Public Health England

Protecting and improving the nation's health

COVID-19, Health Inequalities and Recovery

Professor Kevin Fenton MD PhD FFPH

Regional Director, PHE London & Regional Director of Public Health, NHS London

@ProfKevinFenton

LGA & ADPH Annual Public Health Conference – 23 March 2021

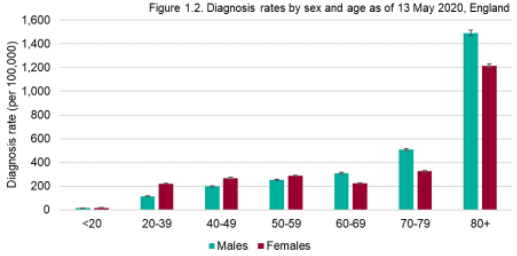
COVID-19: Disparities in risks and outcomes

MIXED METHODOLOGY INVESTIGATION INTO COVID-19 RELATED HEALTH DISPARITIES

Cases - Age and sex

Diagnosis rates increase with age. Among people under 60, diagnosis rates were higher in females than males, and among people aged 60 years and older, diagnosis rates were higher in males

Figure 1.2. Diagnosis rates by sex and age as of 13 May 2020, England



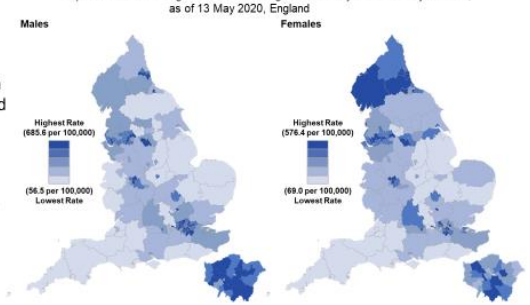
Source: Public Health England Second Generation Surveillance System

4 Disparities in the risk and outcomes from COVID-19

Cases - Geography

Among males there was a 12-fold difference in age standardised diagnosis rates between local authorities and an 8-fold difference in the rates among females

Maps 2.1A and 2.1B: Age standardised diagnosis rates by local authority and sex, as of 13 May 2020, England



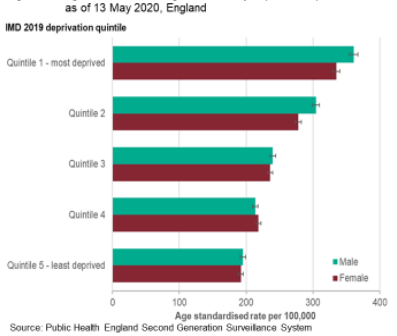
Source: Public Health England Second Generation Surveillance System

5 Disparities in the risk and outcomes from COVID-19

Cases - Deprivation

The rate in the most deprived quintile was 1.9 times the rate in the least deprived for males and 1.7 times the rate for females

Figure 3.2: Age standardised diagnosis rates by deprivation quintile and sex, as of 13 May 2020, England



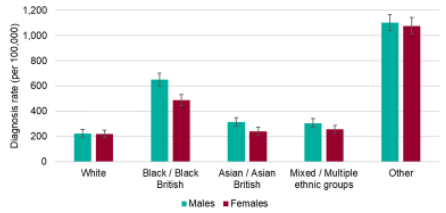
Source: Public Health England Second Generation Surveillance System

6 Disparities in the risk and outcomes from COVID-19

Cases- Ethnicity

The highest age standardised diagnosis rates of COVID-19 were in people in the Other and Black ethnic groups, and the lowest rates were in the White ethnic groups

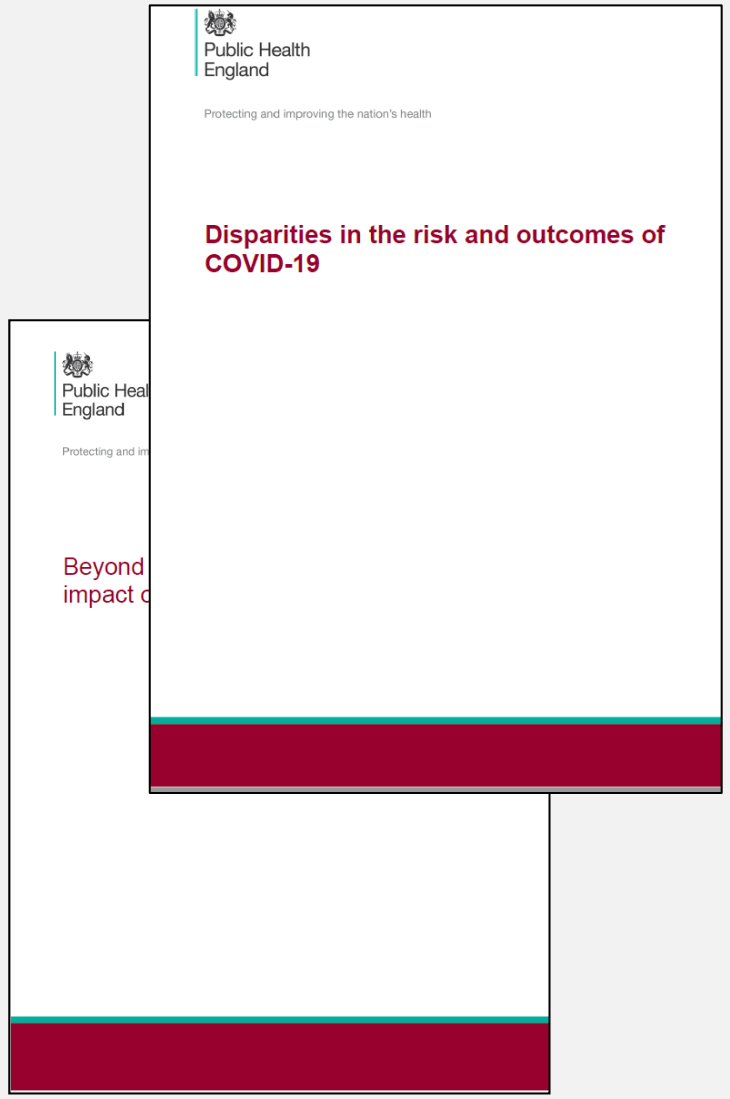
Figure 4.2: Age standardised diagnosis rates by ethnicity and sex, as of 13 May 2020, England



