ITEM 6

North Yorkshire County Council

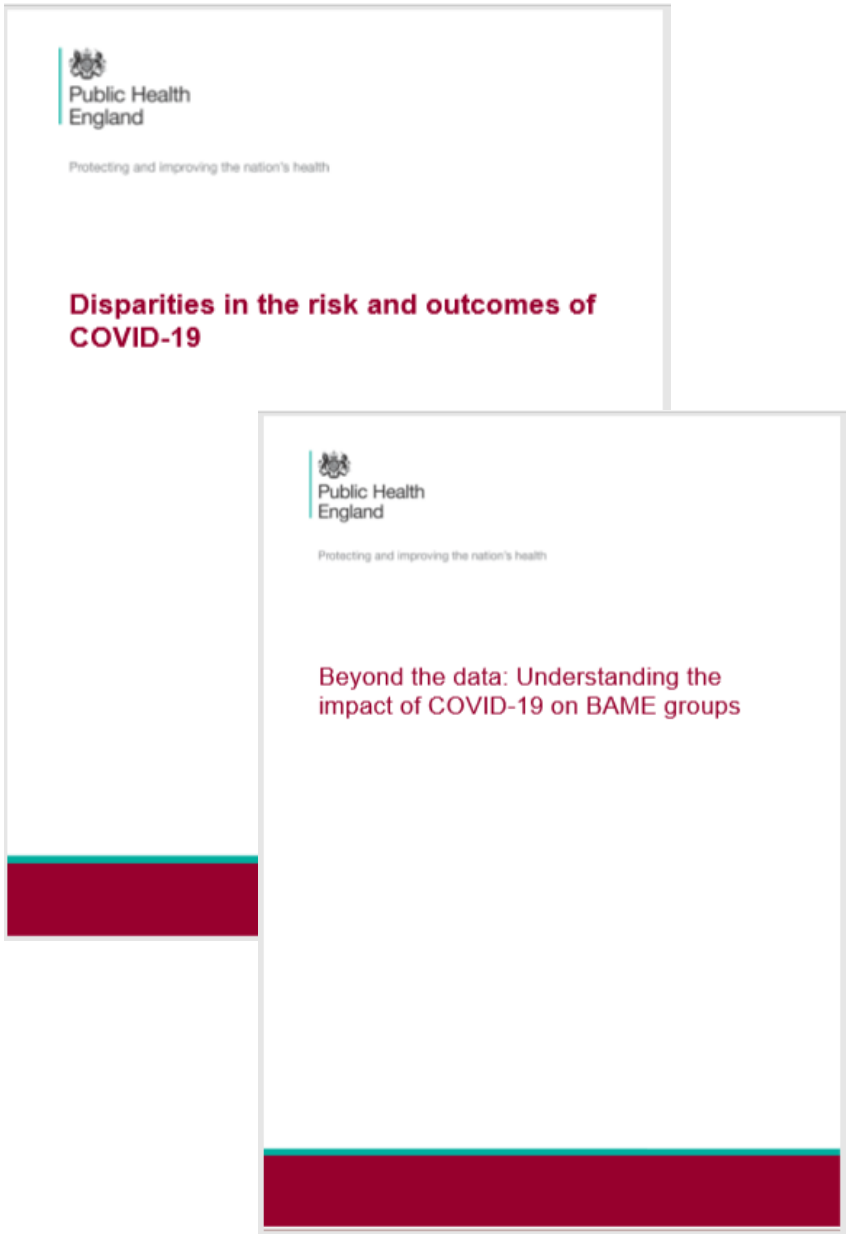
Beyond the data: Understanding the impact of COVID-19 on BAME groups

