19? So, when the COVID-19 data came out at the beginning of, I… 2020, the data was released and it showed there was an increased risk for those who were of older age as well as men but they didn't include ethnicity data. So as someone that looks at ethnicity and race, I was very shocked that ethnicity data was missing. And so when it finally was released, I did expect to see the disparities that we, we did see eventually. Because of the positionality of these groups within society, the working in front-facing jobs, the living in deprived areas, the experiences of racism, discrimination, it really played out in the front when we talk about COVID-19. So this graph is from ONS data last year, 2020, and it showed that those who lived in deprived areas had the highest rate of mortality from COVID-19. And a lot of people were like, "Why, why is this the case? Right, why is, why would deprivation lead to increased death from Covid?" Well, if we talk about, you know, what we mentioned earlier around the, what are you… what are you missing right when you live in deprived areas in terms of resources, also the type of jobs that you have, you're more like to work in a front-facing job. So the fact that we can go to a grocery store, who is stocking the shelves, who is doing the transportation, all of those things matter. And in deprived areas, you're more likely to have those jobs or not have a job at all. And if you don't, how are you getting resources for your family, but it was very clear that those who live in the least deprived areas that you see, quantile four and five here, had the lowest rates of mortality, right? And that was very clearly linked to the… being able to stay at home, feeling safe in your home, being able to exercise in your gardens. The report that came out showed that Black families had less access to green spaces. So when we talk about the impact of the lockdown on the various groups across the UK, those who didn't have access to green space were disproportionately impacted because they couldn't take that hour to go outside and exercise like other groups, right? You're literally stuck in your home, right? Because you had an hour to exercise outside, but outside that, we were supposed to be inside. But these groups and also the children, were negatively impacted by this because they didn't have access to that resource, right?

I really like this graph, even though it looks busy, but this is also ONS data and it broke down ethnic minorities by occupation, as well as risk of death or actual deaths involving COVID-19. And it showed that taxi and cab drivers, security guards, care workers, home care workers, as well as those who work in the food and drink industry, had an increased risk of death from COVID-19. The social care sector was hugely impacted by Covid, especially during the beginning because they didn't necessarily have the same access to PPE as the regular major hospitals and things. And so, there was a disproportionate number of Black, Asian, minority people working in those sectors as well, so this is something that came out in the data as they were releasing more data, it shows like who was working where and why this was significant. So, again, those who work in food, huge impact.

So there was a report done by UNISON, it was a survey. They found that Black workers were living and working in fear. They were more likely to be infected, they were more fearful… sorry, they were more fearful of being infected and more concerned about PPE access. I've done, I’ve done talks with various groups and they talked about how they were denied access to PPE early on in the pandemic or, or some groups were unsure of which PPE needed to be used in one space versus the other. They were more fearful of onward infection of families, so they didn't want to bring it home to their family. These were concerns that I think everyone had. They were less likely to have sick pay. So if you don't have access to sick pay, you're not going to stay home until you absolutely have to. These are some of the ways that these inequalities can have major impacts on communities. They were more fearful of losing their job. Again, if you don't have furloughs or, you know, you don't have access to furloughs or you don't have paid time off, you're going to continue going to work because you have no other choice, right? Worried about reduced income. And the results of the study actually show that Black and minority populations experienced the highest reduction in work hours during the pandemic.

