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Observing the observatory on race and health: reviewing ‘health communications with (and for) Jewish communities’

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ABSTRACT

National Health Service England established the Race and Health Observatory as an independent expert body in 2021 to advance meaningful changes for Black and minority ethnic communities, patients, and healthcare professionals. It serves as a ‘proactive investigator’ by commissioning and facilitating research to achieve long-term transformation in health outcomes. However, medical anthropologists have largely overlooked the Observatory (and the research it commissions) in critical assessments of race and health. This commentary discusses the 2024 review into “health communications with (and for) Jewish communities” vis-à-vis the ethnographic record. On the one hand, the intention behind the Observatory’s review is laudable because Jews have been excluded from critical discussions on race and health in the UK as well as the US and Europe. While the review has potential for rendering health inequality in Jewish communities visible, some of the overly general findings may lead to pitfalls and healthcare professionals may need additional guidance or support by establishing diverse steering groups. This comment argues that observing the Observatory on Race and Health is important to ensure accountability over its research and recommendations, and from a conceptual standpoint, to examine the evolving apparatus that shapes public and political reckonings with race, ethnicity and in/equality.

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Against the backdrop of the Covid-19 pandemic, National Health Service England established the Race and Health Observatory in 2021 to ‘support national bodies in implementing meaningful change for Black and minority ethnic communities, patients, and members of the health and care workforce’ (The King’s Fund 2021). It does this by commissioning and facilitating research to achieve long-term transformation in health outcomes. Hence, the Observatory aims to be a ‘proactive investigator’ that gathers evidence to help health services ‘progress in a way that eradicates, rather than exacerbates, inequality’ (Burki 2022; Naqvi, Gabriel, and Adebawale 2022).

The Observatory (and the research it commissions) has largely gone without critical assessments from medical anthropologists. Recent critiques of England’s healthcare

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apparatus have focused on the alignment between professional and racial hierarchies or 'diversity race work' (Irons 2024), but have overlooked the role and relevance of the Observatory. So, what are the implications of the research commissioned by the Observatory? In what follows I explore this question by drawing on the 2024 review into 'health communications with (and for) Jewish communities'. This response argues that observing the Observatory on Race and Health is important to ensure accountability over its research and recommendations, and from a conceptual standpoint, to examine the evolving apparatus that shapes public and political reckonings with race, ethnicity and in/equality.

In 2022 the Observatory commissioned Intent Health, 'a healthcare public relations agency', to review NHS health communications with (and for) Jewish communities which resulted in a report and toolkit being published in December 2024. The resources are intended to be used by NHS healthcare professionals, but the practical application of the recommendations and findings require discussion. Firstly, I wish to draw your attention to the context underpinning the review, before critiquing the recommendations vis-à-vis the ethnographic record.

Jews, race and health

The intention behind the Observatory's review is laudable because Jews have increasingly been excluded from critical discussions on race and health in the UK as well as the US and Europe. Anthropologists in the UK have drawn on the framing of *the afterlife of colonialism* to explain the inequalities experienced by 'Black and ethnic minority populations' due to the 'permeance of the past in the present' that is rooted in 'historically defined patterns and processes' and 'the presence of colonial structures within the National Health Service itself' (Gamlin, Gibbon, and Calestani 2021: 108). While the term 'Black and ethnic minority populations' itself glosses over considerable diversity, the devastation, dislocation and dominance caused by colonialism and imperialism raise situated legacies for minoritisation and health.

The journalist and writer Rachel Shabi (2024) notes that Jewish people in the UK today do not experience the comparable forms of structural racism as people of colour, which as stated above, are rooted in continuous and contiguous processes of subjugation, and hence underpin the normative perceptions of what counts as racism or who counts as a minority. For this reason, Shabi references 'off-white' (or 'Jewish not-whiteness') to reflect the ways that Jews are re/positioned within shifting ideas of race as a social construct over time, and which can lead to the use mis/use of antisemitism in public and policy discourse. Social scientists have instead drawn attention to the 'reservoir' of antisemitism in countries like the UK, which consist of a repertoire of stereotypes that are embedded in social life and are drawn upon over generations in ways that illustrate structural persistence (Feldman, Gidley, and McGeever 2025). This discussion is not about discrediting the structural racism experienced by Black people in Britain but to acknowledge, at the very least, that processes of minoritisation work in diverse ways, according to situated histories, and that Jews have their own (plural) experiences within this conversation.