Outbreak Management Advisory Board

18th August 2020

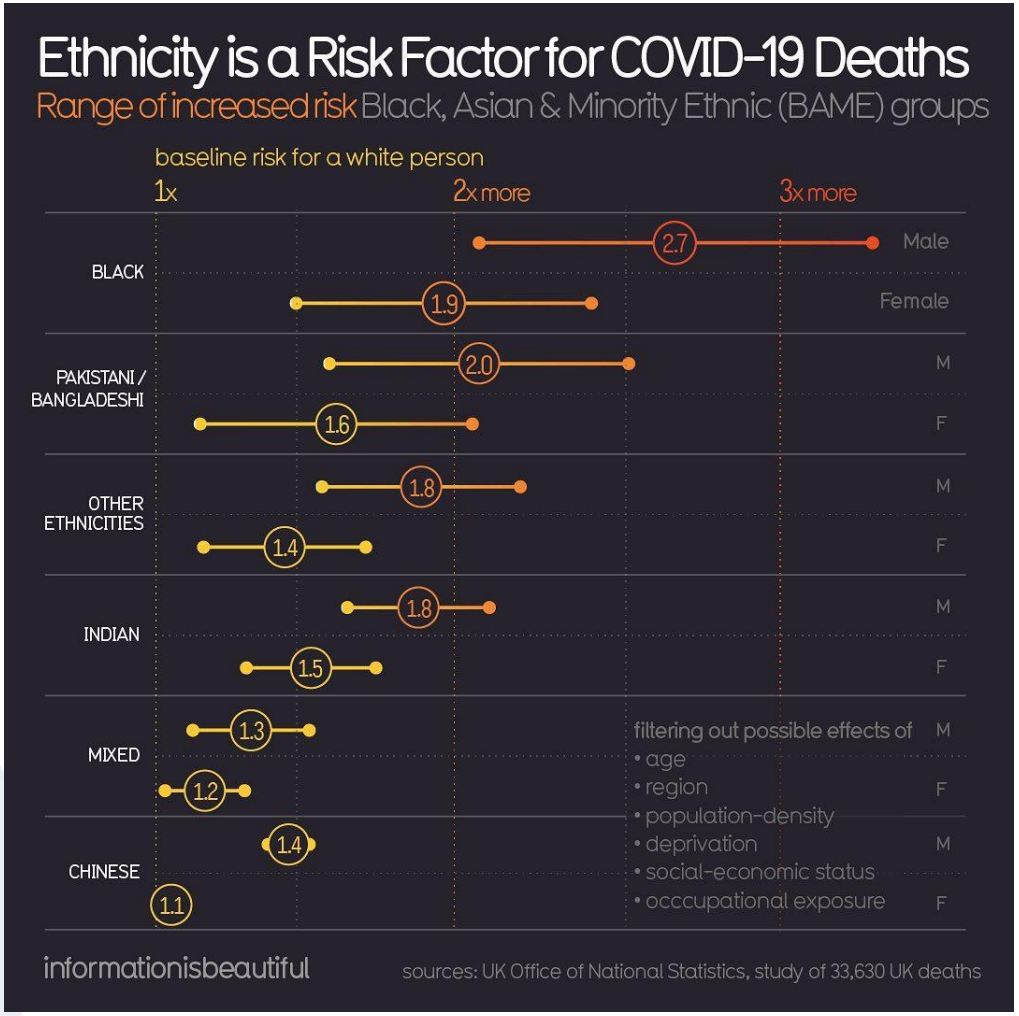
Background

- Research by Public Health England (PHE) and others into differences in risks and outcomes of COVID-19 between different groups of people
- Inequalities found between age groups, gender, deprivation level, ethnicity
- Higher risk in older age groups, males, people living in more deprived areas, and Black, Asian and Minority Ethnic (BAME) groups
- Further report published to identify causes of impact on BAME groups in particular



What the report says

- There is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19
- The highest age-standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups and the lowest were in people of White ethnic groups



What the report doesn't cover

- Did not account for the effect of:
  - Occupation
  - Comorbidities
  - Obesity