The rates in the Other ethnic group are likely to be an overestimate due to the difference in the method of allocating ethnicity codes to the cases data and the population data used to calculate the rates

Source: Public Health England Second Generation Surveillance System

7 Disparities in the risk and outcomes from COVID-19



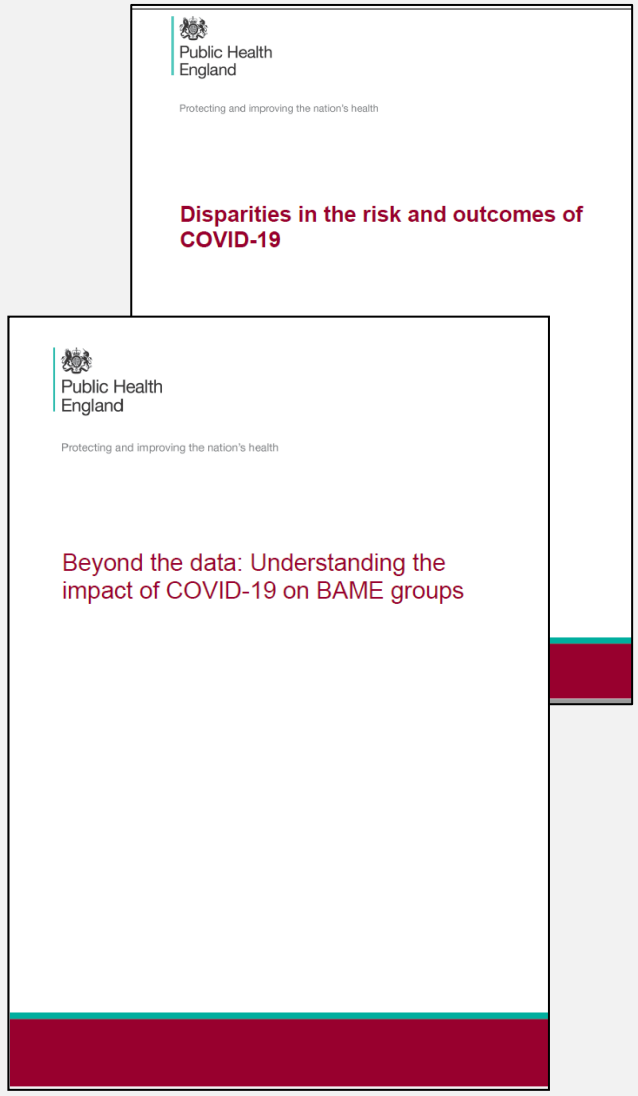
COVID-19: review of disparities in risks and outcomes - GOV.UK (www.gov.uk)

“Ethnic inequalities in health and wellbeing in the UK existed before COVID-19 and the pandemic has made these disparities more apparent and undoubtedly exacerbated them.

The unequal impact of COVID-19 on Black, Asian and Minority Ethnic (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.

….BAME stakeholders expressed deep concern and anxiety that if lessons are not learnt from this initial phase of the epidemic, future waves of the disease could again have severe and disproportionate impacts. All were united in the commitment that urgent, collaborative and decisive action is required to avoid a repeat of this in the future.

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



Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities (publishing.service.gov.uk)

PHE Beyond the Data Recommendations

RECOMMENDATIONS BASED ON REVIEW OF DATA, EVIDENCE AND STAKEHOLDER INPUT

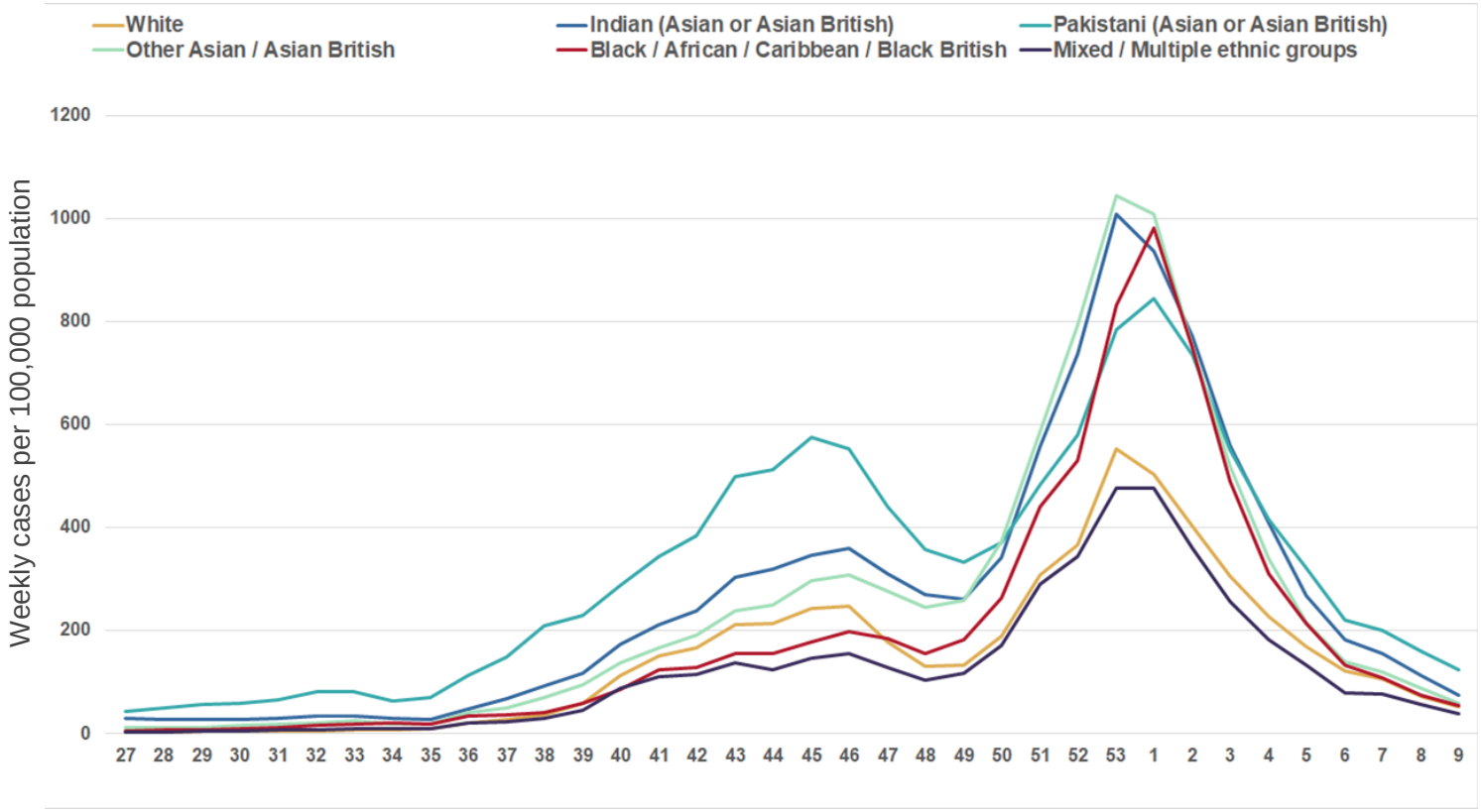
1. Mandate comprehensive and quality **ethnicity data collection and recording** in NHS and social care data collection systems, including at death certification
2. Support **community participatory research** to understand the social, cultural, structural, economic, religious, and commercial determinants and to develop solutions
3. Improve **access, experiences and outcomes** of NHS, local government and Integrated Care Systems commissioned services including audits, equity in workforce and employment and rebuild trust.
4. Accelerate development of **culturally competent occupational risk assessment tools** for a variety of occupational settings.
5. Fund, develop and implement **culturally competent COVID-19 education and prevention campaigns** in partnership with local BAME and faith communities
6. Accelerate efforts to target **culturally competent health promotion and disease prevention programmes** for non-communicable diseases
7. Ensure that COVID-19 **recovery strategies actively reduce inequalities** caused by the wider determinants of health to create long term sustainable change.

