# BHIVA Equality, Equity, Diversity and Inclusion Session

Dr Tristan Barber, Royal Free London NHS Foundation Trust, UK
Dr Rageshri Dhairyawan, Barts Health NHS Trust, UK
Dr Melvina Woode Owusu, Purple Pen Research and Evaluation Consulting, UK

# Conflict of Interest

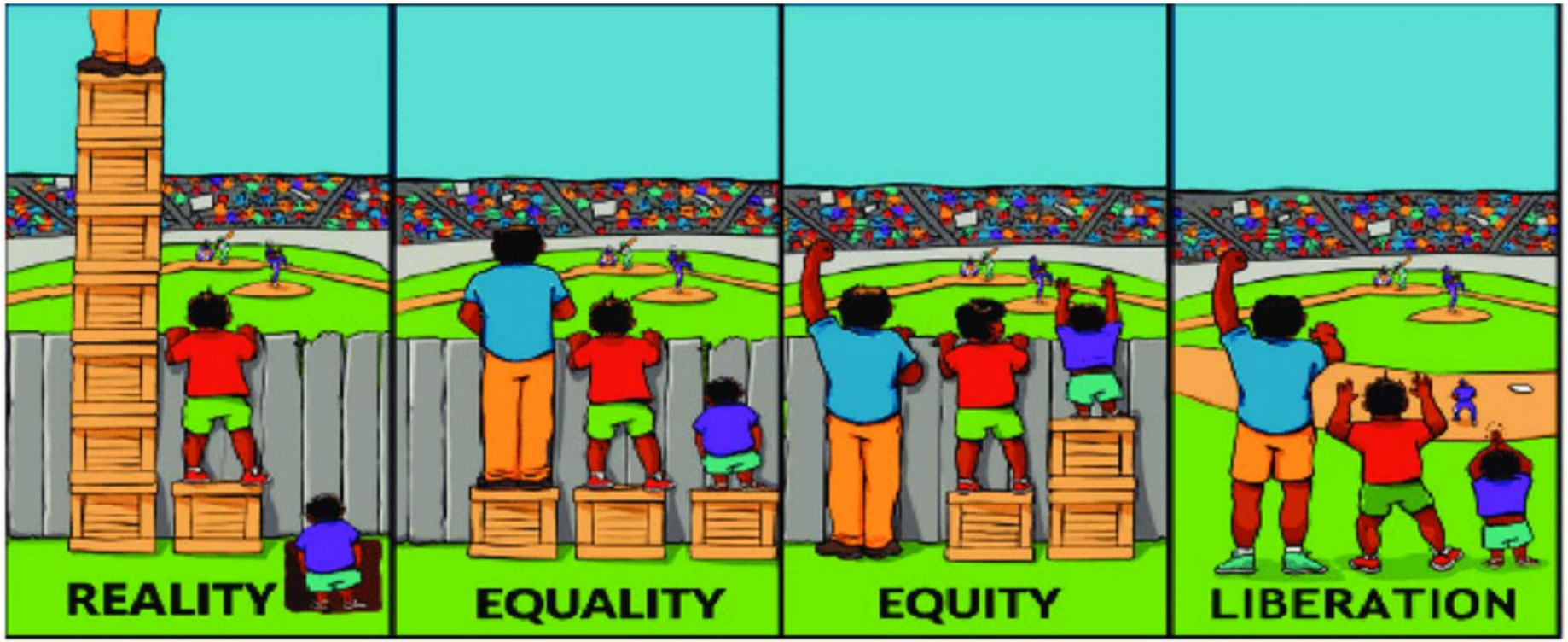
In relation to this presentation, the speakers have no conflicts of interest to declare.

# Introduction to Equality, Equity, Diversity and Inclusion (EEDI) work

# A note on terminology

- **Equality** of opportunity is about creating a level playing field on which everyone is treated fairly, purely on the basis of their relevant abilities and needs.
  - Backed up by the Equality Act 2010, which makes it unlawful to treat anyone less favourably on the basis of protected characteristics.
- **Diversity** is about recognising, valuing and respecting all forms of differences in individuals.
- **Inclusion** is about how we can embrace and harness these differences in order to create cohesive communities and effective workplaces.

# Equality Vs Equity




The difference between the terms equality, equity, and liberation, illustrated; © Interaction Institute for Social Change | Artist: Angus Maguire

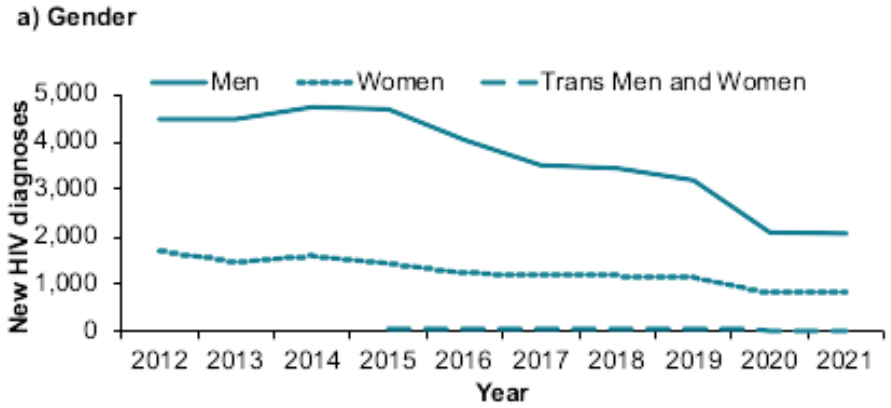
# About BHIVA

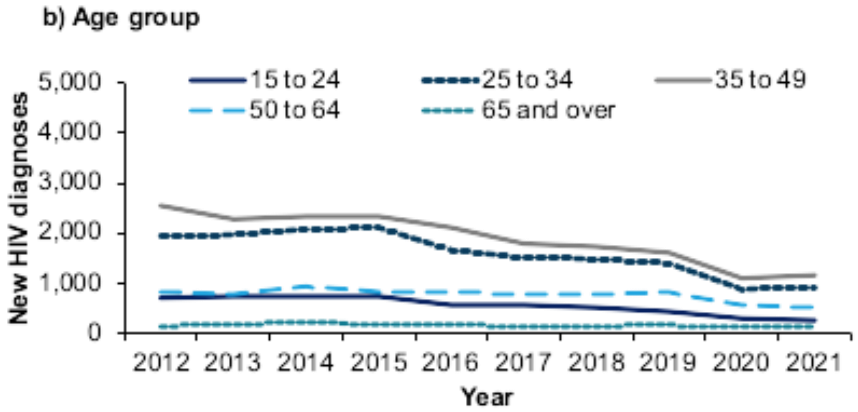
*"BHIVA is the leading UK association representing professionals in HIV care. Since 1995, we have been committed to providing excellent care for people living with and affected by HIV. BHIVA is a national advisory body on all aspects of HIV care and we provide a national platform for HIV care issues. Our representatives contribute to international, national and local committees dealing with HIV care. In addition, we promote undergraduate, postgraduate and continuing medical education within HIV care."*

