

Workshop on the disproportionate impacts of COVID-19 on BAME populations

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Covid 19 has shone a light on existing long standing health inequalities

Can't think about COVID 19 without thinking about Black Lives Matter

BAME communities make up 14% of population but make up 34% of critically ill covid sufferers and BAME people are twice as likely to die from COVID 19 than their white counterparts

Majority of doctors – GPs and hospital doctors who died were from a BAME background- many coming from overseas

- **Quite complex - intersectional**
- **Socio demographic characteristics – age, geography, wealth, prior health, preexisting comorbidities**
- **Biological Explanations – eg Vitamin D deficiency**
- **Structural racism**

PHE (2020) Beyond the data: Understanding the impact of COVID-19 on BAME groups

- The PHE review of disparities in the risk and outcomes of COVID-19 shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19.
- This review found that the highest age standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males).
- An analysis of survival among confirmed COVID-19 cases showed that, after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British.
- Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups.

Longstanding health inequalities in BAME Communities

- Longstanding inequalities exacerbated by COVID-19
- Increased risk of exposure to and acquisition of COVID-19
- Occupation, population density, use of public transport, household composition and housing conditions,
- high proportion of BAME groups that were key workers and in occupations that placed them at risk by increasing the likelihood of social contact and increasing the risk of being exposed to those infected with COVID-19.
- workplace bullying, racism and discrimination create environments that do not allow workers to express and address concerns about risk.

Increased risk of complications and death from COVID-19

- Once infected, many of the pre-existing health conditions that increase the risk of having severe infection (such as having underlying conditions like diabetes and obesity) are more common in BAME groups and many of these conditions are socioeconomically patterned.
- For many BAME groups, especially in poor areas, there is a higher incidence of chronic diseases and multiple long-term conditions (MLTCs), with these conditions occurring at younger ages.
- The role of severe mental illness as a risk factor for COVID-19 disease severity and death.

Racism, discrimination, stigma, fear and trust

- Racism and discrimination experienced by communities and more specifically by BAME key workers are a root cause affecting health, and exposure risk and disease progression risk.
- Racial discrimination affects people's life chances and the stress associated with being discriminated against based on race/ethnicity affects mental and physical health.
- Issues of stigma with COVID-19 were identified as negatively impacting health seeking behaviours.
- Fear of diagnosis and death from COVID-19 was identified as negatively impacting how BAME groups took up opportunities to get tested and their likelihood of presenting early for treatment and care.
- For many BAME groups lack of trust of NHS services and health care treatment resulted in their reluctance to seek care on a timely basis, and late presentation with disease.
- Further consideration needs to be given to factors such as diet, vitamin D and housing.
- impacts of COVID-19 on BAME groups, which will likely be very long term and severe, with lasting health and wellbeing impacts.
- There was a clear ask for improved data collection on ethnicity, occupation and faith in all routine clinical data and death certification.
- Research and data: to deepen our understanding of the wider socio-economic determinants, improve data recording of faith and ethnicity and greater use of community participatory research.

Biological consequences of racism

“While race may not be biological, racism has biological consequences”

Leith Mullings (2005:87)

Maternal Mortality

Black women are 5 times more likely, than white women, to die from complications in pregnancy and childbirth.

Saving Lives, Improving Mothers' Care,
MBRRACE, UK Nov 2018, Nov 2019

Impact of COVID on BAME Pregnant women

In a study of 427 pregnant women admitted to UK hospitals with a confirmed SARS-CoV-2 infection, researchers found that most women did not have a severe illness and were generally admitted to the hospital in their third trimester of pregnancy. More than half of the pregnant women belonged to Asian (25%), Black (22%) or other ethnic minority groups.

Research Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study

BMJ 2020; 369 doi: <https://doi.org/10.1136/bmj.m2107> (Published 08 June 2020) *BMJ* 2020;369:m2107

Conclusion

The unequal impact of COVID-19 on BAME communities may be explained by a number of factors ranging from social and economic inequalities, racism, discrimination and stigma, occupational risk, inequalities in the prevalence of conditions that increase the severity of disease including obesity, diabetes, CVD and asthma. Unpacking the relative contributions made by different factors is challenging as they do not all act independently.

References and Resources

BBC/David Harewood (March 2nd 2021) Is Covid Killing People of Colour?

[BBC/ OU. Race, Covid and Me https://youtu.be/FdaGz5uFfRQ](https://youtu.be/FdaGz5uFfRQ)

PHE (2020) Beyond the data: Understanding the impact of COVID-19 on BAME groups. London: Public Health England

THANK YOU
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