The report's recommendations were designed to be implementable, scalable, appropriate and impactful in tacking the pandemic's disproportionality and help mitigate the impact of subsequent waves.

COVID-19 in England: Ethnicity

ETHNIC DISPARITIES IN DISEASE INCIDENCE HAVE PERSISTED THROUGHOUT PANDEMIC

England: Weekly COVID-19 cases per 100,000 population by ethnicity



Source: PHE

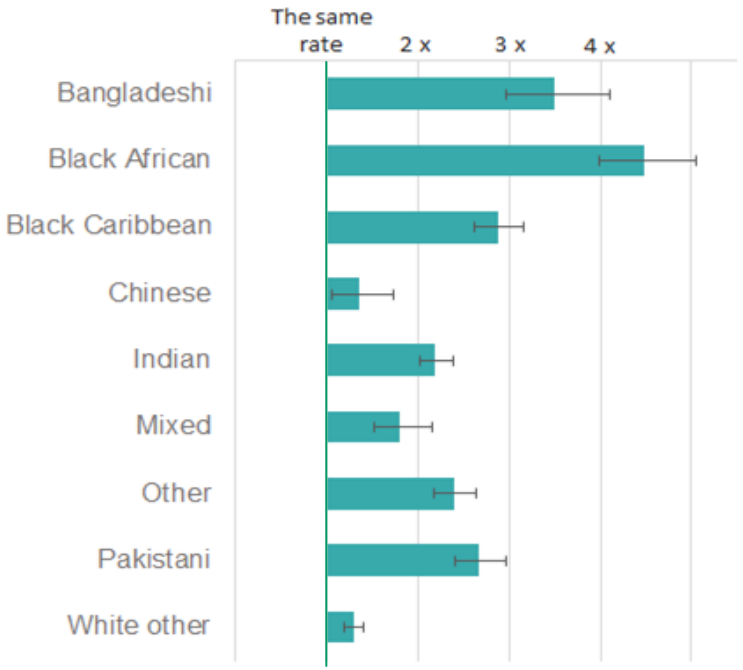
Throughout the pandemic, COVID-19 case rates have been considerably higher amongst most ethnic minority communities, when compared to the White British population.

Cases amongst the Black and South Asian communities rose at an alarming rate in the second peak, widening the this disparity.

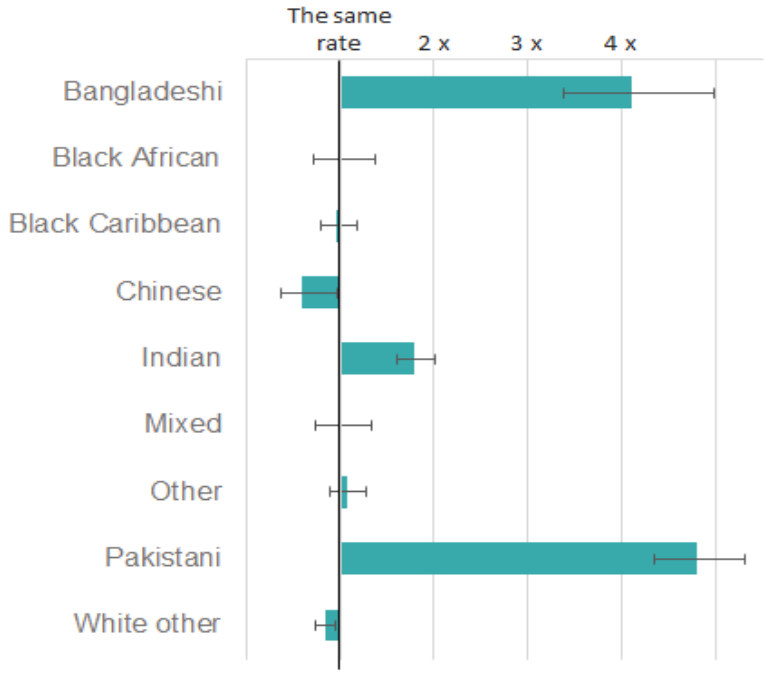
COVID-19: Ethnic disparities over time

CHANGING PATTERNS OF INCIDENCE, DISPARITIES AND RISK OBSERVED IN 2ND WAVE

England Wave 1 (24 Jan 20 - 31 Aug 20): age standardised rate of COVID-19 death for men by ethnic group relative to the White British population.



England Wave 2 (1 Sep 20 - 28 Dec 20): age standardised rate of COVID-19 death for men by ethnic group relative to the White British population.



