

Widespread racism in the UK's health and social care sector is a significant threat to public health [Abstract only]

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range of policies and management interventions implemented to improve HCW capacity to address the COVID-19 pandemic response.

Methods: LSR of studies, technical and political documents published in PubMed, Embase, Scopus, LILACS/BVS, WHO COVID-19 Research Database, ILO, OECD and the Health System Response Monitor from 2020 to March 2022. Data were collected and organized according to interim guidelines from WHO. For risk of bias the JBI Critical Appraisal Tools were used, and GRADE to assess the certainty of the evidence on the outcomes identified.

Results: A total of 69 documents were included, but only 14 publications offered outcomes for policy and management interventions implemented by countries. 66.7% of the documents described at least one intervention to increase the flexibility and capacity of the HCW. Most interventions were to attract and retain HCW in a safe and decent working environment (58% of the documents described at least one intervention). Interventions related to licensing and regulation were implemented to increase the HCW pool, such as making training received abroad more easily recognized and to regulation of practice within the respective countries.

Conclusions: Many of the systemwide health workforce enablers were viewed as intervention facilitators, and little was explored on how they were (re)structured and adapted to allow for the agility of implementation. The SR identified a lack of studies, particularly in the areas of social protection service provision, planning and evaluation, and human resources information systems, and no information was found regarding the role of community health workers and other community-based providers. The impact and effectiveness of strategies require further research.

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Public health roles and responsibilities 2022-2030: a job task analysis

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The public health workforce is ever evolving. As the work of the public health workforce changes, so must the skills, abilities and knowledge needed to address current challenges facing our nation's health. How can we measure the changes that have taken place and even more importantly, how can we anticipate what the workforce should look like to meet future challenges? The National Board of public health examiners conducts a Job Task Analysis at least once a decade. A Job Task Analysis is a highly-structured survey process that determines the most common tasks being performed by members of a professional field. Sequential job task analysis allow for a profession to measure changes in workforce responsibilities over time. The NBPHE has conducted two recent job task analysis, one in 2016 and another in 2022. The NBPHE is proposing a session to provide an overview of the roles and responsibilities currently performed by public health professionals. The 2022 results will be compared to the 2016 study, allowing participants to discern changes over the past decade. The 2022 JTA survey yielded responses from over 5,000 public health professionals. To increase the regional scope of responses, the 2022 JTA survey was made available in six languages (English, Mandarin, Hindi, French, Spanish and Arabic). This is the first-of-its-kind study using the JTA Methodology to at the global public health workforce at this level of detail. A special emphasis of the presentation will be made on the impact of COVID-19 and how the pandemic impacted the work of the public health profession. The audience will be invited to provide input into whether these changes to the roles and responsibilities are temporary or if they have permanently changed the nature of public health as a profession.

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Interprofessional collaborations to improve the implementation of prenatal oral health care in primary health care

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The interdisciplinarity of prenatal oral health care represents a strategy for an integral during pregnancy, valuing the interprofessional context and the collective view of health, in accordance to the guidelines of the Brazilian Unified Health System. The objective of this study was, through an integrative review, to map and analyze the scientific literature on the occurrence of interprofessional collaborations for the feasibility of prenatal oral health care in Primary Health Care. As a method, a systematic search of primary articles was carried out in the databases: BVS, BVS Dentistry, Scielo, Pubmed, Scopus, Periódicos Capes, Web

of Science and MEDLINE Complete (EBSCO)³ using the Decs/Mesh related to "Attention Primary Health", "pregnant women" and "prenatal dental care", without time restriction. The eligibility criteria of the studies were the Brazilian scientific productions referred to dental care in prenatal care, which included primary health care professionals and / or pregnant women who attended prenatal care in the primary health care. As a results, 20 articles were included, systematized into three categories, showing barriers, potentialities, and recommendations for the feasibility of the prenatal oral health care in primary health care. In conclusion, interdisciplinary collaborative dialogues were perceived as deficient /absent among prenatal professionals, managers and pregnant women. This gap makes it difficult to exchange knowledge, strengthen bonds, deconstruct fears, reducing the adherence to the prenatal oral health care by pregnant women. Strategies to implement this interprofessional collaborative work are necessary, such as: well-articulated communication and guiding flows between professionals, shared agendas for the care of pregnant women, spaces for interdisciplinary health education and permanent education in the team.

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Widespread racism in the UK's health and social care sector is a significant threat to public health

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The recent Lancet's Global Review says, "racism is a "profound" and "insidious" driver of health inequalities worldwide and poses a public health threat to millions of people". The review confirms the findings of our study, where hundreds of ethnic minority participants working in frontline health and social care roles shared shocking stories of racism at work. Racism impacts ethnic minorities and migrant staff working in NHS at all levels. We aimed to explore and understand the stories and experiences of healthcare staff from ethnic minority background during the pandemic and previously in their working lives. We conducted a questionnaire survey and qualitative interviews with nurses, midwives and other healthcare staff. Three hundred-eight respondents completed an online survey, and 45 people participated in the narrative interviews. Our findings report that racism is prevalent in the health and social care sector and is usually unreported. In the case of reporting to authorities, 77.3% of respondents who complained about racism said they were not treated fairly. Incidents of racism were not individual and isolated; it was a culture that permeated daily practice. Our survey findings revealed 59% of the survey respondents had experienced racism during their working lives, making it difficult to do their job; thus, 36% had left a job. Most participants reported that racial discrimination had impacted their physical and mental health and their patients' care. Our research underscores that the endemic culture of racism is a pertinent threat to public health in the UK; thus, it must be recognised and called out. There is a need to raise awareness and undertake interventions that recognise and address racial discrimination and stigma, institutional racism and structural racism as distinct driving forces of inequalities and inequity in the social determinants of health.

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In the eye of the storm: Hospital leaders' resilience during the COVID-19 pandemic

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Background and Objective: Hospitals make a significant contribution to public health and are part of the critical infrastructure. Unfortunately, hospitals are facing tremendous challenges such as general pressures of cost reduction, the need for high-quality care, and effective management of human resources. Amplified by the COVID-19 pandemic it is obvious that hospitals and especially their leaders must be more resilient than ever to cope with this stressful work climate. Recognizing the crucial role of the leader in overcoming organizational crises, few studies focus on how leaders cope with work-related stress during crisis. This study provides deeper knowledge of leaders' behavior and strategies for dealing with stress. We point to the importance of leaders' coping mechanisms when it comes to organizational resilience, whereby we consider resilience from the perspective of the conservation of resources theory, since two different types of resilience (acceptance and strategic resilience) arise from this theory. Methods: Qualitative interviews were made with leaders from different university hospitals in Austria