- These factors are important – associated with risk of catching and/or dying of COVID-19
- In other studies when co-morbidities are included – difference in death rates between ethnic groups is reduced

- Genetics not included in scope of review

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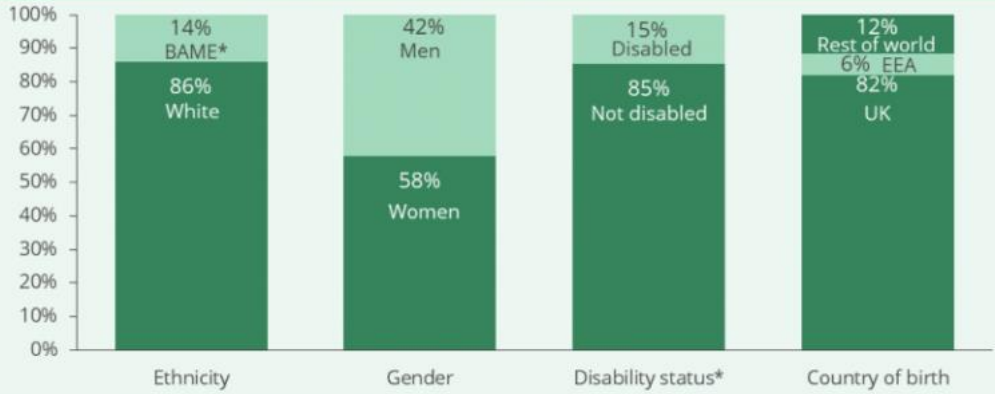
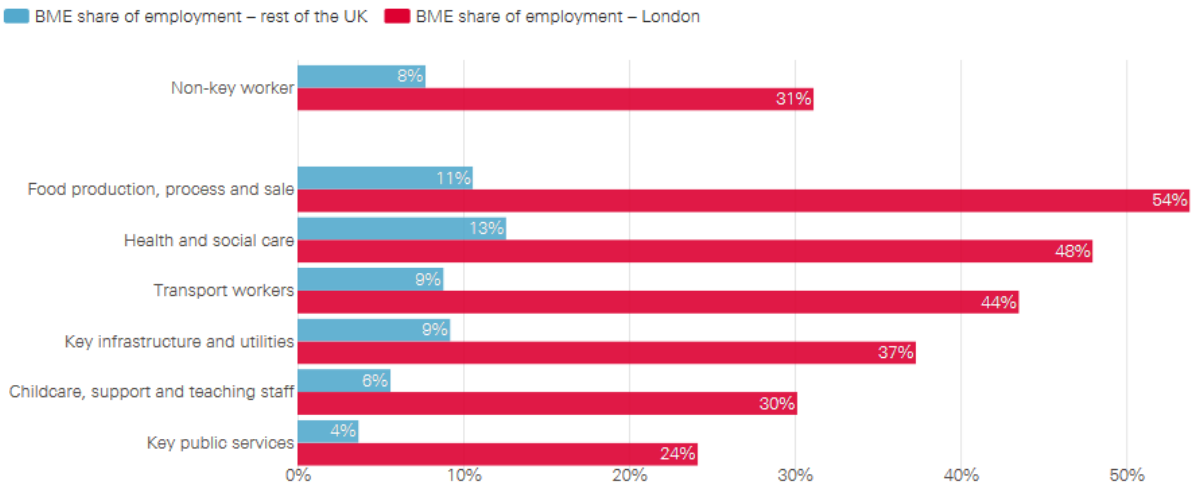
Key workers are more likely than average to be BAME, women, and born outside the UK



Source: ONS, Key workers reference tables, Tables 6a, 4a, 10a, 5a, May 2020.
*BAME = 4% Black, 7% Asian, 1% Mixed, 2% Other
*Disability status as defined by the Equality Act

Black and minority ethnic (BME) workers make up a disproportionately large share of key worker sectors in London



