



Igniting change

The British Heart Foundation's strategy for improving equality, diversity and inclusion



Together, we're striving for a better world and a better BHF

Introduction

In this British Heart Foundation (BHF) Equality, Diversity and Inclusion (EDI) strategy, we set out a roadmap of the changes we want to see by 2025. It's how we'll strive to make things better – for our people, our supporters, our volunteers, our researchers, and every single person affected by heart and circulatory diseases.

Why now?

Heart and circulatory conditions are diseases of inequality. Too often, things like where you live, your income, your background, your ethnicity, and your gender determine your chance of developing – and dying from – heart and circulatory conditions. With heart and circulatory diseases accounting for a quarter of deaths in the UK every year,¹ these are large, persistent injustices that need addressing.

Social inequalities are worsening too. This has become even more evident during the coronavirus pandemic and the devastating impact it has had on the health, wealth and futures of different countries, communities, and people.

As the UK's largest independent funder of cardiovascular research, as well as an employer and a large charity, the BHF has a responsibility to help tackle these inequalities across all areas in which we work. That includes heart and circulatory disease research and health, the wider charity sector, and within the BHF itself.

An important starting point is making sure the BHF workforce reflects the general population so we can better represent the experiences and voices of the communities we support. A more diverse, inclusive, and fair BHF will not

only improve the quality of what we do, but the impact we have.

Many of our immediate actions will evolve around us acting more equitably, where we target specific support to groups with particular disadvantages to level the playing field faster.

Over the last few years, we have started several initiatives designed to improve equality, diversity and inclusion, but we now need a more ambitious and holistic view of what needs to change and what our role should be. By bringing together our first cross-BHF roadmap for equality, diversity and inclusion, we hope to provide clarity on what we want to achieve, how we will measure progress and how we can hold ourselves and others to account.

Whilst we know we won't banish inequalities by 2025, we won't let this limit our ambition. By working together to gather evidence, take action and identify our long-term goals, we can ignite change and get closer to tackling inequalities.



Dr Charmaine Griffiths,
Chief Executive, British Heart Foundation



Equality, Diversity, Inclusion:



Equality

Where everyone is treated the same and fairness is encouraged. For the BHF, equality is our long-term goal



Equity

Levelling the playing field and giving everyone what they need to be successful. At the BHF, we recognise that not everyone starts at the same place, and not everyone has the same needs. Equity will be our means of achieving equality



Diversity

The range of differences amongst people and celebrating the whole package of who we are, including our gender identity, ethnicity, cognitive diversity, neurodiversity, disability and more



Inclusion

Creating an environment where everyone feels comfortable, respected, and empowered to contribute



Fair

Treating people equally without bias, favouritism, or discrimination



For Monica

BHF Policy Officer

“To tackle systemic issues of discrimination and inequality, EDI must be embedded in everything we do. Being Co-Chair of the BHF Anti-Racism Affinity Group has been an amazing way to contribute to this, allowing me to work with brilliant people across the BHF who are united in driving positive change - I'm proud to be part of an organisation that values EDI as a core part of achieving its mission, not an afterthought.

A close-up portrait of a woman with dark, wavy hair and bangs, looking directly at the camera with a slight smile. She has light blue eyes and is wearing bright pink lipstick. The background is blurred, showing warm, bokeh light effects.

For Esther

Esther helped to raise awareness through the BHF's Women and Heart Disease campaign, highlighting the gender inequality in heart attack care that means women are often under-diagnosed.

“ When I was told I'd had a heart attack, I couldn't believe it – partly because I'm a woman. Even though my dad died of a heart attack, I thought they'd got it wrong. I had delayed seeking help, even when I had symptoms. We need more awareness of heart disease in women.

The values that unite us

To move forward in matters of equality, diversity and inclusion, we must evolve our mindset and act differently. Based on our learnings so far, we have come up with four key commitments to judge ourselves against which align to our existing values.



