

CONCEPT
EXPLAINER



WHAT IS

Racism as a determinant of health

swipe



Racism is widely

acknowledged and evidenced as a fundamental driver of health inequalities, influencing susceptibility to illness, the quality of healthcare received, and access to essential resources among racialised minority groups.



Racism can be

experienced in many ways, from verbal abuse to physical violence, to implicit (unconscious) biases and microaggressions.

Experiencing racism causes ongoing stress and fear, which can directly lead to poorer health outcomes for racialised minority groups.



It also affects

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the care people receive.

Amongst some health professionals, implicit bias can lead them to make unfair or incorrect assumptions about individuals' pain level, intelligence level, or ability to comply with medical advice. These assumptions can result in unequal treatment, poorer health outcomes and health disparities among some racialised minority groups.



During the pandemic

racialised minority groups were hit harder by COVID-19, with higher rates of infection, hospitalisation, and death. This wasn't because of biology, but because of structural factors. Many more people from minority backgrounds lived in crowded housing or worked in public-facing, unstable jobs which left them less protected from the virus.



The pandemic made

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it clear that racism is not separate to health, but sits at its core, shaping risks, resilience, and outcomes. Health inequalities endured by racialised minority groups are rooted in unfair systems that affect many parts of life, like housing, jobs, education, and opportunities to move up in society.



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