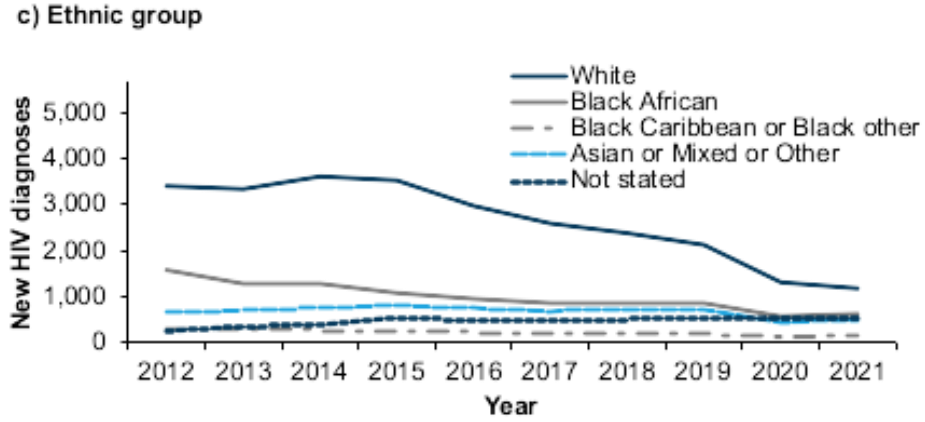
https://www.bhiva.org/AboutBHIVA

# Our context: People living with HIV in the UK

## New HIV diagnoses in the UK (all people) by demographics: 2012 to 2021




5 HIV in the United Kingdom: 2022 Slide Set (version 1.1, published 4 October 2022)

People with known HIV in the UK

- Diverse in time since diagnosis
- Diverse in demographics
- Diverse in lived experiences
- We see disparities in HIV clinical outcomes within the UK

# Our context: The HIV workforce

- We are a diverse workforce
- In comparison to other medical specialties we have a high proportion of people from racially minoritised backgrounds, women, LGBTQ+ people

- This is a strength!

Image from Vecteezy.com

# Our context: 2020 onwards

theguardian

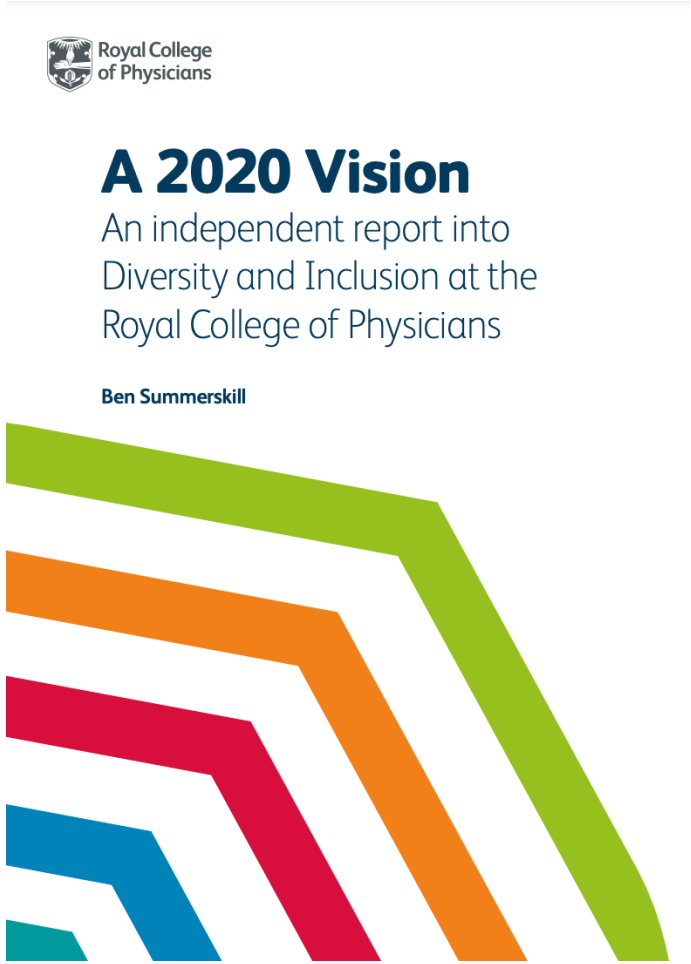
## Black people four times more likely to die from Covid-19, ONS finds

**Official figures show that wide disparity not just due to health and economic differences**


*"We are in the same storm, but not in the same boat."*

Damien Barr, 2020

# Our context: Wider medical environment





# Review approach

**Equality, Equity, Diversity, and Inclusion (EEDI) Review Advisory Group**


- Acknowledging the breadth of BHIVA's stakeholder community
- Transparency
- Inclusivity
- Highlighted key areas for exploration
- Facilitated the review

# Review aims

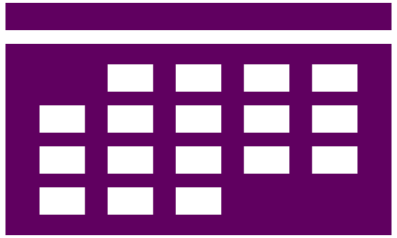
1. Explore **socio-demographic characteristics; identities and lived experiences** of BHIVA's broad stakeholder community, including members

2. Explore the extent to which BHIVA is **representative of professionals working in HIV medicine and/or people living with HIV in the UK**

3. Explore the extent to which the **perception of an inclusive culture** is shared among BHIVA members, people living with HIV and other BHIVA stakeholders

4. Inform BHIVA's **organisational development and sustainability plans**.

# Review methods



March 2022 - February 2023

**Secondary data review**

- Document assessment
- No baseline data on socio-demographics found

**Primary data collection**

- BHIVA stakeholder survey
- BHIVA sub-committee, working group and panel survey
- Interviews