Be brave

Responding to challenges and opportunities involving equality, diversity and inclusion with ambitious thinking and courageous actions



Be driven

Bringing in best practices and evidence to transform equality, diversity and inclusion outcomes both inside and outside the BHF



Be compassionate

Engaging different perspectives with empathy, recognising we won't get everything right first time but having the resilience to keep actively listening



Be informed

Learning from different perspectives, voices, and experiences to make the best decisions and improve outcomes, including those which may not have been previously heard by the BHF

Our roadmap for change by 2025

Based on our learnings so far, we have identified seven closely related long-term objectives to help us accelerate change by 2025:

1. Achieving fair progression opportunities for every colleague at the BHF

2. Increasing the diversity of the BHF's trustees, governance & advisory committees, and colleagues

3. Embedding an open and inclusive culture at the BHF

4. Encouraging inclusivity in how research funding decisions are made, and how BHF funded research is designed

5. Achieving a more representative and inclusive heart and circulatory disease research community

6. Continuously monitoring and highlighting heart and circulatory disease inequalities to drive and influence change

7. Engaging and involving people in ways that are inclusive, relevant, and accessible

For each of these objectives, we have identified clear goals for 2025 and activities that will help us move forward in a meaningful way. These objectives, our goals, and responses to them will evolve over time. We know we do not have all the answers right now, so we will need to listen, learn, and experiment along the way.

Objective 1:

Achieving fair progression opportunities for every colleague at the BHF

Why is this important?

When there is equality in the workplace, organisations are more likely to attract a diverse workforce – which in turn is known to lead to better innovation and effectiveness.^{2,3} Improving opportunities for early career pathways and career progression is a vital step in attracting, developing, and retaining more diverse talent. As such, ensuring fairer progression at the BHF is essential to achieving our objectives of widening diversity and creating an inclusive culture.

Based on our most recent colleague engagement survey (Jan 2022), 77% agreed that the BHF has created an environment where people of diverse backgrounds can succeed. But there

is still a way to go to ensure that everyone at the BHF feels they have equal opportunities to develop and progress in their career.

We recognise that talent pipelines come in many forms including from within our volunteer cohort. Not only does this provide us with a valued pathway of talent, but it also fulfils an important social mobility role – enabling people from different backgrounds to gain skills and confidence that can lead to employment.

Over the next three years, we want to improve progression opportunities at the BHF by reviewing existing policies and programmes and developing new ones that set us up for success.

Where do we want to be by 2025?

- More than 90% of BHF staff will agree “The BHF has created an environment where people of diverse backgrounds can succeed”, with no major differences experienced by different demographics

How will we get there?

- We will look into the barriers that prevent key demographic groups applying for roles and progressing at the BHF, and review our internal promotions and training to ensure suitable routes for progression
- We will ensure the right accountability and mechanisms exist to help us make progression opportunities fairer
- We will ensure any recruitment and development policies are clear, transparent, and implemented consistently across the organisation

What will we monitor and report on to see if we are making progress?

The diversity of our internal promotions at the BHF. In 2021-22, 8% of our internal promotions were people from ethnic minority backgrounds

The diversity of our external applicants and hires. In 2021-22, 15.2% of our external hires were people from ethnic minority backgrounds

The proportion and diversity of colleagues agreeing "The BHF encourages me to learn and develop my potential". In 2021, 65% agreed

The proportion and diversity of colleagues agreeing "The BHF has created an environment where people of diverse backgrounds can succeed". In 2022, 77% agreed

The diversity of volunteer hires. In 2021-22, 21% of our roles were filled by BHF volunteers, 13.5% of which were people from ethnic minority backgrounds

The diversity of our early career talent, meaning anyone between 0-5 years post-education



For Scott
Co-Chair of BHF Disability Affinity Group

“ I have both a professional and personal interest in addressing issues of inequalities and discrimination. I want to address barriers to inequality and help develop a workplace where everyone is able to be themselves and the playing field is both equal and welcoming to all.

EDI to me means aspiring to getting it right for every single person and ensuring we all feel valued and our uniqueness is seen as a positive and not a barrier to creating a safe place to work for all.

Objective 2:

Increasing the diversity of the BHF's trustees, governance & advisory committees, and colleagues

Why is this important?