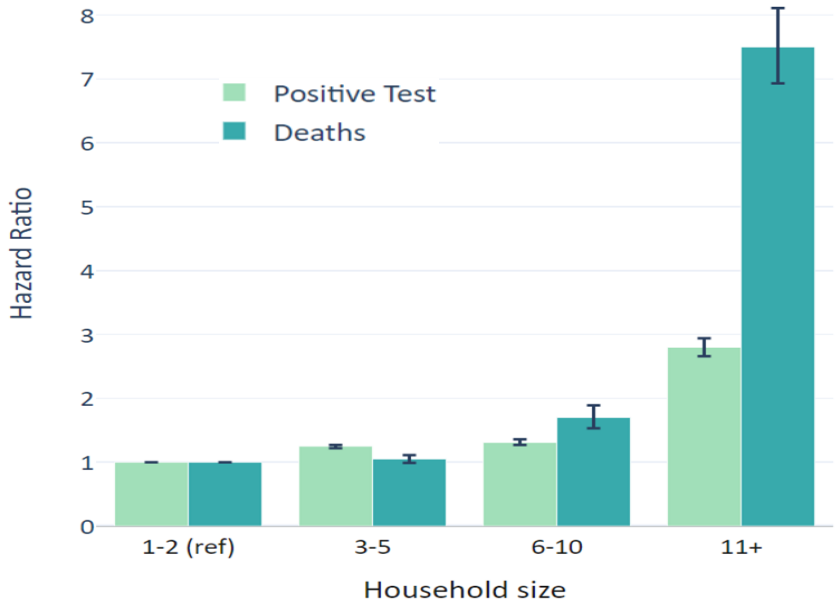
In the first wave, all ethnic minority men were much more likely to die from COVID-19 than White British men of the same age. In the second wave, the mortality risk remained particularly high for Pakistani and Bangladeshi men.

Source: medRx iv - Published Ethnic differences in COVID19 mortality during the first two waves of the Coronavirus Pandemic

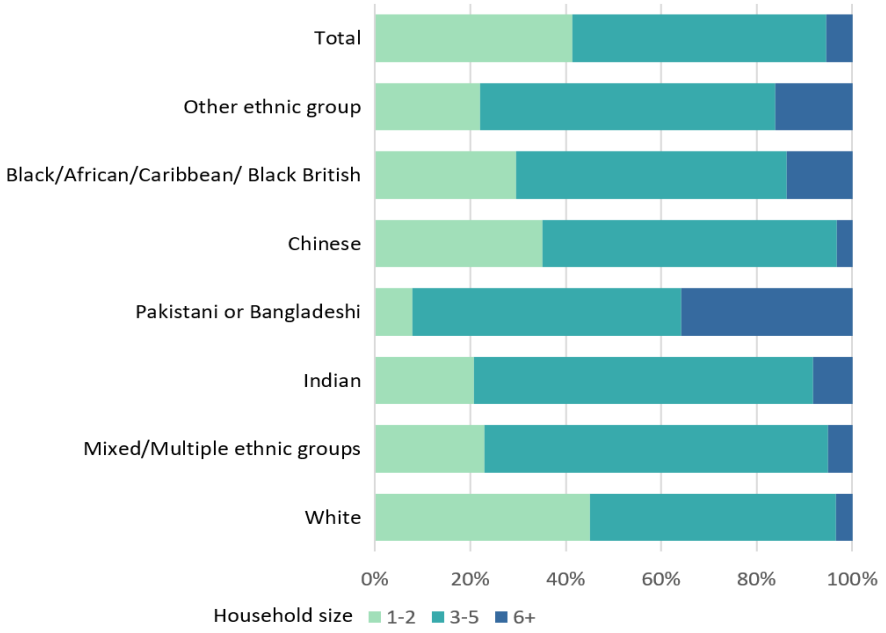
COVID-19: Household size and composition

HOUSEHOLD SIZE IS A FACTOR THAT CONTRIBUTES TO THE EXCESS RISKS OF COVID-19 INFECTION AND MORTALITY IN MINORITY ETHNIC GROUPS

The UK's largest households are almost 3 times more likely to get COVID-19 than the smallest households; they are also 7.5 times more likely to die from it*.



36% of Pakistani or Bangladeshi live in households of 6+ people, compared to just 3.5% White.



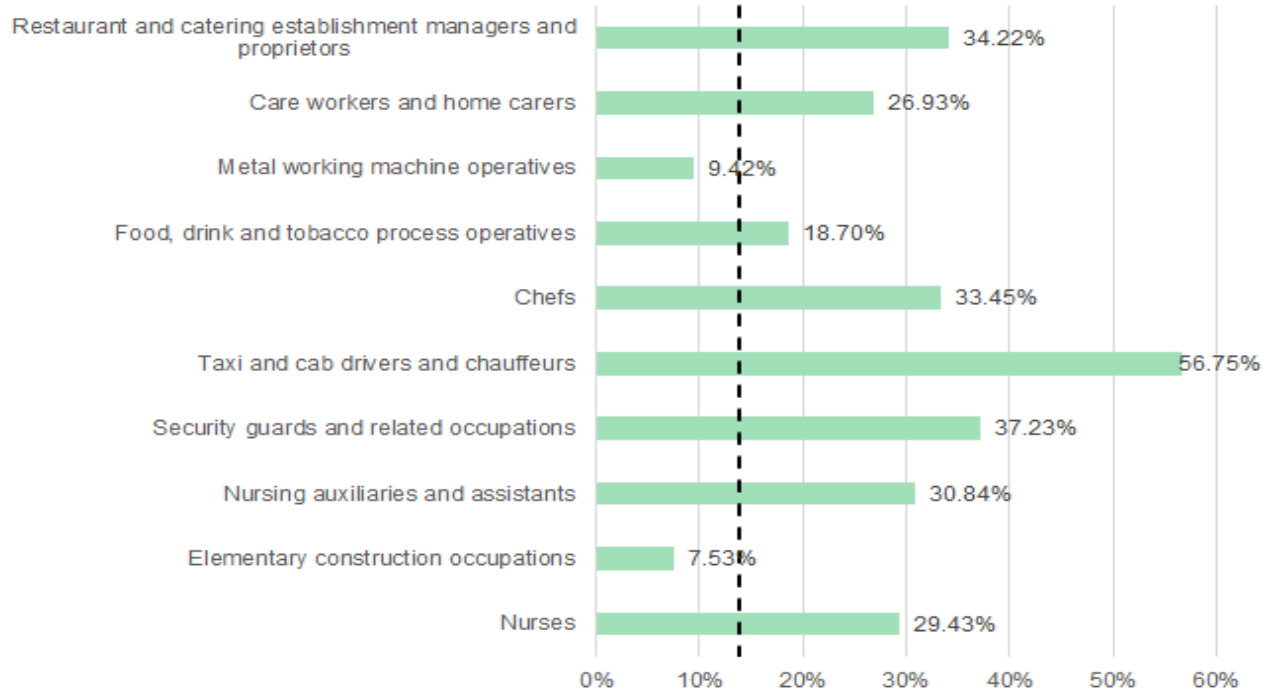
*These ratios adjust for age, sex, ethnicity, deprivation, comorbidities, clinical risk factors, number of GP consultations and region. In England: **22 million** live in households of **1-2** people; **28 million** in **3-5**; and **3 million** in households of 6+.