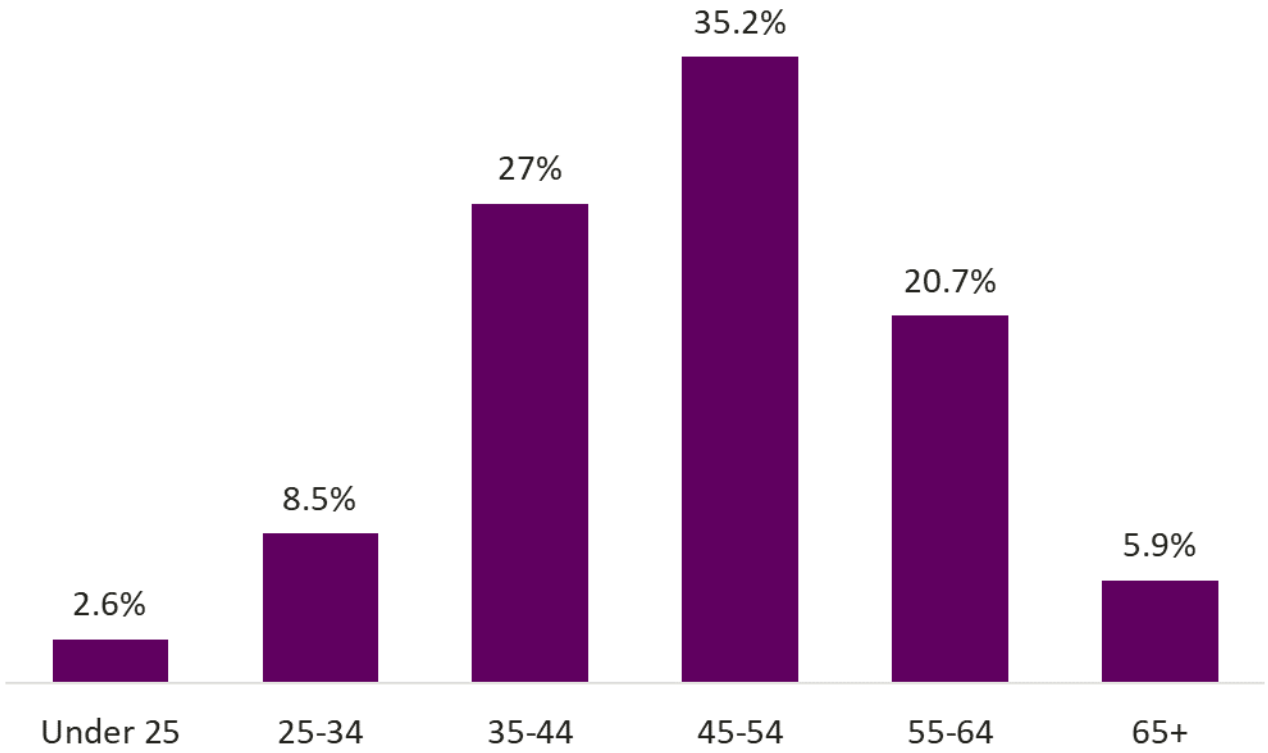
**Data analysis**

- Descriptive and statistical analyses and thematic analyses

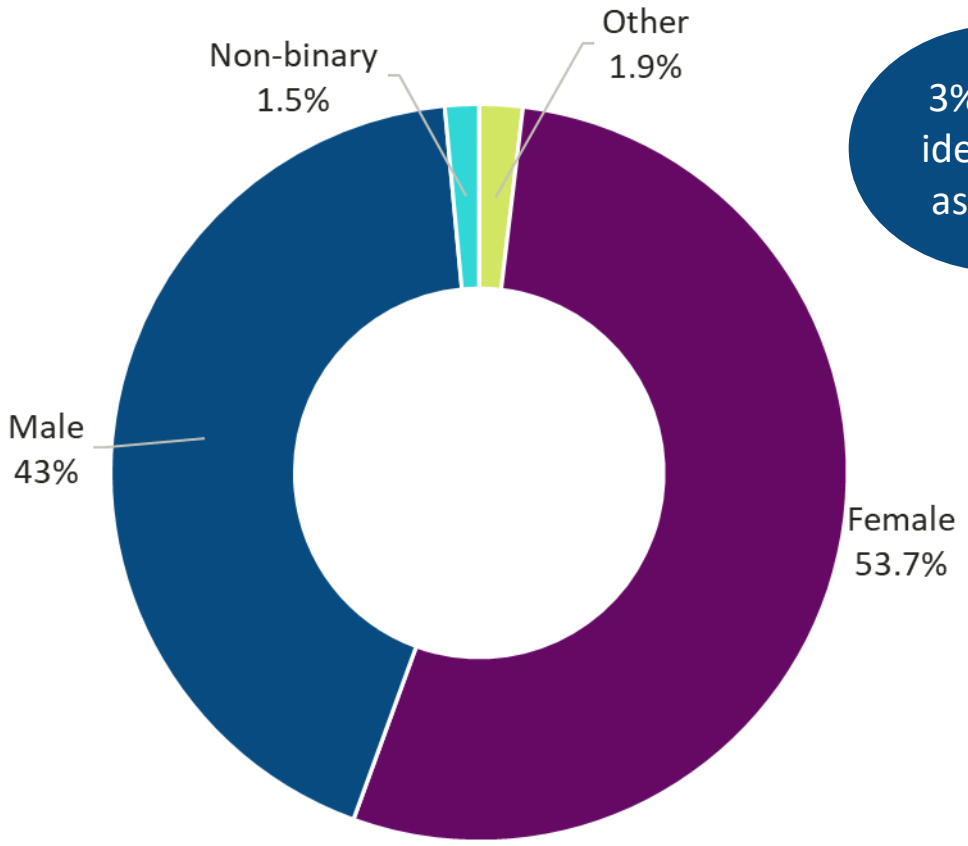
**VOICES CAPTURED**

- 280 survey responses (60% were BHIVA members)
- 35 (out of 98) sub-committee, working group, panel members
- 15 semi-structured interviews