The BHF has a presence in many communities across the UK, from our charity shops and local fundraising groups to the universities that hold our Centres of Research Excellence. Our cause touches the lives of people from all backgrounds. As such, our workforce should be representative of the communities we are part of and support. Diversity within the BHF allows us to better understand and react to the inequalities that exist in research, cardiovascular health and within the BHF itself.

As with other sectors, the UK charity sector lacks diversity in senior roles when compared to the UK population as a whole⁴ – the BHF is no different. Broadening diversity in these roles

of influence is an important step to addressing inequalities in the workplace. At the BHF, we have a good understanding of employees' gender identity and ethnicity, but not of other demographic characteristics. We need to improve trust amongst our people in the way we use such information for them to be willing to provide it.

Over the next three years, we want to significantly increase our understanding of the diversity of our people and improve the diversity of applicants to our recruitment pipelines. Only with this in place can we make significant strides to becoming a charity truly representative of the UK.

Where do we want to be by 2025?

- At least 14% of the BHF colleague workforce will be represented by people from ethnic minority backgrounds (to align with the UK population), increasing from 10% in 2022
- At least 14% of the BHF's Senior Leadership Group (SLG) will be represented by colleagues from ethnic minority backgrounds (10% in 2022), within which at least 3% are Black colleagues to align with the UK population (0% in 2022)
- Representation of female colleagues within the BHF's SLG will increase and be proportionate to the demographic of the whole organisation. In 2022, 68% of colleagues across the organisation were female vs. 54% within our SLG

- We will have closed pay gaps at the BHF, achieving equality in pay for everyone regardless of their gender and ethnicity

We will have collected data to determine how representative our trustees, governance & advisory committees, and colleagues are of the general population, helping us improve representation.



For Hakim

BHF Head of Health & Safety

“ EDI means recognising and valuing differences, accepting that every individual is original, and building a culture where this is openly understood and supported.

How will we get there?

- Where possible, we will more successfully and to greater depth capture demographic characteristics of our trustees, governance & advisory committee members and colleagues. We will then take action in specific areas led by those insights
- We will take positive action to recruit people with protected characteristics currently underrepresented at the BHF, looking at options like development programmes, specialist recruitment searches and early career pathways
- We will review our existing people policies and processes to improve the diversity of job applications – for instance, our recruitment processes and our working policies such as flexible working
- When setting new policies, we will assess them for equality impact to avoid creating new barriers
- We will capture better quantitative and qualitative data on colleague recruitment, internal promotions and exit interviews to act on issues and monitor progress

What will we monitor and report on to see if we are making progress?

The proportion of trustees, governance & advisory committee members, and colleagues providing their demographic data

The diversity of applicants at different stages of the BHF's recruitment process and success rates

The demographic of Senior Leaders year on year

Our gender and ethnicity pay gap



For Bettina and her family

BHF supporter Bettina Wallace said:

“As a Black, female heart patient and a passionate supporter and champion of the work of the BHF, I have held the charity to account over diversity in the past. I'm really pleased that it's being addressed in this strategy, and I look forward to seeing progress made.

Diversity and inclusivity are not just something that needs addressing at the BHF but, across the board, and there is obviously much that still needs to be done. It makes me feel good that the BHF is being so transparent and honest and admitting that it's not perfect but it's trying.

Objective 3:

Embedding an open and inclusive culture at the BHF

Why is this important?

An open, inclusive workplace is one in which respect, equity and positive recognition of differences are cultivated to help people flourish and succeed. When we feel valued as individuals, we feel happier and can do our best work. A diverse workforce isn't enough on its own – it needs an inclusive culture to thrive.

Workplace cultures are experienced differently by everyone. However, at the BHF, we know we have further to go. Although 85%⁵ of colleagues agree they are treated fairly at the BHF – this leaves a significant proportion who do not.

We hope that a more open and inclusive culture will encourage colleagues to share their perceptions, experiences, and demographic information more comfortably. This is key to us ensuring that we can monitor and understand progress.