Anthropologists have illustrated that there is a long history of Jews being racialised in and through healthcare (Kasstan 2019; Reuter 2016), which means to marginalise and minoritise people according to racial stereotypes. This is not confined to medicine's past forays in eugenics and scientific racism, particularly in Europe and the US, which led to

the marginalisation of Jewish healthcare providers and conducts that reinforced the value of one life over another. Today there are many seemingly innocent assumptions that permeate clinical encounters – for example, not respecting religious observance during care (such as kosher food), or holding Jewish patients and their families, and/or Jewish healthcare professionals accountable for the actions of the Netanyahu regime (Katz, Sim, and Jewish Medical Association 2023). These reflect fundamental issues of entitlement to care without barriers based on race or religion.

While benefitting from social mobility particularly since the middle of the twentieth century, Jews have subsequently been perceived as White and advantaged to the point where ‘inequality’ and ‘Jewish’ are viewed as a binary. Persistent public perceptions or stereotypes of Jews and money seem to homogenise the otherwise diverse ethnic origins that include Ashkenazim, Sephardim, Mizrahim and Jews of colour. Privilege cannot be synonymous with precarity, the argument goes. Yet, this does not reflect the reality of the Jewish population in the UK, or arguably anywhere else.

The reviews’ recommendations and findings

The review offers practitioners a useful framework of relevant terminology, but also an insight into the diversity and fragmentation of the Jewish population that healthcare providers might encounter in clinical environments. The demographic shifts underway are taking the Jewish population towards a more Charedi or ‘strictly-Orthodox’ future, which will bring implications for the National Health Service. Particular issues might arise in areas of healthcare that are seen to overlap with Jewish law, from advanced care directives to autopsy, and bring with them encounters and potential for mis-understandings between staff and patients or families. Yet, there are health issues that have broad relevance, from secular to strictly Orthodox Jews alike, such as increased risk of carrying the BRCA gene fault, and feeling less safe to access healthcare due to geo-political tremors or inter-generational trauma. Issues around sexual health feel absent from the report and its findings, indicating a possible blind spot.

Several recommendations and findings in the report have the potential to improve healthcare and public health delivery strategies. Most crucial is the need to include ‘Jewish’ as an ethnic identifier in all NHS patient data record systems. Primary care teams based in areas that are home to large Jewish populations are currently unable to accurately determine their under-vaccinated cohorts (also Kasstan-Dabush and Chantler 2024), or patients with lower-level uptake of cervical screening. More granular ethnic identifiers could help to improve the allocation of resources to respond to these challenges, for example, having a clear evidence base for investing in co-production approaches – which is another key outcome of the report.

Services may benefit from the reviews’ guidance for co-production initiatives with Jewish community-led support services, which underpins a somewhat helpful toolkit to begin collaborations with partner organisations. On a practical level, co-production approaches are crucial for tailoring messages and helping to ensure messages attain a balance of being targeted and effective but also sensitive. On a conceptual level, this can help to share responsibility for community health. However, it is not always clear which voices get to be involved in the co-production process, and the review could go further about the need to be transparent about the inclusion process for purposes of accountability. This would help to ensure

that a commitment to intersectionality is honoured, and ensure a space for Jews of diverse backgrounds (e.g. ethnicity, age, sexual orientation or disability) to be involved in the engagement and messaging they should receive.