# BHIVA's stakeholders - age and gender



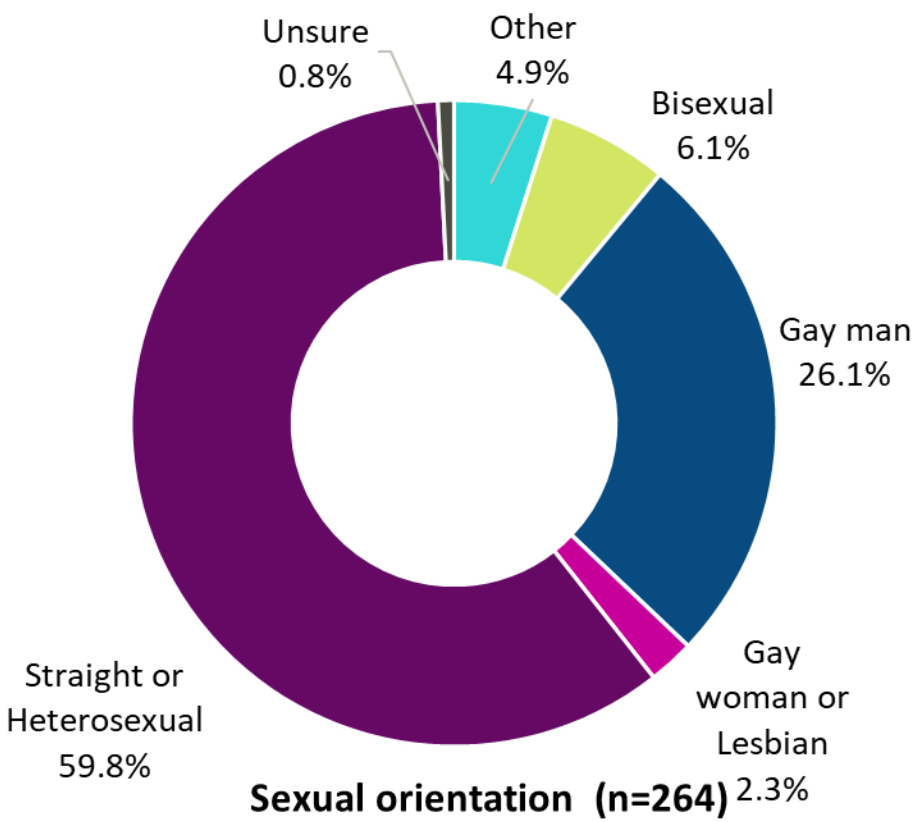

**Age (n=280)**

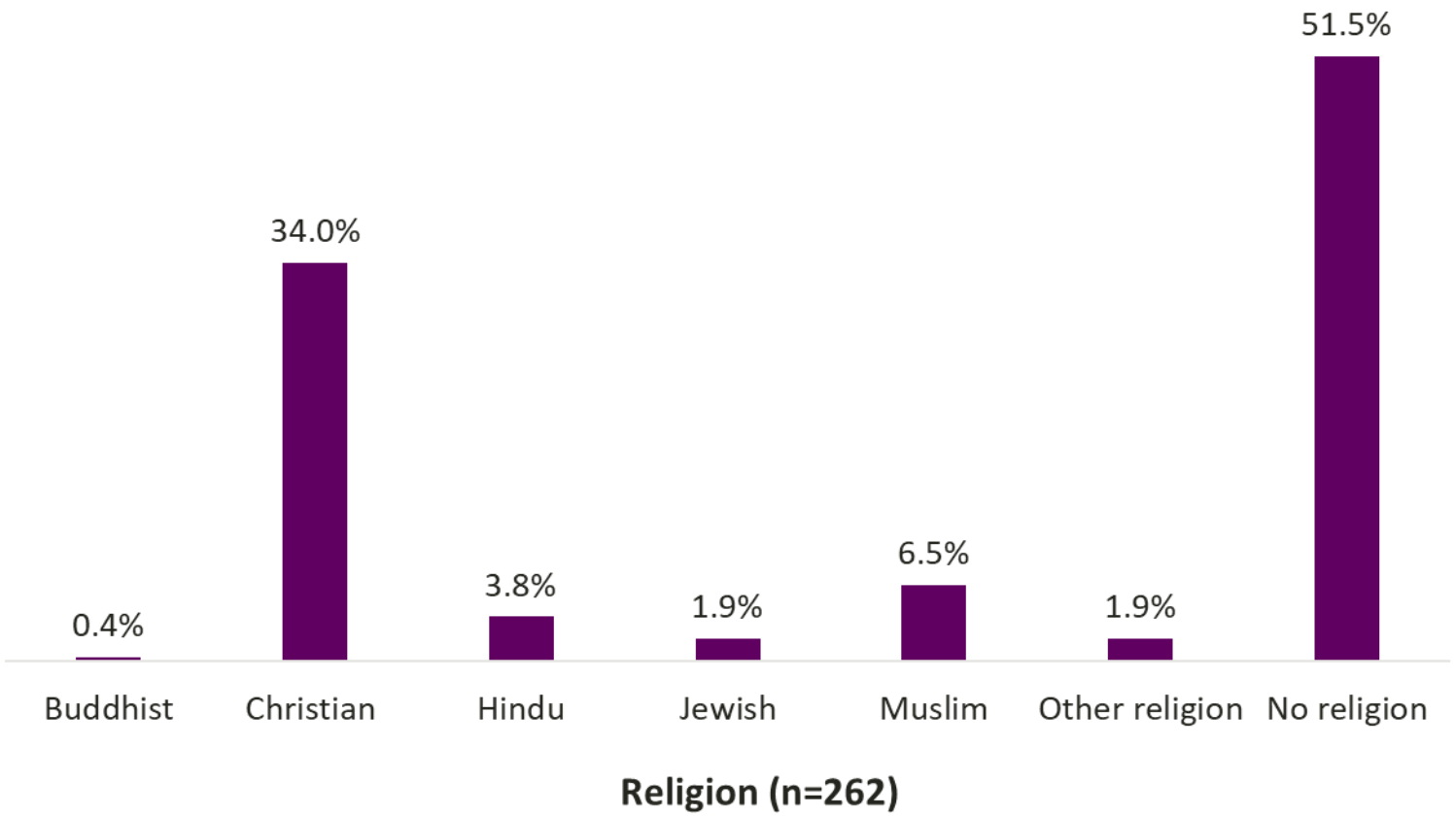



**Gender (n=270)**

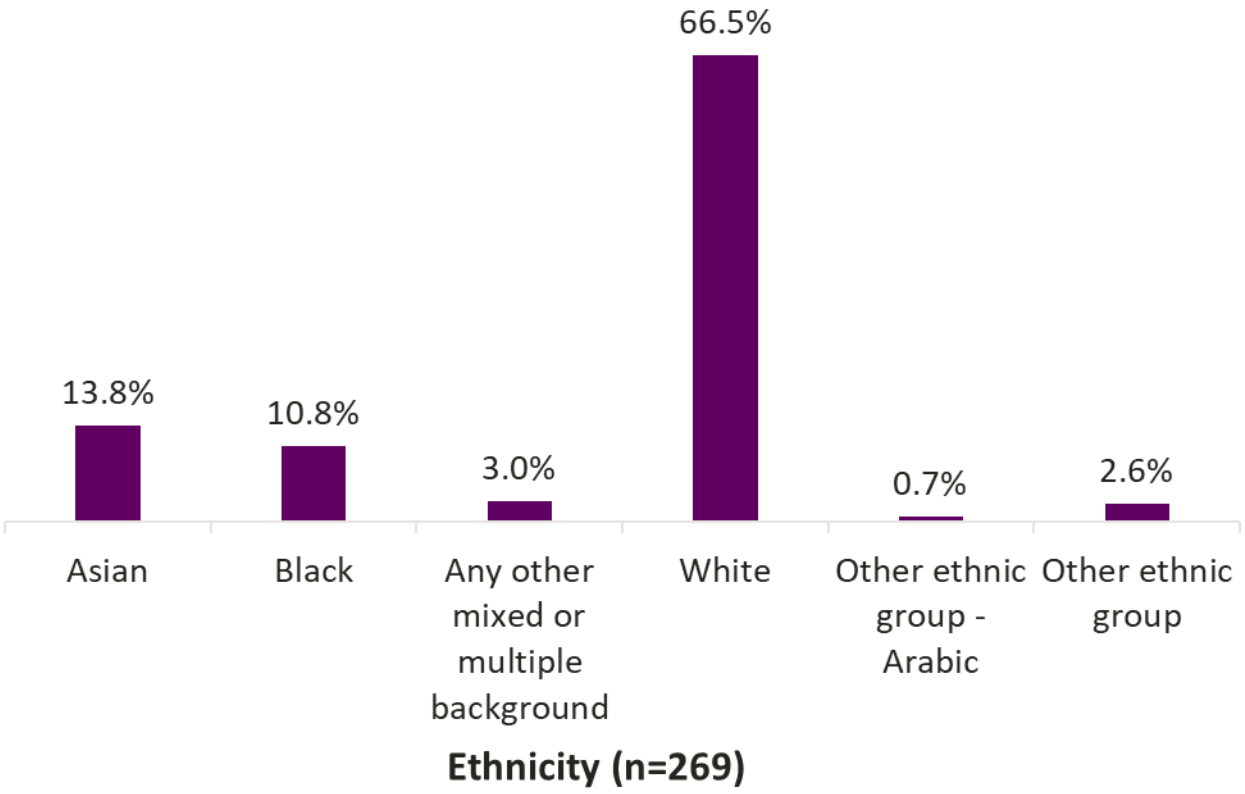
3% (n=7) identified as trans.