Changing an organisation's culture is complex and there are varied ways to do so. Over the next three years, we will improve the ways we listen to our people, share our learnings and be more transparent about our progress. We will also make sure objectives around creating an inclusive culture form part of everyone's personal objectives, as well organisational ones.

Where do we want to be by 2025?

- More than 90% of colleagues will feel they are treated fairly, irrespective of their background and with no major differences seen by different demographic groups
- 100% of colleagues will have completed EDI training relevant to them, across unconscious bias, managing diverse teams and enhancing interview skills
- By 2023, all senior Leaders will have an EDI objective built into their Personal Development Review

How will we get there?

- We will ensure our leadership training, job roles and performance management embeds the role that BHF leaders have in facilitating an open, inclusive culture
- We will embed EDI within our organisational performance measures and the personal objectives of colleagues, particularly across our senior leaders and managers
- We will use our network of colleague Affinity Groups to identify challenges and opportunities for improving our culture at the BHF (including how voices of specific communities can be amplified in the BHF's decision-making)
- We will be transparent with colleagues on issues at play and clear on how we will address them. This will include making equality, diversity and inclusion summary data available internally and sharing our progress on an annual basis
- We will have positions on matters of equality, diversity and inclusion and ensure they are clear, available, and reviewed accordingly (for example, publishing the BHF's position on racism both internally and externally)
- We will utilise external expertise to facilitate discussion about our organisational culture and how we can become more inclusive

What will we monitor and report on to see if we are making progress?

The proportion and diversity of colleagues agreeing that "I am treated fairly irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation". In 2022, 85% agreed with this statement

The proportion and diversity of colleagues agreeing that "I believe others are treated fairly irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation". In 2022, 81% of employees and 95% of volunteers agreed with this statement

The proportion and diversity of colleagues agreeing "I feel like I belong at the BHF". In 2022, 72% of colleagues agreed with this statement

The perceptions of our colleague networks and Affinity Groups on the inclusiveness of our culture and whether we are making progress or not

Feedback collated through colleague exit interviews and surveys

The completion of mandatory courses related to equality, diversity and inclusion

The proportion and diversity of colleagues agreeing that Senior Leaders take active responsibility for diversity and inclusion management in their teams. In 2022, 49% agreed with this statement



For Vera
BHF supporter

“I didn't expect to have a heart attack. I believed I was fit and healthy and was active every day. I want to help raise awareness that heart attacks can affect women like me, and it's not something which only happens to men. I'm proud to support the BHF's work to make things better for women who have heart disease. We need to make sure that everyone knows the risks and patients, whatever their gender, get the best treatment possible.



For Barbara

BHF Professor of Cardiovascular Medicine at the
BHF Centre of Research Excellence, University of Oxford

“ The BHF initiative comes at a good time – we now know that box-ticking exercises do not change the culture of the workplace and that focussing on numbers is not sufficient. Evidence-based EDI policies have the potential for making us realise how many discriminatory practices are still “business as usual”, and transforming the way that we work

Objective 4:

Encouraging inclusivity in how research funding decisions are made, and how BHF-funded research is designed

Why is this important?

The BHF believes in a fair and inclusive research funding process. That means funding the best research across the entire spectrum of heart and circulatory diseases and wanting success to be determined by scientific quality alone. However, as evidenced by data on differential success rates for research funding and unequal career progression for certain groups, this is often not the case in the Science, Technology, Engineering, Mathematics, and Medicine (STEMM) sector.^{6, 7, 8, 9}

At the BHF, we provide our research committee and panel members with clear guidance on assessing grant applications, but we know we could be doing more to challenge unconscious or conscious biases that negatively impact decision making. Left unchecked, biases can lead to nurturing, funding, hiring, and supporting those who already ‘fit the mould’, leaving others behind. Over the next three years we will be reviewing how we inform and support those involved in research funding decisions at the BHF so that our processes are as fair and free from bias as possible.

Key to this will be reviewing who is involved in our decision-making processes – having a more diverse pool of people will encourage better quality decision-making and challenge ‘group think’. As a starting point, we will collect data on our independent reviewers, research advisors and funding committee members, with an aim to increase gender and ethnic minority representation over time.

