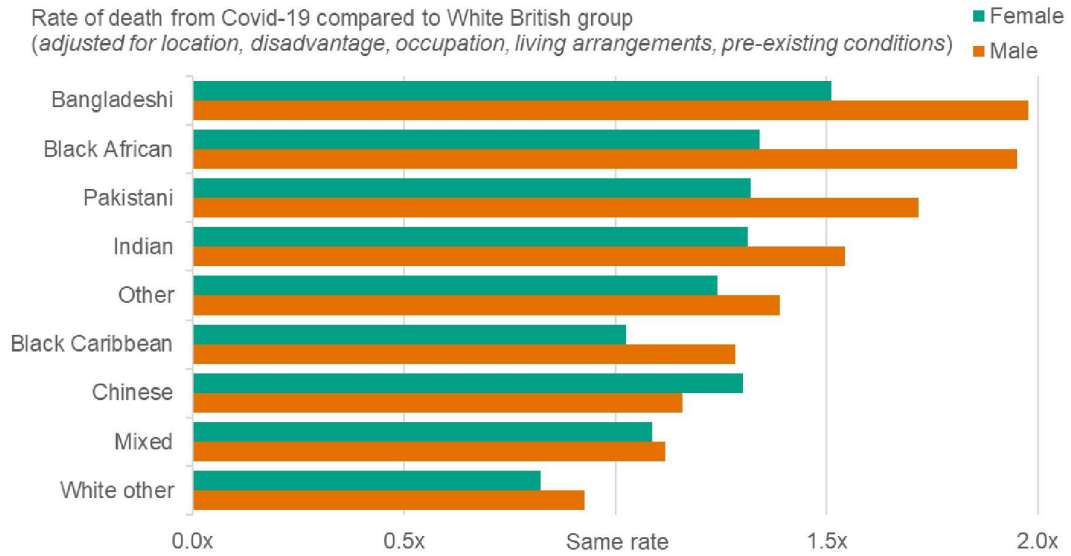
cancer – e.g. prostate cancer makes up over 40% of Black men's cancer compared with around 15% among Chinese men and 35% among all men[17]), sexually transmitted infections, and HIV.

15. There were also important disparities in outcomes between ethnic groups in **Covid-19 exposure and mortality.** Up to March 2021, controlling for age only, the Bangladeshi group had the highest rates of Covid-19 mortality, 4.2 and 3.3 times greater than for White British males and females respectively. Evidence is mixed regarding the independent contribution of ethnicity in these outcomes. Adjusting for geography, deprivation, job, living arrangements and underlying health did account for a large proportion of the excess Covid-19 mortality risk in some ethnic minority groups; however, most Black and South Asian groups remained at higher risk than White British, even once these factors had been accounted for.[18]

Rate of death from Covid-19 by ethnicity



Source: ONS (2021), Updating ethnic contrasts in deaths involving the coronavirus (Covid-19), England: 24 January 2020 to 31 March 2021

16. Another key area is **maternal and infant health outcomes.** Poor maternal outcomes are higher for mothers and babies from Black and Asian ethnic groups with 34 deaths among Black women for every 100,000 giving birth compared to 15 for Asian women and 8 for White women.[19]

17. **Infant mortality** rates are also higher among non-White ethnic minority groups than White groups. For example, stillbirth rates were highest for babies from Black ethnic groups between 2007 and 2019.[20] The reasons for stillbirth also vary by ethnicity. For example, ONS data found that the Black ethnic group had the highest infant mortality rates for low birthweight babies and also had the highest percentage of preterm live births. For most ethnic groups, immaturity-related conditions were the main cause of infant mortality, whereas for Bangladeshi and Pakistani ethnic groups the main cause is congenital anomalies. [21] Explanations for variations in infant mortality between ethnic groups are complex, involving the interplay of deprivation, environmental, physiological, behavioural and cultural factors.

18. On other infant health, White mothers are more likely to receive health visitor reviews during the first year follow-up.[22] White children overall are also less likely to experience tooth decay by age five, with Asian children showing almost double the rate of tooth decay and 'Other' ethnic groups more than double.[23] Note, however, that Irish and Gypsy