Source: Household transmission and ethnicity; Ethnic differences in COVID19; Household size and Ethnicity

COVID-19: Occupational risk

GREATER UNDERSTANDING OF THE ROLE OF OCCUPATIONAL RISK OF EXPOSURE

England and Wales: % of men working in the highest death rate occupations who are ethnic minority



Source: ONS analysis on male deaths involving COVID-19 among selected individual occupations, between 9th March and 28th December 2020; ONS Est.employment by occupation, sex and ethnicity, England, January 2017 to December 2019

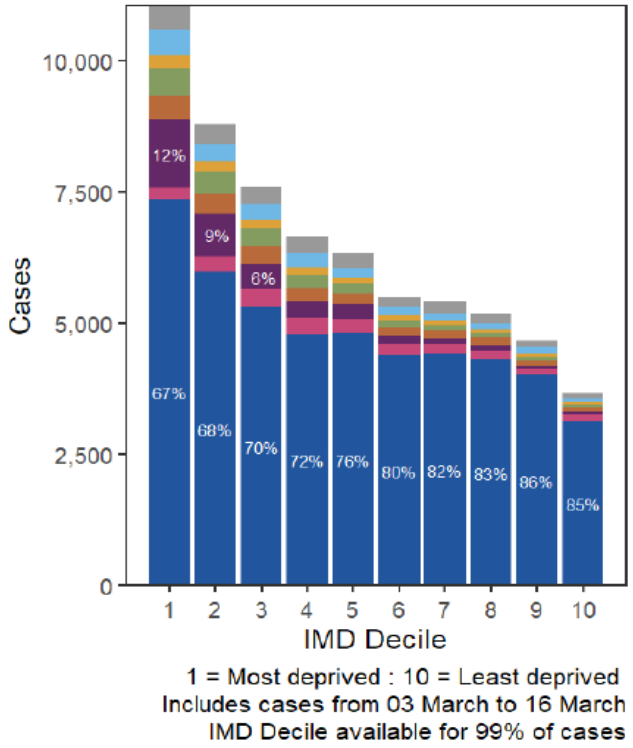
Ethnic minority men are much more likely to work in high risk occupations.

They are overrepresented in **eight out of the ten** highest death rate occupations; this is particularly true for taxi and cab drivers.

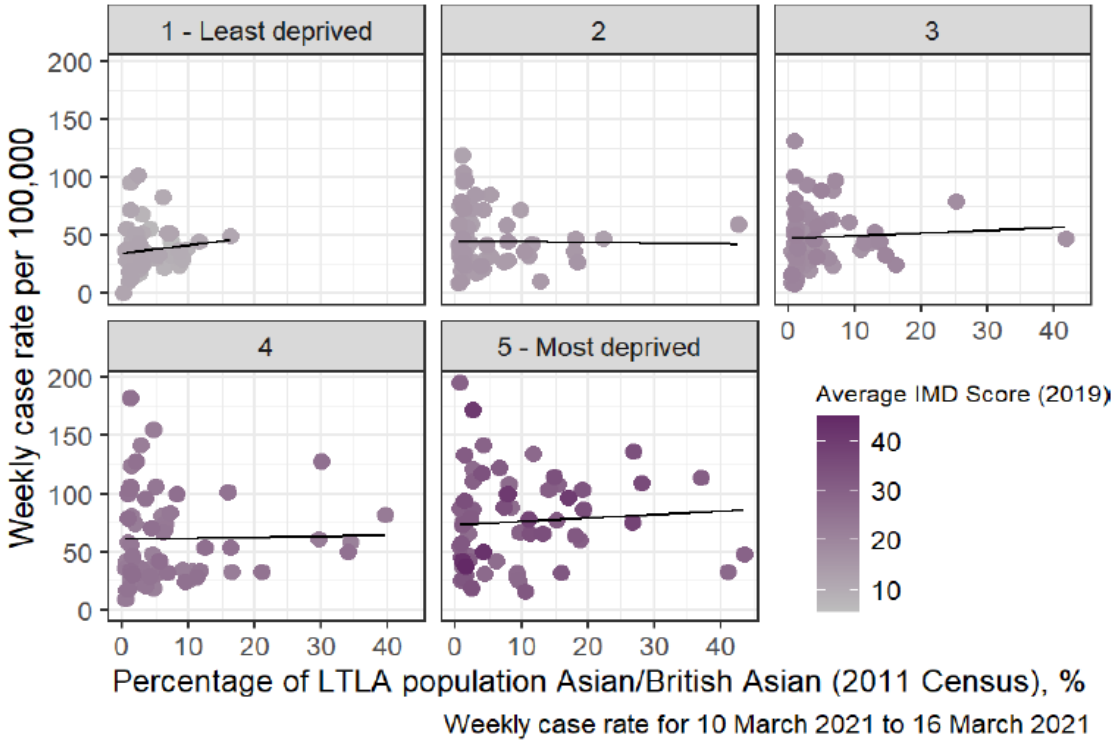
COVID-19: Ethnicity and deprivation

STRONG ASSOCIATION BETWEEN DISEASE INCIDENCE AND DEPRIVATION

Data up to 16 March 2021



1 = Most deprived : 10 = Least deprived
Includes cases from 03 March to 16 March
IMD Decile available for 99% of cases