Another important area we will be focusing on is diversity and inclusion in research itself. In cardiovascular research, the underrepresentation of certain groups is well-documented. For example, despite cardiovascular disease being a leading cause of death among women, female participants have been consistently underrepresented in cardiovascular clinical trials. A review of 740 cardiovascular trials conducted globally between 2010 and 2017 found that just 38.2% of clinical trial participants were women.¹⁰ People from ethnic minority backgrounds also continue to be underrepresented in cardiovascular research studies.¹¹

This underrepresentation could prevent some people from experiencing high-quality care because the research findings are not generalisable to the entire patient population. This is just as true for preclinical research when it comes to the source of clinical samples, cells and animals.^{12,13,14}

As a research funder, the BHF will help to address this issue by engaging with our research community and patients to understand the reasons for underrepresentation and help us come up with meaningful solutions.



For Sonya

BHF Associate Medical Director and Consultant Cardiologist

“Concerted and systematic action is needed to address inequalities in medical research. A more equitable, diverse and inclusive research landscape can only be of benefit to the patients we are here to help. From that, we must work harder to highlight and address the stark inequalities in cardiovascular healthcare, which disproportionately affect women, people from ethnic minority backgrounds, and those from the most deprived communities

Where do we want to be by 2025?

- We will have collected and analysed data to determine how diverse our research advisers, funding committee members and independent reviewers are. This will help us track progress and improve representation against our baseline
- We will see that, where appropriate, our research community is actively considering strategies to improve the representativeness of their research

How will we get there?

- We will implement an expression of interest process for committee members, highlighting that we have particular interest in hearing from members of underrepresented groups
- We will introduce bias awareness practices into our funding decisions
- We will ask that research conducted under the BHF's grant schemes gives appropriate consideration to increasing diversity within clinical trials (e.g. among clinical trial participants, population cohorts) in the design of laboratory or other pre-clinical research (e.g. diversity in the sources of clinical samples, cells or animals)
- We will proactively work with and influence other institutions including universities and other research funders to share lessons learned, align funding policies where feasible and implement best practice

What will we monitor and report on to see if we are making progress?

Diversity data related to research advisers, research funding committee members and independent reviewers

The extent to which researchers applying for funding have articulated how they considered diversity issues in the planning of their study and in the application and reporting of results

Case studies showcasing BHF-funded researchers who have embedded equality, diversity and inclusion in their research



For Karla

BHF-funded Research Fellow,
Queen's University Belfast

“Whilst I've worked on my BHF-funded research projects I've had three maternity leaves. The BHF have been amazing in terms of supporting me and making sure that my career continues. My university have been amazing as well, and I think if that support is there for everyone, the number of women coming forward into medical research will increase. I am delighted the BHF is making EDI an organisational priority. I want me and all women to be able to have a family and excel in cardiovascular research and as a leading funder of this research it is important the BHF leads the way.

Objective 5:

Achieving a more representative and inclusive cardiovascular research community

Why is this important?

The disciplines of STEMM are not immune to the unequal and inequitable opportunities and systems at play in our society. Factors such as imbalances of power, unfair access to and distribution of resources, and discrimination are present, and contribute to persistent inequalities.

Women, people whose ethnicity is minority in the UK (especially Black people), people living with disabilities or long-term health conditions, people who are neurodivergent and those from disadvantaged socioeconomic backgrounds are underrepresented in STEMM, and inequalities facing these groups can be further compounded by intersectionality.

Through STEMM data, we know underrepresented members of the research community experience inequality in many ways, including being less likely to receive research funding or progress to senior positions.

At the BHF, we have seen this underrepresentation in action.

While around half of our funded PhD students are female, the number of female BHF Professors is significantly lower. There are also gender inequalities in cardiovascular medicine. Only around 30% of applicants for specialist cardiovascular training and around 15% of current cardiology consultants are female, despite females accounting for more than half of graduates from UK medical schools.¹⁵

As a major research funder, the BHF has a role to play in addressing this unfairness and tackling systemic issues like underrepresentation and racial bias to make sure the heart and circulatory disease research community is inclusive and representative. Ultimately, we believe somebody's success should only be determined by the quality of their ideas, innovation, and effort.