# BHIVA's stakeholders - sexual orientation and religion



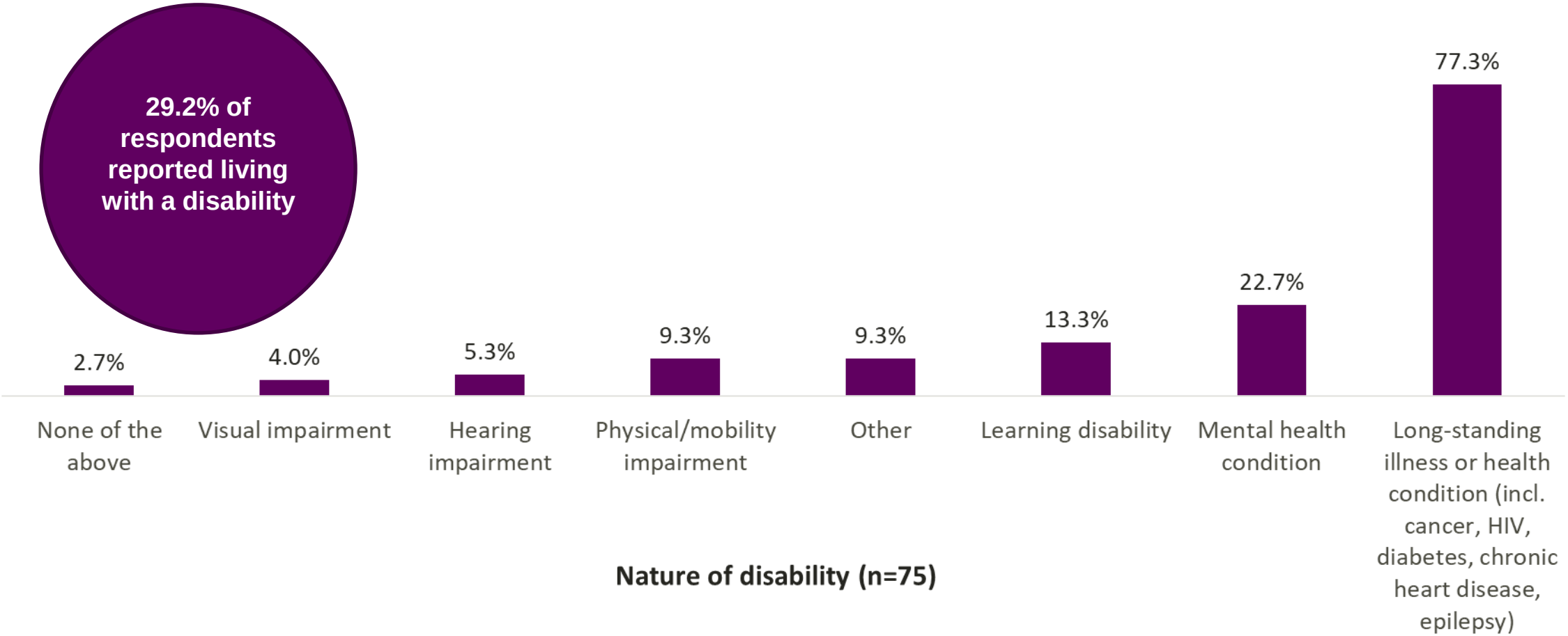



# BHIVA's stakeholders - ethnicity



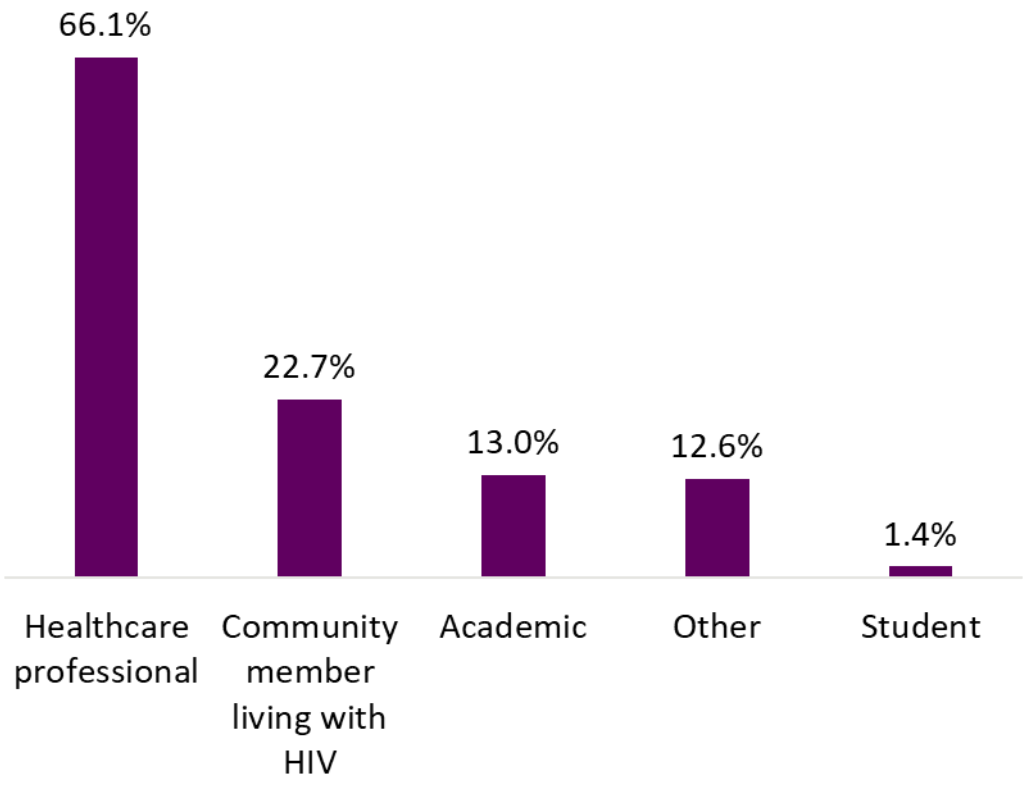

| | |
|---|---|
| Asian/Asian British - Indian | 8.2% |
| Asian/Asian British - Pakistani | 1.5% |
| Any other Asian background | 4.1% |
| Black African | 8.6% |
| Black Caribbean | 0.7% |
| Any other Black, Black British or Caribbean background | 1.5% |
| Mixed White and Black Caribbean | 1.1% |
| Mixed White and Black African | 0.4% |
| Mixed White and Asian | 1.1% |
| Any other mixed or multiple background | 3.0% |
| White English/Welsh/Scottish/N Irish/ British | 52.4% |
| White Irish | 3.3% |
| Any other White background | 10.8% |
| Other ethnic group - Arabic | 0.7% |
| Other ethnic group | 2.6% |
| **Total** | **100.0%** |