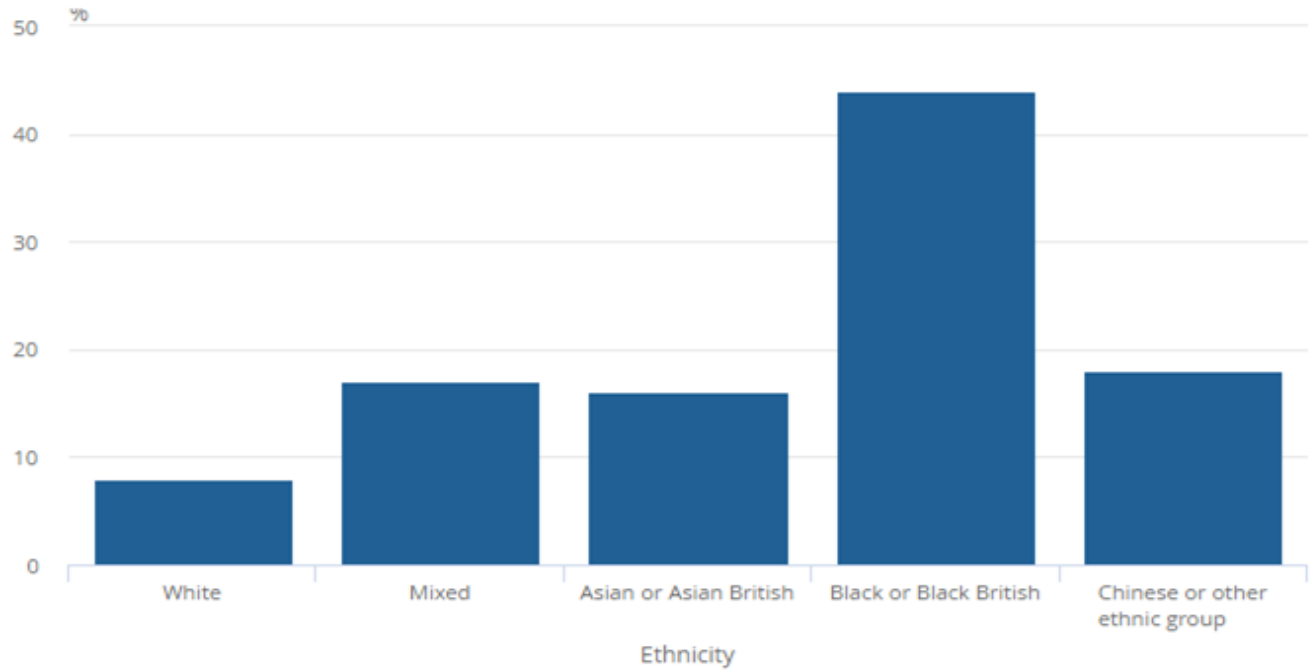


Weekly case rate for 10 March 2021 to 16 March 2021

COVID-19: Vaccine hesitancy

INEQUALITIES MANIFESTED IN EVERY ASPECT OF THE COVID-19 RESPONSE

Great Britain: Vaccine hesitancy by ethnic group, 13 January to 7 February 2021.



Source: ONS Coronavirus and vaccine hesitancy, 13 January to 7 February 2021

Over 4 in 10 Black or Black British adults reported feeling hesitant about the COVID-19 vaccine.

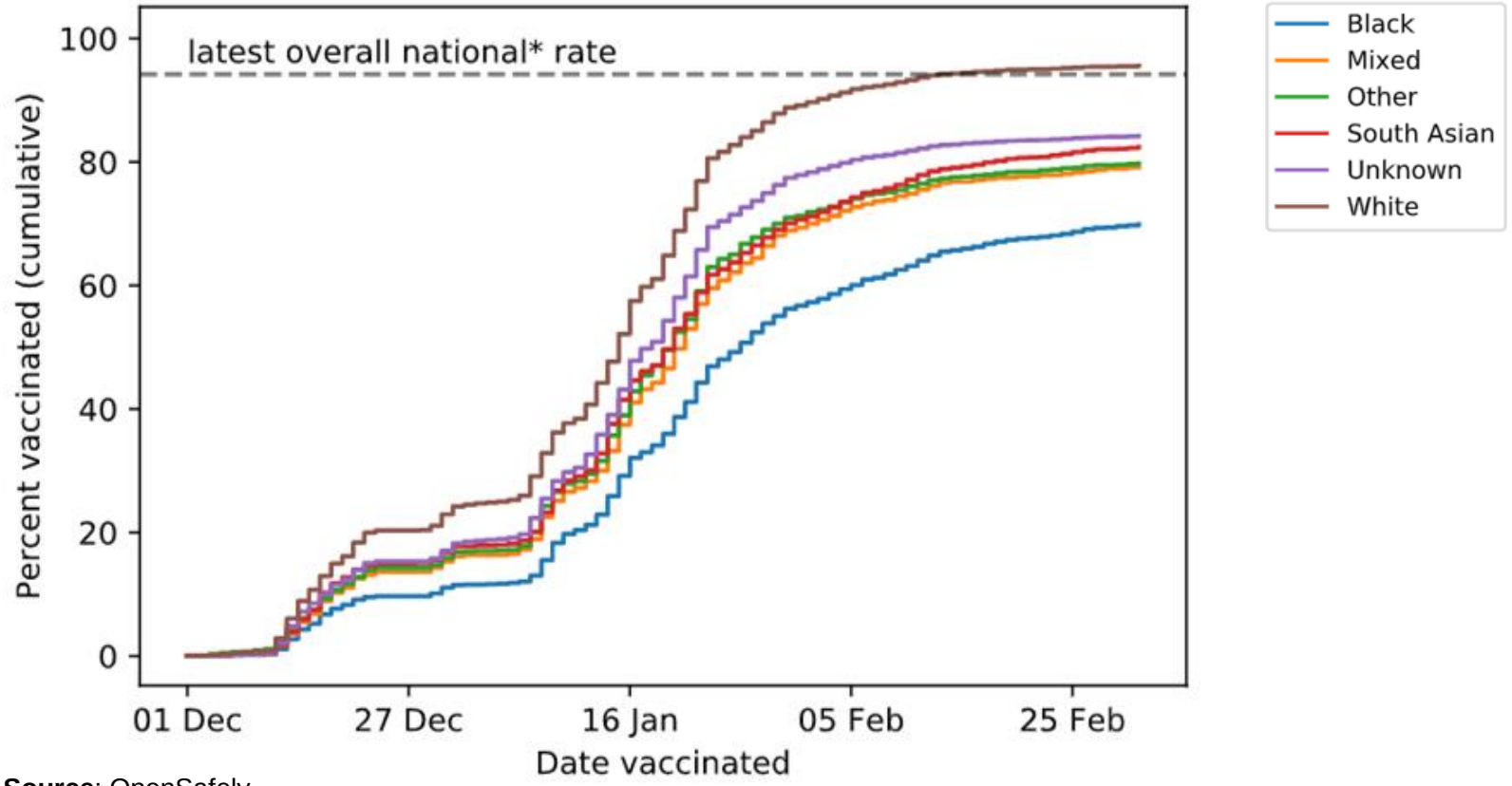
Some of the reported concerns related to side effects, long term health effect and questions on how well the vaccine works,

Other ethnic minority groups also show more hesitance towards the vaccine than the White group.