The Health Foundation
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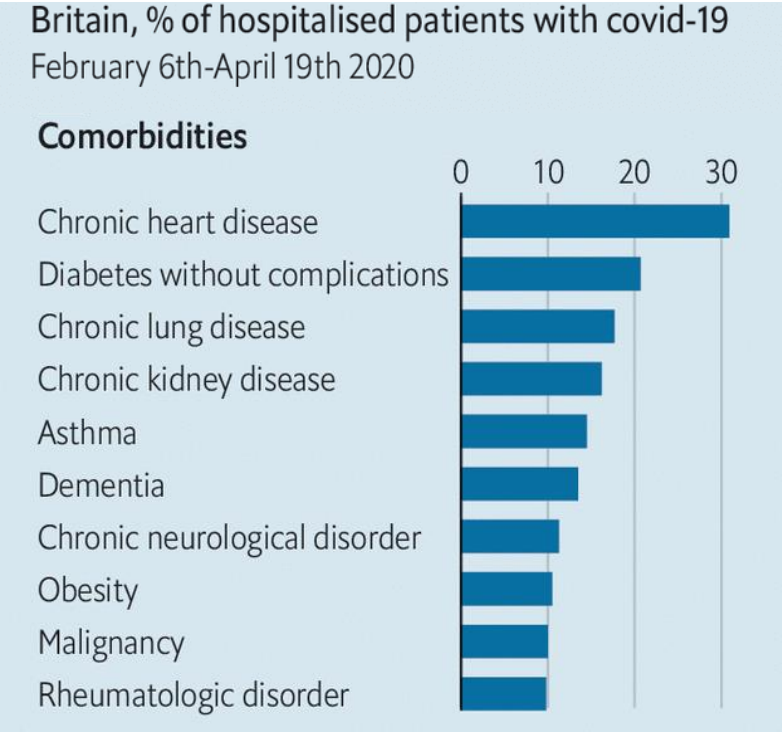
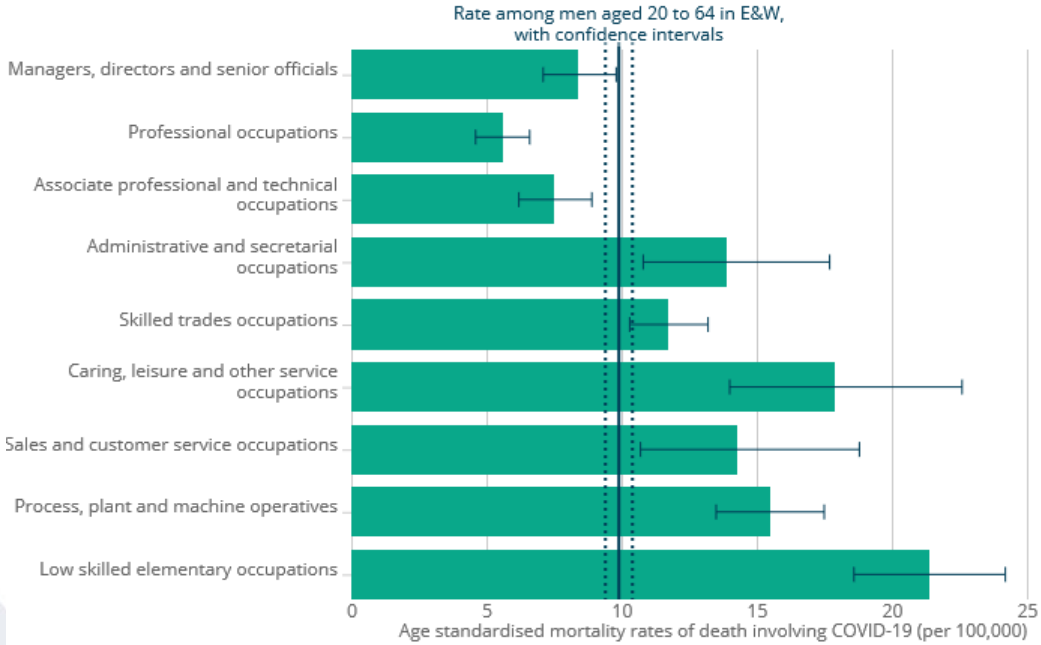
Source: Health Foundation analysis of Labour Force Survey, ONS • Note: Data is a 4-year average for Q1–4 2019