Clicker. There we go. And so, what we know about the pregnant women in the, in the UK, this… the MBRRACE report... I remember… I first, I first moved to the UK in the summer of 2019 and the MBRRACE report had come out and showed that Black women were five times as likely, and the latest report shows that Black women are four times as likely, to die from a pregnancy-related complication. So going into the pandemic, you know, all eyes were on this as well. And Knight et al reported that, as of the 8th of June last year, ethnic minority women represented 54% of all pregnant women admitted to the hospital, even though they only make up 20% of the pregnant women in the UK. So it's like, what is driving this disparity, the four times as likely to die? I work with a… Dr Jeeva John. She's actually an OBGYN who did a fellowship in Usher. She actually interviewed Black and Asian minority women who were being treated for… either during pregnancy or recently delivered within the Lothians. And these are some of their experiences. Right? This is some of the evidence they showed in terms of experiencing racism and discrimination. This is how they, they dealt with it. This is how they kind of explained it. And so you look at institutional racism, and as I say, this is a quote, "...and when they've asked, and they have refused to stitch it back again, and they just told them to take... keep taking painkillers, because they were in huge pain. And my friend, I have seen she couldn't sit…" So they talk about being in pain and being denied treatment here. Right? So this is, this is, this is something that actually happens not only here but also happens in the US. In the US, Black women have the highest rate of maternal death as well. And again, it’s a lot of times it's linked to access to care, but here, again, we are all supposed to have access, but these are the women talking about their treatment within the NHS.

So personally mediated racism looks like… the participant said, "like if I had a really bad experience with my first one, maybe I would have thought the same and maybe I would have delivered in India or something." Right? So talking about ways that they would have changed things if they had a bad experience. And internalised, it says, "Oh, it's nothing that serious, but at the same time, there was, there was, there was white women who were having the same issue, but being taken more seriously." Right? So these are experiences from the women and they're talking about how they felt like their voice weren't being heard, they felt that they were being treated differently. And, now this study was done earlier this year and the paper actually was just published in the BMJ, and it kind of shows some of the inequalities that participants are… or women are facing in maternal care.

And so the impact on ethnic minorities as a whole in terms of COVID, Public Health England showed that minoritised people were more likely to report their hours being reduced, as I stated, and twice as likely to say they've lost their job. Ethnic minority families also had less access to green spaces, as well as higher rates of food insecurity. So, so far in the presentation I've covered how where you live, where you worked had a huge impact on your risks for Covid. And this kind of showed, these data kind of like demonstrated what are the issues here. And when we talk about, in terms of, of COVID and job loss, if you already had an increased risk of being unemployed, Covid just exacerbated those things. In tops… in terms of food insecurities, again, where you lived had a huge impact on those food insecurities and that was exacerbated by Covid, where you live and where you work. So if your hours were reduced at work, you had more challenges in terms of feeding your family.

So at the moment we are in now, there's a viable vaccine that everyone should be able to take, everybody should be able to have access to, that we know reduces the risk of death from COVID, but the data shows that African communities, this is in Scotland in particular, had a lower average of vaccine uptake at every age group. Right? So there's a lot of work that needs to be done there to kind of reduce this gap. A lot of people don't understand like why are these groups not taking up the vaccine when they know it could be beneficial? Well, there's a history to consider. When we're talking about the differences in medical treatment, as I just, as I just explained in terms of maternity care, there's also a history of mistreatment of ethnic minorities, particularly Black people, when it comes to vaccines. And this is not only to Tuskegee Experiment in the US when they were experimenting on Black men with the syphilis drugs, and they didn't treat them, but also across various parts of Africa, when Pfizer were creating like the meningitis vaccine. This was in the 90s, so this is in the very present memory of a lot of people today. So I don't like the term ‘vaccine hesitant’, but I think that there's a lot of work to be done to gain the trust of these communities for them to partake in the vaccine.

So, in conclusion, I would just like to say that ethnic and racial health disparities require more attention and awareness. I think there's a lot of times we try to explain it away by looking at the impact of poverty, which definitely has an impact, but it's, it’s, it’s, it’s broader than that. Right? So some of the data I showed you today clearly shows there’s issues around racism and discrimination and it has a direct link on vulnerability of these groups to illnesses, as well as COVID-19 death. Racism and discrimination needs to be a central part of future research on health outcomes. Right? So thank you very much for inviting me to speak today and I look forward to answering your questions.