COVID-19: Vaccine uptake by ethnicity

DIFFERENTIAL VACCINE UPTAKE MAY HAVE IMPLICATIONS FOR DISEASE CONTROL EFFORTS

England: COVID-19 vaccinations amongst the 80+ population by ethnicity



Source: OpenSafely

Compared to the White group, COVID-19 vaccine coverage has been much lower amongst the Black community.

This is also true for the 60-69 and 70-79 age cohorts.

Public Health England

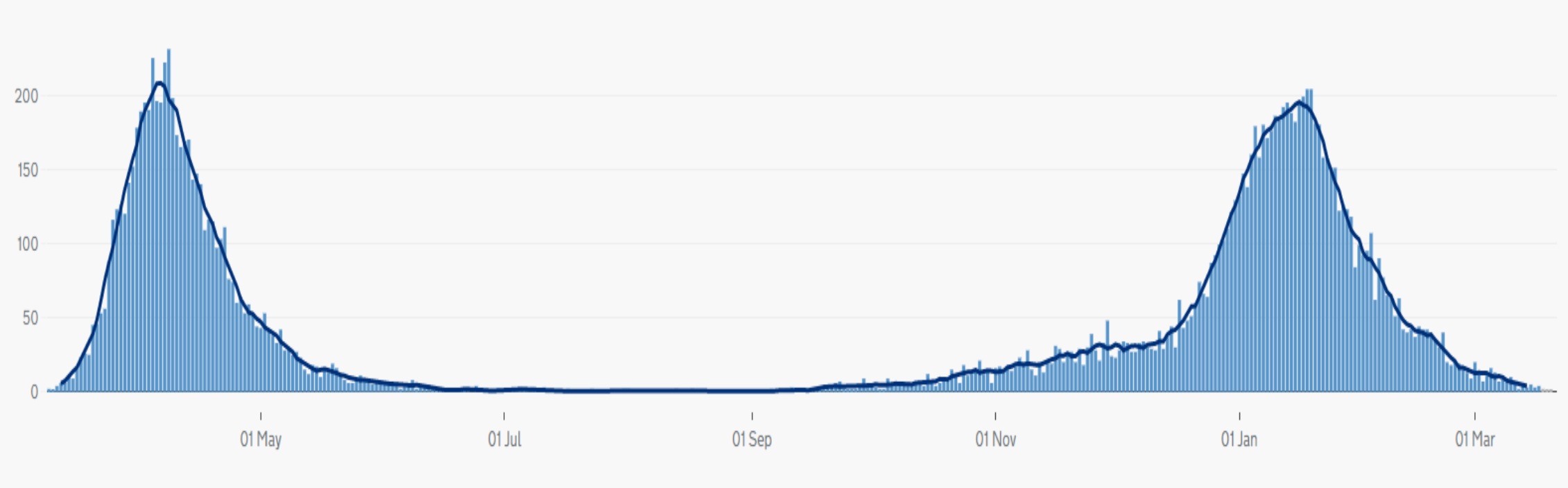
Protecting and improving the nation's health

Impact and response in London

LGA & ADPH Annual Public Health Conference – 23 March 2021

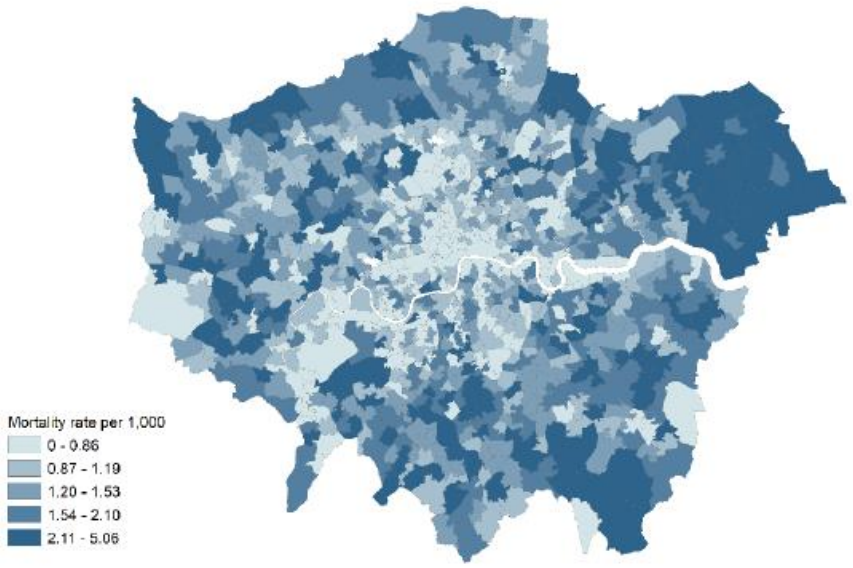
Trends in reports of people diagnosed with COVID-19 and died within 28 days of the first positive test, London

Total Cases: 707,336
Total Deaths: 15380
Worst affected boroughs: Barking and Dagenham, Barnet, Brent, Bexley, Croydon, Ealing, Enfield, Harrow, Havering, Redbridge