COVID infections associated with co-morbidities



Data: BMJ, 2020

COVID mortality associated with occupation



Data: ONS

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Socioeconomic risk

- People of Black, Asian and other minority ethnic groups may be more exposed to COVID-19, and therefore are more likely to be diagnosed
  - Individuals from BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure (e.g. key workers)
  - Individuals from BAME groups are more likely to use public transportation to travel to their essential work.

- Risks associated with COVID-19 transmission, morbidity, and mortality can be exacerbated by the housing challenges faced by some members of BAME groups

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Health & health seeking behaviour

- Many pre-existing health conditions that increase the risk of having severe infection (e.g. diabetes) are more common in BAME groups and many of these conditions are socioeconomically patterned

- Historic racism and poorer experiences of healthcare or at work may mean that individuals in BAME groups are less likely to seek care when needed or as NHS staff are less likely to speak up when they have concerns about Personal Protective Equipment (PPE) or risk.

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Economic disadvantage

- Both ethnicity and income inequality are independently associated with COVID-19 mortality
- Strong association between economic disadvantage and COVID-19 diagnoses, incidence and severe disease
- Economic disadvantage is also strongly associated with the prevalence of smoking, obesity, diabetes, hypertension and their cardio-metabolic complications, which all increase the risk of disease severity

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Recommendations

1. Mandate **comprehensive and quality ethnicity data collection and recording** as part of routine NHS and social care data collection systems
2. Support **community participatory research**
3. **Improve access, experiences and outcomes** of NHS, local government and integrated care systems commissioned services by BAME communities
4. Accelerate the development of **culturally competent occupational risk assessment tools**
5. Fund, develop and implement **culturally competent COVID-19 education and prevention campaigns**, working in partnership with local BAME and faith communities
6. Accelerate efforts to target **culturally competent health promotion and disease prevention programmes**
7. Ensure that COVID-19 recovery strategies actively **reduce inequalities** caused by the wider determinants of health to create long term sustainable change

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How we should respond

Short term

- Proactive intervention on risk factors (e.g. cardiovascular disease, smoking cessation) to mitigate the effect of wider socioeconomic issues

Long term

- Continued action to reduce inequalities
- Act to change the underlying structural and societal environments (e.g. homes, neighbourhoods, work places) - not solely focusing on individuals and their health behaviours

*How we should **not** respond – shielding people on basis of ethnicity*

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Local examples/suggestions

- Addressing underlying inequalities and wider determinants of health is a core part of PH work
  - Also included as part of COVID recovery workstreams

Areas of potential focus:

- Targeted work with BAME individuals/communities as part of public health services e.g. weight management, smoking cessation, flu vaccination
- Consideration as part of targeted health promotion communications to specific groups
- Ensuring routine collection of ethnicity data in across public health, social care and wider health services
- Consideration of ethnicity as part of Joint Strategic Needs Assessment process (embedded within thematic JSNAs but also specific e.g. Gurkhas)

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Links into wider work

- West Yorkshire and Harrogate ICS – independent review into the impact of COVID-19 on health inequalities and support needed for BAME communities and staff
- Humber, Coast and Vale ICS – review led by Steve Russell and PHE paper reviewed by Population Health Management and Prevention Board. Board to be responsible for capturing progress against the 7 recommendations in the report
- We are the NHS: People Plan for 2020/21 includes specific commitments on urgent action to address systemic inequality that is experienced by some NHS staff including BAME staff

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