# BHIVA's stakeholders – disability status and nature of disability

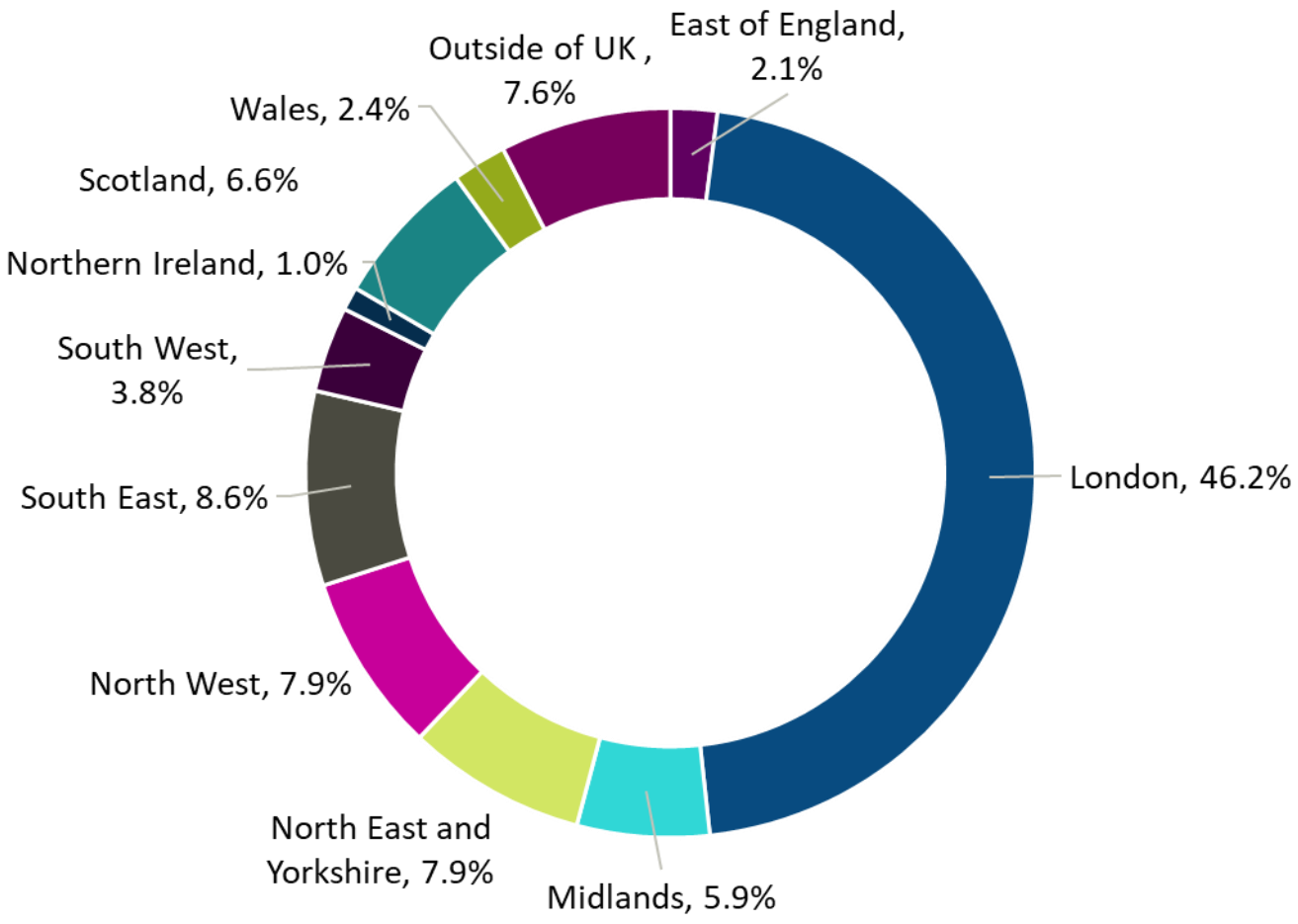



Respondents could select more than one answer.
Percentages therefore do not add to 100.

# BHIVA's stakeholders – main role & location of work

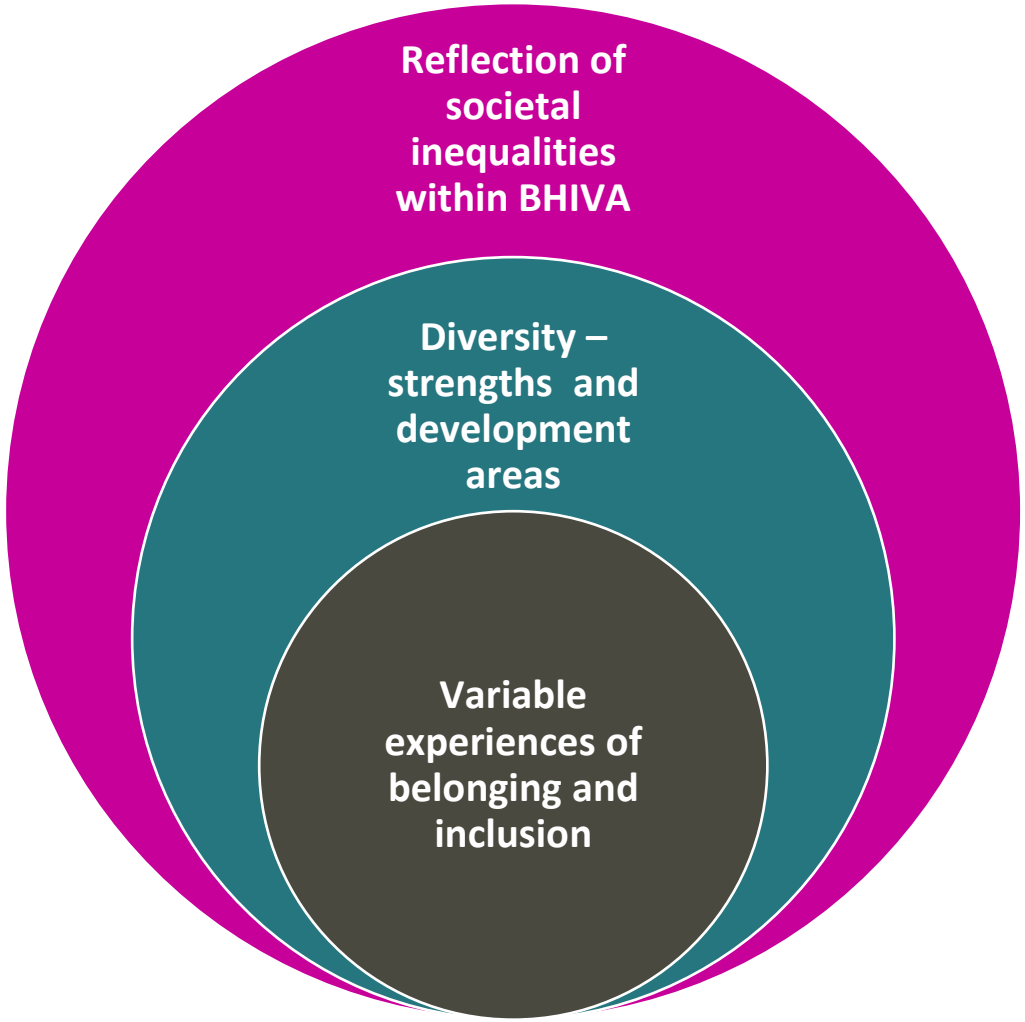



**Main role (n=277)**




**Main location(s) of work (n=278)**

# Key themes emerging



# Societal inequalities reflected within BHIVA

- Societal inequalities predate BHIVA
- Some of the causes and solutions to a lack of diversity may be bigger and broader than BHIVA
- Similar findings concerning challenges of progression are reported elsewhere:
  - 2022 report from the British Medical Association, Delivering racial equality in medicine
  - 2020 report published by the Royal College of Physicians

- HIV medicine – considered to be more diverse and liberal than other areas of medicine
- BHIVA seen as well-placed to lead others in improving diversity, especially in senior roles

# Signs of change within BHIVA

Examples of improvements observed by BHIVA stakeholders in recent years

"Compared to most NHS-related organisations I think BHIVA is doing pretty well, despite mostly having a "White British face" during the past 20 years."

"One thing I would say is that not being the only person from a specific ethnic group helps to feel that the inclusion is meaningful, rather than if you're the only person from a specific group."

"One thing that I think has been really successful was an easy thing to do, was to get trainees to co-chair sessions at the conference"

"I think it's hugely improved in recent years when it did feel very London-centric and rather austere."

"Sometimes feels a bit London centric but I see efforts beginning to be more inclusive of out of London areas."

