

<b>Institution: University of Warwick</b>
<b>Unit of Assessment: 30 History</b>
<b>Title of case study: Ethnicity, Health and Medicine in Postcolonial Britain: The Value of History in Improving the Delivery of Ethnically Appropriate Health Research, Services and Policy (IDEA)</b>
<p><b>1. Summary of the impact</b> (indicative maximum 100 words)</p> <p>Bivins' research on the ramifications of post-war immigration on UK medical research and healthcare delivery provides clinical researchers and research-users with historical evidence of the impacts and outcomes of health interventions among migrant and BME communities (Black and minority ethnic; over 11% of the population according to the 2011 census). As convenor of the IDEA Collaboration, Bivins facilitated cross-sector interactions and evidence sharing between academic researchers and stakeholders, leading to new and alternative models of best practice for translating research into evidence-based action. Furthermore, her work informed policy discussions surrounding the 2012 Health and Social Care Bill as well as professional debates and understanding of public health and race equality, through her advisory role with the Afiya Trust.</p>
<p><b>2. Underpinning research</b> (indicative maximum 500 words)</p> <p>Dr Roberta Bivins' (2008-present) ground-breaking research explores the impact of post-war, non-white immigration on UK medical research and healthcare delivery practices from the perspectives of medical practitioners and researchers, politicians, civil servants, policymakers and target communities. Scrutinising diseases specifically associated with immigrant and ethnic communities, including tuberculosis, smallpox, sickle cell anaemia, thalassaemia and rickets, it reveals the effects on healthcare and health policy of perceived cultural and biological differences between racialised immigrant and ethnic populations and the host community since World War II.</p> <p>Bivins' research demonstrates the ways in which British medical research and health policy, shaped and reflected political and public responses to the dissolution of the British Empire, and helped to constitute a new relationship between Britain and the Commonwealth. In so doing, she has offered an important new perspective on the complex relationships between immigration, national identity and the NHS in the post-war period, an area previously neglected by scholars. Bivins' attention to the mutually constitutive effects of new populations and new biomedical research patterns has re-orientated historical perspectives on ethnicity, health and medicine in postcolonial Britain. This research has simultaneously tracked the practical and symbolic roles played by the NHS in an emerging national identity that was neither globally imperial nor rooted entirely in a vision of 'Little Britain'. Viewed by a proud and grateful nation as a beacon of modernity and an emblem of intrinsically British egalitarianism, the NHS was also seen as dangerously alluring to the sickly, feckless or underdeveloped poor of Britain's former tropical colonies. As former imperial subjects flooded into post-war Britain in the late 1950s and early 1960s, concerns over their access to the NHS fed perceptions of the newcomers as a threat both to the public health and to the hard-earned benefits of the Welfare State. In the 1970s and 1980s, a new discourse of 'race relations' drove a shift from policies of assimilation to policies of integration. (Bivins, 2013). Nonetheless, the NHS and health education remained (at least in the eyes of the central state) a crucial tool for encouraging Britain's internal 'others' to adopt the norms of British life—even when those norms were, like the high-sodium and high-cholesterol British diet, criticised medically for their negative health impacts.</p> <p>The research was further developed in Bivins' article on the treatment of tropical bodies in post-war Britain (2012), offering a new approach for exploring the relationship between biomedicine and its subjects through a postcolonial lens. Archival sources and interviews demonstrated that Britain's post-war biomedical elites found, in the distinctive epidemiology of some ethnic populations, a resource for maintaining the nation's international reputation for scientific and medical innovation. Bivins argued that apparently marginal post-colonising populations were thus at the heart of elite biomedicine, and that assumptions rooted in distinctly colonial spaces shaped national nutrition policy in post-metropolitan Britain. Her analysis of this 'post-colonial medicine' has already been incorporated into community and user discussions (for instance, at the 2012 NHS Midlands and East Black and Minority Ethnic Women's Health and Wellbeing Conference).</p>

### 3. References to the research (indicative maximum of six references)

Bivins, R., 'Ideology and Disease Identity: The Politics of Rickets, 1929-1982', *Medical Humanities*, 39.2 (2013), (peer-reviewed, online article). [REF2]

Bivins, R., 'Coming "Home" to (post)Colonial Medicine: Treating. Tropical Bodies in Post-War Britain', *Social History of Medicine*, 26:1 (2012), 1-20 (peer-reviewed). [REF2]

Bivins, R., 'Hybrid Vigour: Genes, Genomics and History', *Genomics, Society and Policy*, 4:1 (2008), 12-22 (peer-reviewed).

Bivins, R., "'The people have no more love for the Commonwealth": Migration, the Media and the 1961-2 UK Smallpox Outbreak', *Immigrants and Minorities*, 25:3 (2008), 263-289 (peer-reviewed). [REF2]

Bivins, R., "'The English Disease" or "Asian Rickets": Medical Responses to Post-Colonial Immigration', *Bulletin of the History of Medicine*, 81:3 (Autumn 2007), 533-568 (peer-reviewed).