Besides this being the right thing to do, there are clear benefits to having a diverse and inclusive research community. It makes people more likely to join and stay in research

careers and strengthens the research itself, ultimately helping to lead to breakthroughs that will bring us closer to a world free from the fear of heart and circulatory diseases.

We need robust evidence to identify barriers that stop individuals participating and thriving in cardiovascular research. This is how we will take the most effective action to address inequalities and increase representation. However, beyond gender, we currently have limited demographic data on the researchers we fund and have previously funded. So, one of our key objectives over the next 3 years will be to collect, analyse, and investigate the diversity data of our grant applicants and award holders.

These data alone will not be enough. Therefore, we will also invite heart and circulatory disease researchers to share their thoughts and experiences on the current research system in feedback sessions to help guide our actions and commitments.

We recognise that the BHF has a key role to play in improving equality, diversity and inclusion in the research system, and we are committed to playing our part in realising this change. Doing so will require us working with other organisations, including the universities and research institutes that employ BHF researchers, to bring about well-evidenced positive change, together.

Our goal is to see increased representation of women and other minoritised groups in the BHF-funded heart and circulatory disease research workforce. While we may not reach this goal by 2025, we believe that by taking this action, we will see real change by 2030.



For Ajay

BHF Professor of Cardiology, King's College London

“This is an excellent strategy and very timely. It's so important quality, diversity and inclusion is at the heart of cardiovascular research. We also need to address the under-representation of people with an ethnic minority background and women amongst cardiovascular researchers.

Where do we want to be by 2025?

- We will have collected and analysed data for all grant applicants (lead applicants, co-applicants, and research staff) and award holders. This will give us a good understanding of the demographic characteristics of successful and unsuccessful BHF grant applicants, and whether there are any disparities in award value between different groups
- We will see increased representation of women and those from ethnic minority backgrounds in the BHF-funded cardiovascular research workforce, especially beyond PhD level

How will we get there?

- We will publish anonymised, aggregated grant diversity data every year, highlighting issues and progress
- We will proactively engage with, and learn from, our research community, NHS trainees and staff, and external experts to tackle bias and remove barriers to cardiovascular careers, funding, and career progression. For example, through listening sessions and focus groups
- We will support underrepresented groups of researchers in cardiovascular research wishing to network or develop their careers using our small meetings grant fund
- We will consider other schemes to positively support people facing barriers (such as a requirement for carer leave), always assessing whether the impact of any new scheme could create new barriers
- We will involve and spotlight BHF-funded researchers from all backgrounds and career stages in the BHF's public engagement activities, including early and mid-career grant recipients
- We will expect institutions we fund to have appropriate policies in place to improve equity, diversity and inclusion, including to close gender and ethnicity pay gaps if present, and to champion a positive research culture, free from bullying and harassment

What will we monitor and report on to see if we are making progress?

We will work to collect and publish data on the demographic characteristics of our grant applicants and award holders and establish a baseline to monitor the representativeness of principal applicants, co-investigators, PhD students, Fellows and BHF Chairs

Feedback from our research community and external experts on the progress we are making and areas we still need to address

Good practice case studies of BHF-funded researchers and institutions that have improved equity, diversity and inclusion, championed a positive research culture, or done work to increase the visibility of cardiovascular research careers to a wider group of people



For Jules

BHF-funded researcher and Professor
of Cardiac Electrophysiology,
University of Bristol



For Darren

BHF supporter

“ As a Black person, the chance of a match for a heart transplant coming through in such a short time was slim, because there aren't as many Black donors. The new opt out system is fantastic. It's important that Black people have that talk with their loved ones, their families and friends about what it means to be an organ donor.

When I hear about Black History Month, I think – it's not enough. It's very important to me but Black history should also be out there everywhere, in the open, so everyone's aware of it.

Objective 6:

Continuously monitoring and highlighting cardiovascular inequalities to drive and influence change

Why is this change important?