# Lack of diversity (i)

Some groups that reported feeling represented (and demographic data supported this) amongst BHIVA's leadership were:

- ✓ cis women
- ✓ gay and bisexual men who have sex with men
- ✓ people from Asian ethnic groups
- ✓ people living with a recognised disability, including but not exclusively HIV

**Groups identified as either feeling/being less represented were:**

- people of non-white ethnicities (excl. Asian ethnicities)
- clinicians practicing outside of London and England
- non-senior clinicians/healthcare professionals in visible BHIVA roles (including Officer, Executive Committee and sub-committee Chair roles).

# Lack of diversity (ii)

**Perceptions among stakeholders concerning lack of diversity and why this may be problematic for BHIVA**

"I think it is good to reflect the diversity across the UK and obviously there are some common themes in the UK but there are some different challenges in <.> whether it's around rural populations or the challenges reaching minority ethnic communities in an area like <>, you know, where the demographics are quite different as well, or we've got very specific issues around drug use as well, just a very different set up around services so I think it's important to kind of reflect the whole National picture."

"…Focus on all groups regardless of sexuality and gender and religion and race, and not just LGBTQI as there is a big focus on them which is warranted and understandable but huge issues of stigma in heterosexual community."

"BHIVA needs to commit to representing all aspects of diversity within the organisation, especially at Exec/Officer level. These include geographical representation, whilst remembering most HIV is in London, and abilities for role sharing, especially for those who work less than full time."

**Risk of blind spots and lack of representation**

- Low attendance, low priority
- Single voice is insufficient

**Perceived deprioritisation of specific issues relevant to:**

- Black communities
- Women who identify as gay, lesbian, bisexual and/or who otherwise engage in sex with other women
- Healthcare workers outside of London

# Lack of diversity (iii)

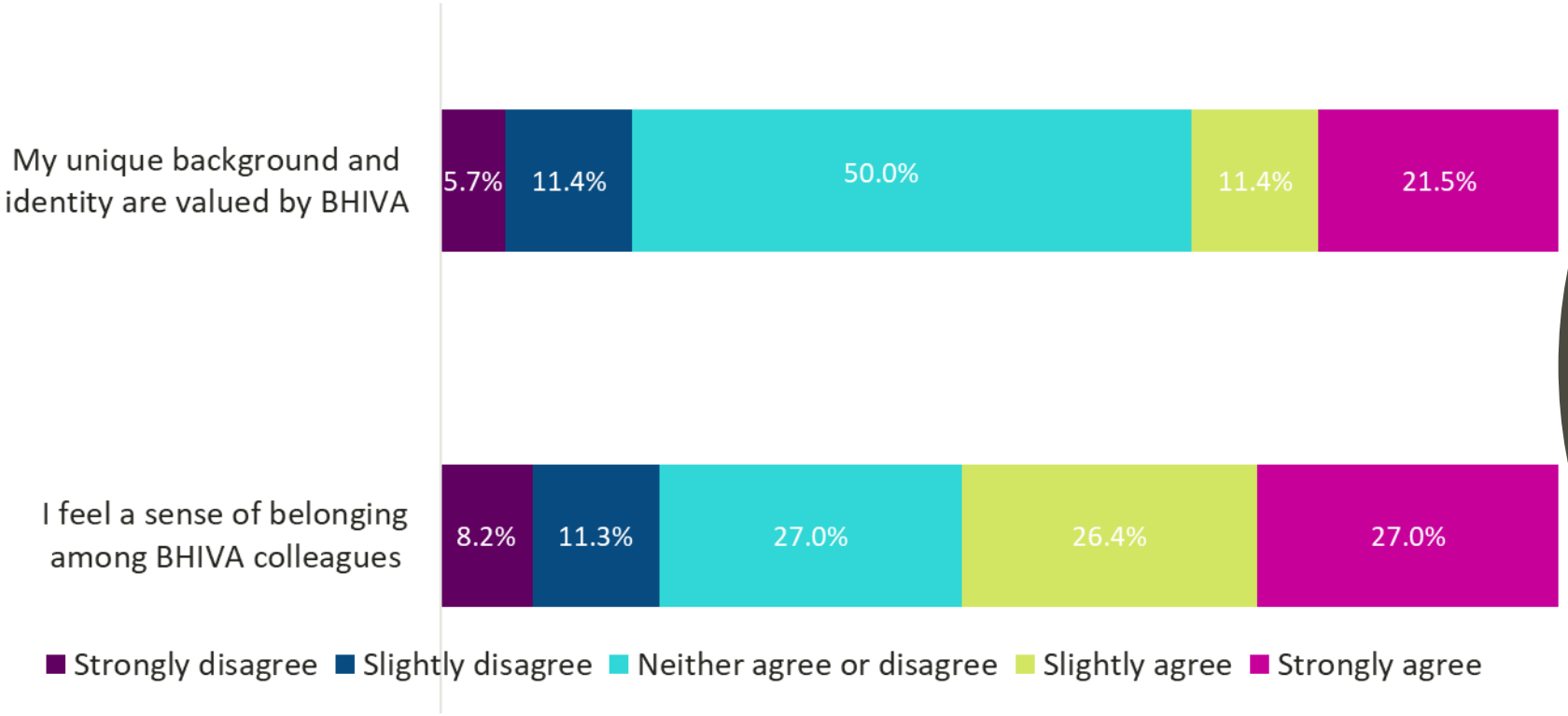
"I didn't think it was for me... I thought everyone [in BHIVA] was much more senior with lots of knowledge and I didn't feel like one of those people."

It's [BHIVA] very HIV consultant heavy so it doesn't always necessarily feel like that's a place for junior or early career staff there …"

"There's something about representation, seeing someone up there like me. There were no brown women on the [X sub-committee] when I joined, the only women of colour were me and the patient rep[resentative] and I don't think that is changing at all, like, I feel like representation is not getting better from that point of view."

- **Social and professional exclusivity**
  - Notion of being 'outside of' BHIVA structures was widely shared
  - For some – perceived exclusivity was a barrier to engagement
  - For others – perceived exclusivity reinforced a desire to engage (development prospects)
- **The self-fulfilling prophesy of representation**
  - One cannot be what one cannot see
  - Lack of role models for some groups

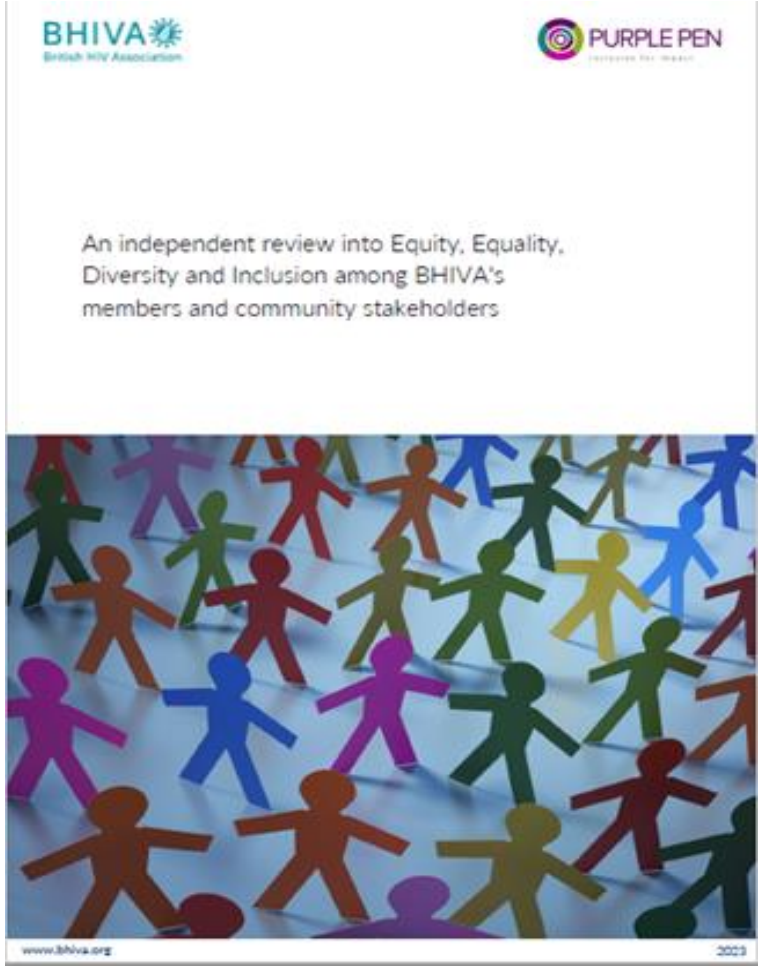
# Variable experiences of belonging and inclusion