Bivins, R., 'Organisation, Ethnicity and the British National Health Service' (with Helen Valier) in Jenny Stanton (ed.), *Innovations in Health and Medicine* (London: Routledge, 2002), 37-64 (peer reviewed; international academic publisher).

#### Research Awards:

Wellcome Trust University Award, 'Contagious Communities, Model Minorities: Immigration, Ethnicity and Medicine' (01.01.04-31.12.09), £162,265.

Warwick Institute of Advanced Study Incubation Award, 'Making Ethnic Health Count: Building an Interdisciplinary Network to Develop Trans-disciplinary Research Questions and Parameters in Health and Ethnicity Research', 2010, £3,000.

### 4. Details of the impact (indicative maximum 750 words)

Bivins' research on the impact of ethnicity on healthcare research and delivery strategies has fed directly into policy discussions and professional debates about patient-centred healthcare, ethnic health outcomes and race equality. The IDEA (Improving the Delivery of Ethnically Appropriate Research, Services and Policy) network, convened by Bivins, operates as a platform for knowledge exchange and evidence sharing between academics, clinical researchers and research-users in the third sector, the media, and health service provision. Through invited keynote speeches and her role as an advisor to the Afiya Trust, Bivins' has provided policymakers, politicians, charitable organisations, health campaigners and practitioners with crucial historical evidence to strengthen their calls for an inclusive healthcare system that meets the service needs of people from ethnic minorities.

Established in 2011, IDEA is a trans-disciplinary, cross-sector collaboration dedicated to improving and promoting high quality research on ethnicity and health, and making it widely accessible to research users. Operating as a platform for knowledge exchange, IDEA hosted a series of three workshops for researchers and practitioners (2011) and a one-day symposium (10.05.13), which brought together key clinically-based and academic researchers, medical practitioners, charitable organisations (e.g. Diabetes UK Cymru and the British Heart Foundation) and NHS Trust representatives. These events generated new and alternative models of best practice for ensuring the inclusivity of medical research, for instance by inserting a requirement that researchers demonstrate due attention to questions of minority inclusion at key pinch-points in the research cycle (e.g. funding application, practice audit, publication and community feedback). Delegates at the one-day symposium commented that IDEA offered access to a 'whole new world which has ... enormous potential for translational research', and reported plans to incorporate IDEA findings into reviews of the Royal College of General Practitioners' licensing examination and clinical trials design and recruitment. Importantly, these events enabled knowledge exchange and the brokerage of new relationships between researchers and research users, providing a 'safe' space to discuss ethnicity and health without politicising their complex relationship-an opportunity especially valued by members of public bodies, including the General Medical Council. Participants, especially those working in a clinical or medical setting, emphasised the benefit of having a space that 'allows ideas to be raised in a non-judgmental way'. In post-symposium feedback, the manager of Christie NHS Trust Trials Co-Ordination Unit described the IDEA Network and Bivins' research as influential in 'confirming race as an issue which cannot be ignored and stressing that equity of access should be driving policy'. Participants agreed on the need to align research and healthcare system priorities

with commissioners and policymakers to increase the likelihood of seeing research in practice, alongside increased BME patient involvement in research design and clinical trials. More specifically, a research scientist based at the Kaiser Permanente Division of Research acknowledged and stressed the importance of 'researchers and healthcare systems working together to design and conduct research that has the ability to improve care and ameliorate disparities'. Workshop and symposium discussions are freely available as webinars on the network's website, extending access to IDEA's collective resources to medical practitioners, health professionals, Third Sector organisations and the wider public. Online engagement has increased the scope of the audiences who are aware of and are informed by the work of IDEA, with the website receiving 27,880 total page views from the UK and overseas, since it was launched in March 2011, including 14,223 views of the Symposium presentation videos (available since July 2013).

Bivins' research findings have further informed policy discussions about healthcare strategy in government departments and Third Sector organisations. She addressed MPs, peers, private health providers, research funding bodies and representatives from NHS Trusts, health charities and local councils at two Industry and Parliament Trust round table discussions (07.12.11; 05.03.12). Detailing lessons learned (and unlearned) from previous government health interventions with BME communities, she illustrated the complexity of ensuring equal access to health care across the UK's ethnically diverse population even on the apparently level playing field of the NHS. The first of these events was held to inform discussions during the 2011 Health and Social Care Bill's committee stages, while the second addressed the challenges of implementation after its enactment in 2012. Bivins' historical research supplied evidence for understanding healthcare outcomes in BME communities over a sustained period, highlighting the importance—and challenges—of engaging patients and communities directly affected by health inequalities. In particular, by demonstrating the negligible or negative impacts of some past health interventions, she demonstrated the importance of moving beyond the externally perceived needs of under-served groups to address their internally felt needs. The saliency of such historical analyses was recognised in the development of the Bill, specifically discussion of Amendment 306 which sought to make HealthWatch England an independent body (15.12.11). In the debate, a member of the House of Lords called for the Minister to ensure 'that we learn the lessons of history and do not repeat the mistakes of the past when it comes to patient involvement. As we know, there is a huge evidence base about the benefits of patient involvement in health outcomes ... While successive Governments have been committed to patient and public involvement, the history of it has not been a happy one ... but let us look at why the previous attempts to do so have not been successful ... I remind the Committee that those who do not learn from history are doomed to repeat it.'