We know that heart and circulatory diseases do not affect everyone equally. This is because cardiovascular health is deeply connected to and impacted by the social and economic conditions that drive inequality in society. This includes factors like where people live, their income, the food they have access to, and their experience of racism and discrimination.

Since the BHF was established, the annual number of deaths from heart and circulatory diseases in the UK has fallen by around half¹, but our job isn't finished. The progress we've made in the last sixty years has not been realised equitably, and in some cases, we've seen the cardiovascular health gap grow.

Here are just some of things we know:

- Health inequalities between wealthy and deprived areas across the UK are increasing, with significant differences in life expectancy and premature death rates for CVD.¹⁶ For example, in England there is a nine-year life expectancy gap between people living in the most and least deprived areas. Heart and circulatory diseases are the largest contributor to that gap
- Whilst more men have coronary heart disease, it is still a common cause of death in women. Yet, women are under-diagnosed and under-treated for heart and circulatory diseases
- We also know that people with South Asian ethnic backgrounds experience higher rates of diabetes and those with African ethnic backgrounds experience greater rates of high blood pressure – conditions that increase the chances of developing heart and circulatory diseases
- Research also suggests that the highest prevalence of hypertension is found in Black people, however Black people with hypertension were less likely to be treated and monitored compared to Asian and White people¹⁷

These unfair disparities in cardiovascular risk and outcomes are not inevitable. Too often, they are framed as biological or genetic destiny, when we know they are predominantly rooted in the systemic inequalities present in society and our health and care systems.

By taking proactive and sustained action to understand and address these inequalities, we can close the unfair cardiovascular health gap. The BHF has an important role to play in shifting the dial through the evidence we produce, the conversations we support, and the solutions we help identify. Over the next three years, we will build our evidence base on heart and circulatory health inequalities and make our learning available to others to kickstart positive change in the wider world.

Where do we want to be by 2025?

- The BHF will be a leading authority on cardiovascular health inequalities across the four nations of the UK
- We will have developed long-term strategies for reducing cardiovascular health inequalities across all four nations of the UK
- Addressing inequalities will be at the heart of the BHF's policy and influencing work



For Jovita

BHF supporter

How will we get there?

- We will strengthen our data and insight to better understand how inequalities impact people with heart and circulatory disease living in all four nations of the UK, so we know where to target our efforts
- We will publish annual reports on heart and circulatory health inequalities to raise their profile and improve understanding of how inequalities affect individuals and communities in different parts of the UK
- We will develop evidence-based policy positions to inform and influence national and devolved governments and health system decisions across the UK relating to cardiovascular health inequalities
- We will continue to work in partnership with other research funders to better understand the wider determinants of health and their impact on heart and circulatory diseases, with a focus on people living with multiple long-term conditions or obesity because of their close links to deprivation and health inequalities
- We will work with others to highlight areas where future health inequalities research efforts are needed to tackle areas of unmet need
- We will engage with other research funders, umbrella organisations and health inequalities sector groups to share and learn best practice, raise awareness, and bring about change at a sector level

What will we monitor and report on to see if we are making progress?

How often the BHF's expertise on heart and circulatory health inequalities is drawn upon by policy makers to inform national and health system policy in each nation of the UK. We will analyse the extent of the BHF's role in driving change in a number of ways, including:

How often BHF research and statistics are cited in policy documents

How many politicians raise heart and circulatory health inequalities in national policy forums

Objective 7:

Engaging and involving people in ways that are inclusive, relevant, and accessible

Why is this important?

There are around 7.6 million people living with heart and circulatory diseases in the UK, which represents 14% of the UK adult population. Together with friends, family, and those at increased risk (for example with high blood pressure, diabetes, or a family history of heart disease), millions of people in the UK are affected by heart and circulatory diseases – all with different needs and from different backgrounds.

At the BHF, we aim to support and empower people to navigate their health challenges, improve long-term health and wellbeing and self-manage conditions where possible. We offer a range of different options to those who seek us out, but we need to do more to proactively reach people who most need support. We want individuals to be able to access information and support in the way that is right for them. To help this, we listen to people with personal experience of heart and circulatory diseases, using their insights to shape our work and share their stories in our external communications and campaigns.