The report relays that ‘a poor understanding of Jewish identity and Judaism directly affects uptake’. Anthropologists have long critiqued ‘identity’ as fluid and intersectional. Hence, healthcare professionals cannot reasonably be expected to understand a patient’s Jewish identity and how this relates to other aspects of their sense of self (such as age, sexuality, gender or disability) within a ten-minute consultation and amidst current capacity issues in primary care. Healthcare professionals should not shy away from having the humility to ask a Jewish patient for their preferences or needs – as with any patient of any background. Different areas of healthcare, especially those characterised by more prolonged contact, such as mental health care, may benefit from exploring patient identity, see the ‘Bloomsbury Cultural Formulation Interview’ (Jadhav 2014) as an example, which aims to facilitate an inter-cultural dialogue between clinicians and their patients.

A position taken in the report is that ‘chaperones or navigators break down trust and improve engagement’, and is based on the views of Orthodox Jewish contributors to the study. However, the findings as formulated are not practical for healthcare professionals who need to navigate the balance between patient autonomy, informed consent and confidentiality on the one hand, and a chaperone who may instead privilege social norms or their interpretations of religious law that can lean more towards stringency (Kasstan 2019). Social scientists have detailed how confidentiality around diagnoses can be all the more important due to concerns for the *shidduch* or marriage prospects of children (see Coleman-Brueckheimer, Spitzer, and Koffman 2009), which constitutes a key form of social control in Charedi worlds. Clearer guidance in the review on how to manage this tension would be beneficial.

How can the report be taken forward?

A more practical step for NHS services is to consider how their Patient and Public Involvement steering groups reflect local and regional demographics, and to discuss together the transferability of the report’s recommendations for local Jewish as well as diverse communities more broadly. This approach can help to inform approaches to language and communication, ensuring that medically accurate information is available for patients to fully understand what they can expect in their care pathways. As Integrated Care Systems and Boards are the key statutory NHS organisations responsible for developing plans to meet the health needs of defined populations, they are tasked with understanding and meeting their needs. Hence, engaging with Jewish (and all) diverse communities will be crucial for accountability over place-based delivery strategies.

Anthropologists have long critiqued the production of racial inequalities in health according to the social, political and historical contexts in which they manifest (e.g. Davis 2019; Dein 2006; Qureshi 2019; Singer 1994). What does this comment add? On a proximate level, it draws anthropological attention to NHS Race & Health Observatory and the application of its research recommendations and findings. While these offer potential for rendering health inequality in Jewish communities visible and supporting equity-focused approaches to meet the needs of Jewish patients, some of the overly general findings may lead to pitfalls – and several concerns have been discussed above from chaperones and

confidentiality to the voices that get to be included (or not) in co-production activities. Such problems could be avoided through careful discussion with steering groups.

More broadly this comment aims to mobilise ethnographic evidence to debate recommendations that seek to advance health equity, and in so doing, furthers the mission of the journal to explore ‘the connection between health practice and anthropology’. Recent interrogations of anthropology and health policy in this journal draw attention to the changing epistemic practices in policy production, and the role of ethnography in supporting the design of recommendations that reflect the realities that shape clinical and social worlds (Qureshi and Tichenor 2024). This is crucial to mitigate the risk of harm within the otherwise worthy mission to serve as a ‘proactive investigator’ of race and inequality – wherever this arises and for whom.

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References

- Burki, Talhi. 2022. “Research Focus: The NHS Race & Health Observatory.” *The Lancet* 400 (10350): 422. [https://doi.org/10.1016/S0140-6736\(22\)01479-9](https://doi.org/10.1016/S0140-6736(22)01479-9).
- Coleman-Brueckheimer, Kate, Joseph Spitzer, and Jonathan Koffman. 2009. “Involvement of Rabbinic and Communal Authorities in Decision-Making by Haredi Jews in the UK with Breast Cancer: An Interpretative Phenomenological Analysis.” *Social Science & Medicine* (1982) 68 (2): 323–333. <https://doi.org/10.1016/j.socscimed.2008.10.003>.
- Davis, Dána-Ain. 2019. *Reproductive Justice: Racism, Pregnancy and Premature Birth*. New York: New York University Press.
- Dein, Simon. 2006. “Race, Culture and Ethnicity in Minority Research: A Critical Discussion.” *Journal of Cultural Diversity* 13 (2): 68–75.
- Feldman, David, Ben Gidley, and Brendan McGeever. 2025. “Facing Antisemitism: The Struggle for Safety and Solidarity.” Runnymede Trust. Accessed April 10, 2025. https://cdn.prod.website-files.com/61488f992b58e687f1108c7c/6788d9b2cb0c9a0ababe3265_FA%20Report%20-%20Final%20v3.pdf
- Gamlin, Jennie, Sahra Gibbon, and Melania Calestani. 2021. “The Biopolitics of Covid-19 in the UK: Racism, Nationalism and the Afterlife of Colonialism.” In *Viral Loads: Anthropologies of Urgency in the Time of Covid-19*, edited by L. Manderson, N.J. Burke and A. Wahlberg, 108–127. London: University College London Press.
- Irons, Rebecca. 2024. “Diversity Amongst Decision Makers? Workplace Inequality, Black Underrepresentation, and the Afterlife of Colonialism in NHS Governance.” *Medicine Anthropology Theory* 11 (2): 1–22. <https://doi.org/10.17157/mat.11.2.7305>.