In addition to her work with IDEA, Bivins is an advisor to the Afiya Trust, a charitable organisation supporting national and local networks promoting BME health and social care issues. In June 2011, she was invited to participate in the Trust's policy 'Round Table on Public Health and Race Equality'. Drawing directly on archival evidence relating to DHSS policy in the 1970s and 1980s, Bivins provided Afiya with increased understanding and new perspectives on conceptualising 'race' and racism, as well as health inequalities and communities' access to healthcare. This fed in to the development of Afiya's response strategy to the government's public health white paper, *Healthy Lives, Healthy People* (30.11.10) and the start of a process of collaborative working across sectors. Afiya's former Chief Executive described Bivins' input as 'very helpful in the development of a vision and approach to working with academics and policy makers to shape a race equality perspective in tackling health inequalities'. Together with Afiya's new Director, Bivins is currently developing the 'Heritages of Health' initiative, a community-led intergenerational project exploring the contributions of Britain's BME communities to the NHS and biomedical research as a way of engaging young people with science and medicine.

The currency of Bivins' research and recognition of her expertise is also evidenced by media interest in her work. Based on research on the impact of 'Asian rickets' on British medicine and government policy, Bivins discussed the re-emergence of rickets in British children on 'Woman's Hour' (BBC Radio 4, 24.11.10, average weekly audience 3.3 million). She was a historical advisor for the second series of the Rondo Media/BBC Wales series 'The Indian Doctor', set at the time of

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the smallpox outbreak in 1962 (BBC 1, March 2012, average audience 1.87 million). Bivins was an academic consultant for the BBC 2 documentary 'Smallpox in Wales: The Forgotten Killer', which referenced her work on the outbreak and debates over the Commonwealth Immigrants Act of 1961-62. Bivins' media contributions have extended the reach of the impact to wider public audiences at a national level and increased public understanding of the role of ethnicity and immigration in health outcomes.

### 5. Sources to corroborate the impact (indicative maximum of 10 references)

IDEA Network Collaboration Workshop Series, 2011:

Participant list, PowerPoint presentations and videos for each workshop: 'Ethnicity, Health and Clinical Trials' (12.03.11); 'Diabetes and Ethnicity' (16.04.12); 'Obesity, Ethnicity and Health' (04.06.11)

([http://www2.warwick.ac.uk/fac/arts/history/chm/research\\_teaching/research/idea/workshops/](http://www2.warwick.ac.uk/fac/arts/history/chm/research_teaching/research/idea/workshops/))

IDEA Network collaboration 'From Research to Action' Symposium, 10.05.13:

Presentation videos

([http://www2.warwick.ac.uk/fac/arts/history/chm/research\\_teaching/research/idea/ideasymposium2013/videos](http://www2.warwick.ac.uk/fac/arts/history/chm/research_teaching/research/idea/ideasymposium2013/videos))

Independent statements to corroborate impacts claimed in the case study:

Former Chief Executive, Afiya Trust

Manager, Christie NHS Trust Clinical Trials Co-ordination Unit

Research Scientist, Kaiser Permanente Division of Research

Afiya Trust Round Table on Public Health and Race Equality, 28.06.11: meeting notes.

IPT Policy Events:

Government, Business and Patient-Centred Healthcare, 'Can we achieve a democratic, patient-centred healthcare system?', 07.12.11, Houses of Parliament [PDF report available]

Access for all to Healthcare?, 'Reflections on ethnicity and healthcare in the UK', 21.03.12, Houses of Parliament [cached webpage available].

Report published by the Industry and Parliament Trust and the University of Warwick on the Policy Event Meeting 'Access for all to Healthcare', [PDF available].

Health and Social Care Bill Committee: House of Lords Debate, 15.12.11

(<http://www.publications.parliament.uk/pa/ld201011/ldhansrd/text/111215-0002.htm#11121598001416>).

Media:

BBC Radio 4 'Woman's Hour': 'The Rise of Rickets', aired 24.11.10:

<http://www.bbc.co.uk/programmes/b00w208c> (average weekly audience 3.3 million).

BBC 1 series 2, 'The Indian Doctor', broadcast during March 2012:

<http://www.bbc.co.uk/programmes/b01cz639> (average weekly audience 1.87 million); and email correspondence from producers.

BBC 2 documentary 'Smallpox in Wales: The Forgotten Killer', broadcast 21.3.12:

<http://www.bbc.co.uk/programmes/b01cqt8y>; and email correspondence from producers.