KD: Great. Thank you, Dr Curry. That was a really powerful talk and I, I don't see any questions yet, but what I have been seeing in the chat is just people's kind of, outrage almost at some of the statistics you've been presenting, as it is quite, it’s scary to see that. And I guess, I was, certain things I was reflecting on while listening to you was that you made the comment quite early on about a lot of these things happen in America, and then in the UK, we kind of don't think they happen here, but they clearly do. It’s, maybe there’s be a difference in numbers and what have you, but clearly there’s that, that exists. And I guess, whilst I'm waiting to see if any questions pop up one I was thinking about was, I guess I'm reflecting on back in my medical director hat on back at the start of the, the pandemic. So, in NHS Dumfries and Galloway it's interesting, our population is, is predominantly white, there are, there are ethnic minorities, but they are certainly a small part, but in, in particularly the medical workforce, a lot of our healthcare workforce is a, is a significantly larger number, percentage, compared to population. And I know there was a lot of fear there, I look back on it. And the, the, the bottom line question was about organisational support for ethnic minorities in the early stage… stages of Covid and if you.. if there was anything around that that you knew had been maybe researched into yet?

GC: I know that during the pandemic, there was a, what was it… a risk assessment. A lot of people were pushing for risk assessment because that way people could you know, do, fill out the risk assessment and better they could talk about the… their risk of attracting a, or having a severe reaction to Covid. So I know that effort was put in place. And I talked to a number of groups and some people felt that, you know, they didn't quite understand why these groups were vulnerable to Covid. And I was very clear that it's not because they are Black or Asian or minority. It's a lot of reasons associated with the different inequalities in, in society. It's not due to your race. And that was a lot of the things we tried to drive home because some people try to say, "Oh, this is genetic, this is genetic." There was a paper that came out not too long ago arguing about this, this magical gene that was making certain groups more vulnerable than other. But what we know about the human genome as a whole, there's very little differences between groups. And so it's definitely not a genetic reason why these groups are more vulnerable to others. It's not, "Oh, I'm Black, I cannot work in a Covid ward." It's not that. What the data shows that Black and ethnic minority healthcare workers had a, had longer, they spent longer times in Covid wards than their, their white counterparts. Right? So that’s, over-exposure is what caused the vulnerability, not just because they were from an ethnic background.

KD: Okay, that's very helpful. Thank you. So Dr Curry, what does research suggest that we can do to affect societal political change?

GC: I think that the research clearly points to the need to address systemic issues. Right? I think sometimes we focus on the individual actors that have done this bad thing or this individual person who has treated someone poorly, but it's the system itself that has to change. It has to be adjusted. It has to consider there's various groups within society, and understanding better that there's different challenges that everyone face. And, and be open minded to [inaudible] standpoint. I think that there's a lot of efforts been put in to increase cultural awareness and cultural competencies, and I think those things are positive. I think that we have to be very comfortable talking about issues of racism and discrimination. I think that sometimes we shy away from the uncomfortable topics because if you talk about it, you become the problem or if you talk about it, people assume that that's the issue and never should it be the person experiencing the, the racism or discrimination... If they bring it up, they shouldn't be considered the problem. Right? We have to understand the sources of these things and understand the structures, the structures that are in place that prevent certain groups from having equal access. Right? One of the really clear ones through… that came out through the investigation for the refugees and asylum seekers was that how are they supposed to access care if when they try to register with a GP, they are not comfortable coming forward due to risk of being deported or questions about legal status. Like, we have to, we have to address those issues. Right? And I think I always talk about our health being interconnected. We cannot ignore any group within our society and expect to be healthy. Right? And what COVID-19 has shown us is that across the board, illnesses does not discriminate. Illnesses are something that anyone can experience. And if you ignore one group, it leaves yourself vulnerable. Right? So if you ignore the, the people who are, you know, let's say our, our front-facing workers that don't get paid an adequate wage, if you ignore them, how are you operating, how are you maintaining a healthy status? The people that are driving you around, the, the bus drivers, right? The people that are keeping your food stocked in, you know, the grocery stores... We must kind of change our mindset and make sure that we, we value everyone equally because everyone has a role to play in our society and understand that everyone's health is important.

KD: Great, thank you, Gwenetta. What one thing could we do to help improve the vaccine take-up?