**Perceived value by and belonging among BHIVA colleagues (n=158 to 159 )**

- Historical perception of BHIVA as a “professional” , “elitist” and “exclusive” organisation is both a barrier to and facilitator of engagement
- The breadth of BHIVA’s reach can make it challenging for different groups to feel a sense of belonging and value, depending on the setting

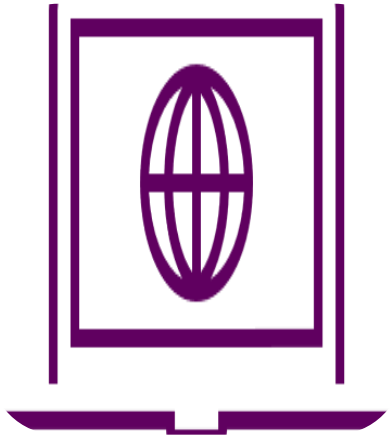
# Recommendations



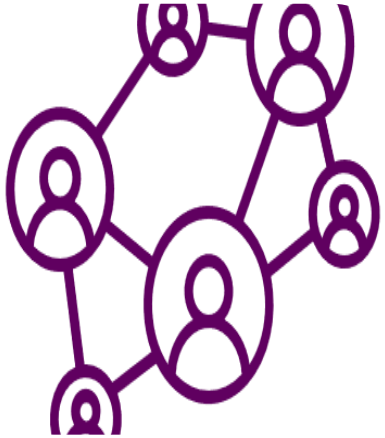

12 organisational recommendations to provide a pathway for **BHIVA to develop a more diverse and inclusive approach**, which can:

- foster greater diversity of engagement, membership, and leadership with and within BHIVA
- facilitate more equitable access to opportunities, and
- address disparities in the experiences of belonging and inclusion and support organisational growth and success.

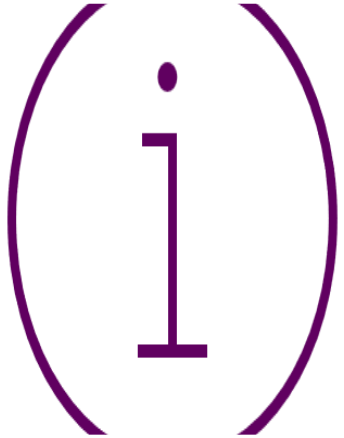
# Suggested actions for members and stakeholders



visit the BHIVA website

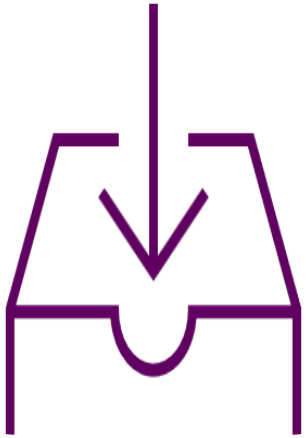


follow and engage with BHIVA on Twitter and Facebook



reach out to existing BHIVA members and leaders for more information

attend BHIVA events



apply for roles when they are advertised

# Next steps

- **Set up an EEDI Action Group**
  - Invite expressions of interest from BHIVA members
  - Invite ‘critical friends’ with experience in EEDI related issues
  - Work with CHIVA to involve younger HIV community members

- **Introduce 'Unsung heroes' initiative**

- **Introduce 'Demystifying' BHIVA initiative**
  - Update BHIVA member profiles on the BHIVA website

- **Create/update a communications plan**
  - Address the needs and preferences of different BHIVA member groups e.g. trainees
  - Develop BHIVA's social media presence

# Discussion

Reflections

Questions



Suggestions

# Acknowledgements

With thanks to the support and input provided by all members of BHIVA's Equity, Equality, Diversity and Inclusion Review Advisory Group and all those that took part in any aspect of the review. This included promoting the review survey and interview calls, completing the surveys, enquiring about the review and taking part in individual interviews with the reviewers.

This review was supported by BHIVA Officers at the time of conducting the review including Dr Laura Waters, Prof Yvonne Gilleece, Prof Caroline Sabin, Dr Iain Reeves and Dr Tristan Barber, plus BHIVA member Dr Rageshri Dhairyawan and Medivents Ltd, BHIVA Secretariat, especially Jacqueline English.

This review was made possible by funding from the National Institute for Health and Care Research Health Protection Research Unit (NIHR HPRU) in Blood Borne and Sexually Transmitted Infections (BBSTI).

# Close – BHIVA Chair, Prof. Yvonne Gilleece

# Sub-committee demographics

**Age**: No respondents were under 35 years of age. Nearly half (44%, n=15) were aged 35-44, 27% (n=9) were 45-54 and 29% (n=17) were 55+.

**Gender**: 57% (n=20) of respondents identified as female, 43% (n=15) as male. None identified as non-binary or with any other gender.

**Sexual orientation**: 76% (n=25) reported being straight or heterosexual. 21% (n=7) identified as gay men, and 3% (n=1) as bisexual. No respondents identified as gay women/lesbians, preferred to self-describe or reported that they were unsure.

**Ethnicity**: 82% (n=28) were of a white ethnic group. 9% (n=3) Asian, 3% (n=1) Black, 3% (n=1) mixed ethnicity and 3% (n=1) an other ethnicity.

**Religion**: 42% (n=14) of respondents reported that they have no religion; 52% (n=17) were Christian. A very small proportion were either Muslim (3%, n=1) or Jewish (3%, n=1). No other religions were represented.

**Disability or long-standing health condition**: 26% (n=9) of respondents reporting living with a disability, which included living with HIV.

**Trans identity**: No sub-committee members reported that they identified as trans.

# Interviewee demographics

15 people took part in an interview, each representing diverse and intersectional socio-demographic characteristics:

**Age**: Ages ranged from <25 to 64 years with the most common age range being 45-54 (n=5).

**Gender**: Female (n=9), Male (n=5), Non-binary (n=1).

**Sexual orientation**: Heterosexual/straight (n=8), Gay (n=5), Bisexual (n=1), Queer (n=1).

**Ethnicity**: White British (n=8); Minority-ethnic groups (n=7).

**Religion**: No religion (n=8), Christian (n=6).

**Disability or long-standing health condition**: 8 reported a disability or longstanding health condition, including 6 with HIV alone and/or HIV another condition.

**Trans identity**: No interviewees reported that they identified as trans.