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The Global Society on Migration,
Ethnicity, Race and Health

www.gsmerh.org

The Global Society on Migration, Ethnicity, Race and Health

Newsletter 3, December 2021

Dear Member,

Welcome to our third newsletter. Our aim is to provide you with information about new publications, reports and events that will help you keep up-to-date, expand your knowledge and sharpen your understanding.

You may remember that when you joined the Society, membership was free until the end of December 2021. In January, you will receive a request to pay a small annual subscription according to the country you live in and at a reduced rate for students. Paying the subscription will enable you to continue to receive our newsletters and emails. As a member, you will also be able to participate fully in the Society's activities. Our ability to develop the Global Society will depend a lot on our members' subscriptions and your involvement. We thus very much hope you will continue with us.

And, if you like what the Global Society is doing, please encourage your colleagues and friends to join. We will be able to do much more if we can build a large world-wide membership.

Join our membership today



Remember to visit our [website](#) which is regularly updated. Please send any comments or suggestions to GSMERH@in-conference.org.uk.

COVID-19

The Global Society's fourth webinar- *Beyond the COVID-19 Syndemic: Lessons Learned for Migrant and Ethnic Minority Health* - was held on November 10 as a pre-conference to the European Public Health Conference.

Ten expert speakers focused on three themes:

- 1. The need for data and research.**
- 2. Successful approaches and interventions.**
- 3. The emerging long-term consequences of the pandemic.**

You can find a summary [here](#). The full programme and the speakers' presentations are on our [website](#).

[Reducing the impact of the coronavirus on disadvantaged migrants and ethnic minorities.](#)

Written by Prof Bernadette Kumar and several other members of the Society and colleagues, this useful overview article was published by the EJPH as part of a themed issue on COVID-19.

[Caring for refugees and newcomers in the post- COVID-19 era.](#)

This article in the Canadian Family Physician concludes: "The COVID-19 pandemic is amplifying structural inequities. Refugees and newcomers require and deserve effective health care and support during this challenging time." It outlines practical approaches and advocacy priorities for providing care in the COVID-19 context.

Prof Charles Agyemang, one of the Society's founding Trustees, and his colleagues have recently published two COVID-related Open Access papers.

[Ethnic minority status as a social determinant for COVID-19 infection, hospitalisation, severity, ICU admission and deaths in the early phase of the pandemic: a meta-analysis](#)

The paper concludes: "The risk of SARS-CoV-2 diagnosis was higher in most ethnic minorities, but once hospitalised, no clear inequalities exist in COVID-19 outcomes except for the high risk of death in ethnic minorities in Brazil."

[Contextual factors that shape uptake of COVID-19 preventive measures by persons of Ghanaian and Eritrean origin in the Netherlands: A focus group study.](#)

This qualitative study with 25 participants found "Migration-related, sociocultural, and socioeconomic factors shape uptake of COVID-19 preventive measures amongst persons of Ghanaian and Eritrean origin in The Netherlands." They make a number of practical recommendations aimed at addressing this.

MHADRI (*The Migration Health and Development Research Initiative*) has recently refreshed its [website](#). It includes a searchable Repository of Research Publications on COVID-19 and Migration Health.

Life expectancy and causes of death

The UK is a world leader in using national data linkage to compare the health status of different ethnic groups. Following pioneering work by [SHELS](#) (the Scottish Health and Ethnicity Linkage Study), the UK Office for National Statistics has recently published two major reports:

1. [Ethnic differences in life expectancy and mortality from selected causes in England and Wales: 2011 to 2014](#).
2. [Mortality from leading causes of death by ethnic group, England and Wales: 2012 to 2019](#)

These confirm the Scottish findings but in a much larger population (over 50 million) with a higher proportion of ethnic minorities. Most of the larger ethnic minorities in the UK had longer life expectancies and lower age-adjusted all-cause mortality rates than the majority White population. When specific causes of death were analysed, the picture was complex. For example, the White ethnic group were more likely to die of cancer than their Black or Asian counterparts, while for both sexes, ischaemic heart disease mortality was highest in the Bangladeshi, Pakistani and Indian groups.

Type 2 Diabetes

[Type 2 diabetes burden among migrants in Europe: unravelling the causal pathways](#)

This is the authors' main recommendation. *"Given the multi-ethnic nature of the current European population, there is a clear need for investment in research among migrant populations to gain insight into factors driving the high burden of type 2 diabetes and related complications to facilitate prevention and treatment efforts in Europe."*

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