- Jadhav, Sushrut. 2014. "How to Conduct a Cultural Formulation Interview (BCFI)." YouTube. Accessed April 10, 2025: <https://www.youtube.com/watch?v=REvFSUnloFI>
- Kasstan, Ben. 2019. *Making Bodies Kosher: The Politics of Reproduction among Haredi Jews in England*. Oxford: Berghahn Books.
- Kasstan-Dabush, Ben, and Tracey Chantler. 2024. INQ000474623 – Report from Dr Ben Kasstan-Dabush and Dr Tracey Chantler, titled vaccine delivery and disparities in coverage, dated 15/11/2024. Covid-19 Inquiry. Accessed April 10, 2025. <https://covid19.public-inquiry.uk/documents/inq000474623-report-from-dr-ben-kasstan-dabush-and-dr-tracey-chantler-titled-vaccine-delivery-and-disparities-in-coverage-dated-15-11-2024>
- Katz, David R., and Fiona Sim, Jewish Medical Association. 2023. "A Zero Tolerance Policy for Racism in the NHS." *Lancet (London, England)* 402 (10413): 1619. [https://doi.org/10.1016/S0140-6736\(23\)02352-8](https://doi.org/10.1016/S0140-6736(23)02352-8).
- Naqvi, Habib, Marie Gabriel, and Victor Adebowale. 2022. "The Critical Role of the NHS Race and Health Observatory." *BMJ Leader* 6 (2): 130–131. <https://doi.org/10.1136/leader-2021-000505>.
- NHS Health & Race Observatory. 2024. "A Review of NHS Communications with (and for) Jewish Communities." <https://www.nhs.uk/research/health-communications-report-and-resources-to-improve-access-to-nhs-services-for-jewish-communities/>
- Qureshi, Kaveri. 2019. *Chronic Illness in a Pakistani Labour Diaspora*. Durham, NC: Carolina Academic Press.
- Qureshi, Kaveri, and Marlee Tichenor. 2024. "Anthropologies of Health Policy." *Anthropology & Medicine* 31 (1–2): 1–17. <https://doi.org/10.1080/13648470.2024.2373012>.
- Reuter, Shelley. 2016. *Testing Fate: Tay-Sachs Disease and the Right to be Responsible*. New Brunswick, NJ: Rutgers University Press.
- Shabi, Rachel. 2024. *Off-White: The Truth about Antisemitism*. London: OneWorld Publications.
- Singer, Merrill. 1994. "Aids and the Health Crisis of the U.S. Urban Poor; the Perspective of Critical Medical Anthropology." *Social Science & Medicine* (1982) 39 (7): 931–948. [https://doi.org/10.1016/0277-9536\(94\)90205-4](https://doi.org/10.1016/0277-9536(94)90205-4).
- The King's Fund. 2021. "Ethnic Health Inequalities and the NHS: Driving Progress in a Changing System." London. <https://healthwatchgreenwich.co.uk/sites/healthwatchgreenwich.co.uk/files/Ethnic-Health-Inequalities-Kings-Fund-Report.pdf>.