GC: We have to, you know, build communities, like, you have to connect with communities. Some of the things that I've been involved with, we're actually having meetings with different communities and answering their questions. Because a lot of people that are considered as vaccine hesitant, they just have questions. Right? They have questions, they want to know how will this vaccine, you know, impact me? Will I have to stay home from work? Some of them have negative experience through the Covid… through the flu vaccine where they feel like they've taken the flu vaccine and then they had to miss work for a week. Will I have the same thing through Covid? Right? So these are the questions that they have, what are the effects, what are the long-term effects? These are the questions that people have and they're very reasonable questions. Some people are concerned because they felt like the vaccine was made too quickly. How do we know that we're not going to have infertility? That was something that really came up, some concerns that people had. But all the research shows that that's not true. Right? So I think you have to take the time to sit with communities and talk to them and really answer their questions and understand that you care. And I think that a lot of the times, communities have been neglected for years and then you show up on their doorsteps and say, "Hey, we want to save your life. Take this vaccine." They're like, "Wait a minute. We've been lacking resources for over a decade, saying that we need… we have these concerns, or we need more access to green spaces, or you know, better housing and no one cared. So why do you care now?" So there's a real question around this need now to, to care about their lives when they haven't been priorities before. So, I think to increase vaccine uptake, you have to improve community trust with the healthcare system.

KD: Okay, thank you for that. No other clear questions, but there was one comment about pulse oximetry. That I…that's something that has caught my eye recently, how we need to re-calibrate. Any update or anything about that you could tell us?

GC: I know the Race Observatory, they're really looking into this right now because it shows that you wouldn't get accurate readings for, you know, ethnic minorities due to the like pigmentation and skin and stuff. So I think there is some work being done on that now and I think that'll be important. So we just have to wait and see what actually comes of it. But these type of equipment issues have been around for a while as well as the difference in treatment, the different myths around Black people being able to take more pain, and you know, there’s people say, "Oh, I can't see their, their veins, so how can I give them an IV?", and just denying treatment from that standpoint. I know that the… there are different measures that people have been taught in terms of different drugs that work better in groups versus the other groups. And I think we just have to follow the science on it. There's a lot of work being done, but I think that overall, I, I'll let the technical people handle the adjustments that need to be made in the… with the medical equipment. But…yeah.

KD: Okay. No, appreciate there's a technicality to it. Is there, is there any evidence of a reluctance in accessing post-bereavement support because of discrimination within health services, and is this true of third-sector agencies too?

GC: I'm not sure of the evidence behind, behind, you know, lacking engagement in the post-… you know, bereavement treatment, but I know there are different cultural practices that some people feel are not, you know, understood in some of these treatment facilities. So I think that a cultural awareness of how various, you know, cultures deal with death are going to be important. Yeah, that’s…

KD: Okay. Thanks very much. So I'm not seeing any more questions coming up at the moment. I'm going to, I’m going to bring the session to an end, Dr Curry. It has been really really interesting. And I think it opened a lot of our eyes and it's clear a lot of work needs to happen in this area and society in general. But thank you for all you're doing around this. And thank you for a really interesting presentation. I think somebody was asking about contact details. I don't know if we can maybe share them at some point?

GC: Yes, you can share my contact. Yes, you can share those: gcurry- 'G' as in girl, Curry C-U-R-R-Y @ed.ac.uk. And I, I'm also on Twitter, @afropuffz with a 'Z'.

KD: Great. Okay, well thank you very much, Dr Curry, that was fantastic. Thank you for your talk.

The film was produced in November 2021 and can be found at [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk/) or [https://vimeo.com/686756263](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvimeo.com%2F686756263&data=05%7C02%7Cbecky.mccoo%40nhs.scot%7C49698989345248bb8a9b08dc70f654a1%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638509450481309468%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=pPGAOapo6tZlMtjNISt4eiNzoLkVj3j%2Fo26TUC2qoLs%3D&reserved=0)

For more information visit [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk/) or contact [SupportAroundDeath@nes.scot.nhs.uk](mailto:SupportAroundDeath@nes.scot.nhs.uk)

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