We also engage supporters and volunteers through our fundraising,

events, shops, stores, and offices, and offer them opportunities to get involved in a way that suits their lifestyle and commitments. In all these ways and more, it is important that the BHF, and what we offer, is inclusive, appropriate, and accessible to people from all backgrounds. But we still have further to go.

Although our information and support offering is valued by those who use it, there are many people who might benefit that are not aware it exists. We need to change this and make sure that the patients and public we involve in our work fully represent the cardiovascular patient population. There is also more we can do to better understand our volunteer network and improve the ways we engage them to ensure mutual benefit.

To move us forward over the next three years, we will take steps to ensure our published materials and marketing fully reflect the diversity of people who live with heart and circulatory diseases. We will also enhance the accessibility of our information and support offer and strive to make volunteering with the BHF easier and more accessible.

Where do we want to get to by 2025?

- BHF information and support will be more accessible to a wider range of people
- The patient stories we highlight in our communication and messaging will be representative of the full breadth of people who experience heart and circulatory diseases across the UK
- We will actively involve people with a range of different backgrounds in our mission-focused work and decision making
- Volunteering with the BHF will be easier and more accessible, and participation will have grown across the UK



For Lisa

BHF supporter

“ I have seen the BHF's growth to include a wider network within the heart community and I thank them for this dedication. I would like to see the BHF expand further in the representation of people from diverse backgrounds, both inside the organisation, and also in their patient involvement. This would help people relate to the BHF and not be afraid to come forward.

How will we get there?

- We will improve the accessibility and reach of our communications, for example by assessing different communication channels and needs, and tailoring content to the audience
- We will consider how to maximise the impact of strategic partners we work with to reach underserved groups and raise awareness of the information and support the BHF can provide
- We will interrogate the way we involve patients and the public to better ensure that people of all backgrounds are meaningfully represented in our work
- We will work to better understand the demographics of our patient networks, and take steps to ensure they more accurately reflect the general population of people affected by cardiovascular disease across the UK
- We will work to better understand the demographics of our public insight networks, and take steps to ensure they are more nationally representative
- We will proactively seek out stories from people whose experiences and perspectives are currently underrepresented by the BHF, and build a more representative library of 'heart stories' for use in our media and communications
- We will review our current volunteering offer, and work to provide more accessible and inclusive volunteering opportunities at the BHF

What will we monitor and report on
to see if we are making progress?

The proportion of volunteers and people in
our patient and public networks providing
their demographic data
(including how many 'prefer not to say')

The degree to which demographic characteristics of
our volunteer and public insight networks – including
characteristics like gender, ethnicity, age, disability,
sexual orientation, and geography – reflect the
demographic characteristics of the
UK population

The degree to which demographic characteristics of
the people in our patient networks and the people
whose stories we highlight reflect the demographic
characteristics of people living with heart and
circulatory diseases across the UK

The demographic characteristics of the patients
and public we involve in our work, and the extent to
which individuals with different backgrounds feel
their contribution has been valued and acted upon



For Helen
BHF Volunteer for over 10 years



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For everyone

Our next steps

Our strategy for improving equality, diversity and inclusion is the manifestation of our commitment to change. We recognise that we may not have all the answers yet, but we are committed to sharing our successes, failures, and learnings to evolve our strategy and actions as we go.

Improving equality, diversity and inclusion must be placed at the centre of everything we do, and to remain joined-up in our approach, we will continue to be led by our Chief Executive. However, we all have a role to play in achieving our goals for 2025. That means we will embed our EDI ambitions into performance objectives, business plans and ensure our Board of Trustees and our committees have sight of our progress. We will also look to share our progress publicly.

This is a defining moment for us as an organisation. By drawing on the energy, experiences and challenges of our colleagues, volunteers, supporters, external partners, and patients, we will ensure the BHF is focusing on what matters most – and together, ignite change across the BHF and beyond.

Appendix

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Special thanks

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**British Heart
Foundation**