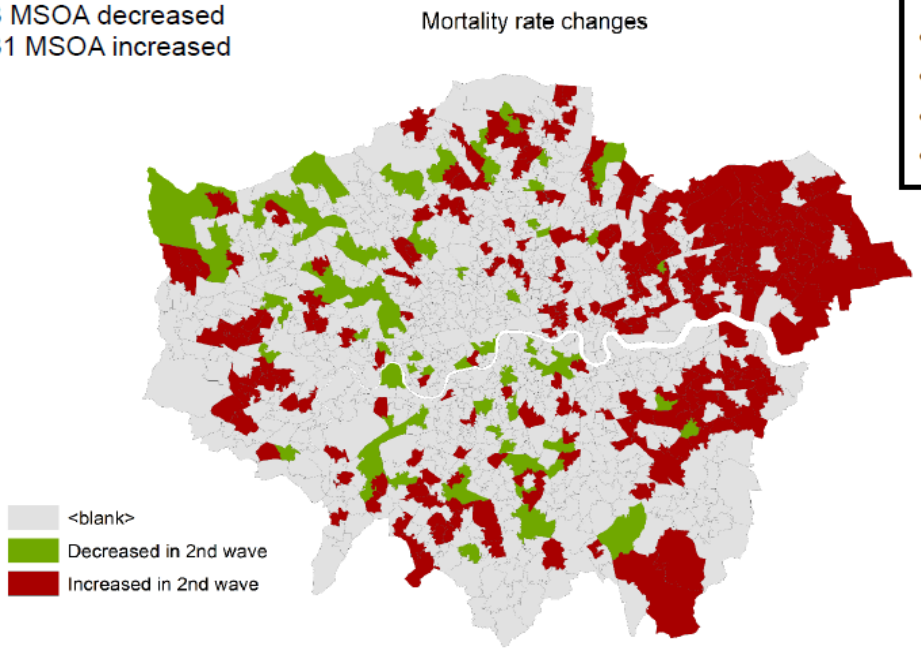
Source: coronavirus.data.gov.uk

Differential impact of COVID-19 Mortality in London



Change in mortality rate

Change = >5 per 1000
93 MSOA decreased
231 MSOA increased

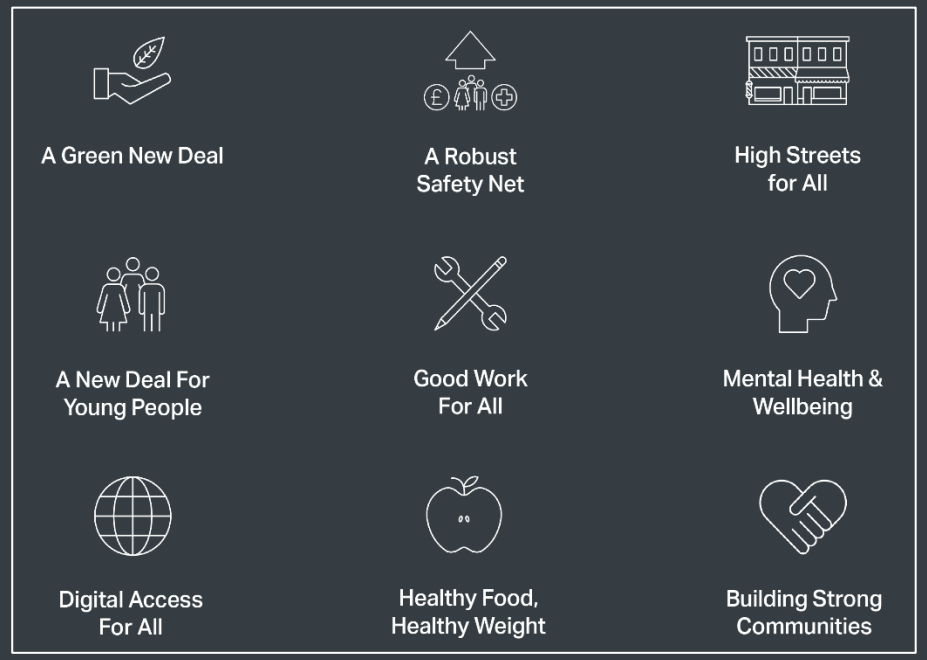


Increased MR in second wave in areas

- Higher proportions in at risk jobs
- Better health with respect to some health indicators
  Lower educational attainment
- Higher levels of obesity
- Lower proportions of Black people
- Lower testing rate
- Higher case rates

LONDON RECOVERY

- Grand Challenge: Restore confidence in the city, minimise the impact on London's communities and build back better the city's economy and society.



Cross-Cutting Principles

Recognizing and addressing structural **inequalities**, promoting a fairer, more inclusive London and focusing on supporting the most vulnerable.

Prioritising **sustainability**, mitigating climate change and improving the resilience of our city.

Collaborating and involving London's diverse communities.

Improving the **health and wellbeing** of all Londoners.

Innovating and using **digital technology and data** to meet emerging needs.

Ensuring affordability of measures and providing **value for money**.

Key Outcomes

Reverse the pattern of **rising unemployment and lost economic growth** caused by the economic scarring of Covid-19.

Support our communities, including those most impacted by the virus.

Narrow social, economic and health **inequalities**.

Accelerate delivery of a **cleaner, greener London**.

Help young people to flourish with access to support and opportunities.

Further Information : Recovery Overview Document on London.gov.uk

Tackling inequalities in London

COLLABORATIVE ACTIONS BY SYSTEM PARTNERS

1

System Capacity

- Increased system capacity for reducing inequalities and addressing the wider determinants of health through joined up working between health, social care and other priority partners across London
- Collaborative working with PHE, ADPH, GLA and ICSs to develop specific action plans for addressing health inequalities at local level to progress recovery. Working to the PHE recommendations, NHS 8 priority actions, and ADPH London position statement

2

Policy response

- Progressing a Health in All Policies approach in policy and strategy shaping to tackle long-standing injustices and improve health and wellbeing of communities
- Refresh of the London Health Inequalities Strategy

3

Data sharing

- Capturing and dissemination of key information to support decision making
- Utilised the GLA Datastore to capture and disseminate key information to support local decision making
- London ADASS collation of data on uptake of vaccinations by social care staff being analysed by the London School of Economics

Tackling inequalities in London

COLLABORATIVE ACTIONS BY SYSTEM PARTNERS

4

Workforce

- Improve workforce wellbeing through the undertaking of culturally competent risk assessments to reduce the risk of COVID-19 infection in at risk front-line staff
- Initiatives to promote equality, diversity and inclusion (EDI) across organisations

5

Support to Communities

- Direct support including mutual aid and enhanced contact tracing systems for vulnerable residents
- London boroughs have rallied mutual aid to support the most vulnerable, and publicised local provisions (foodbanks, financial support etc)
- Under leadership from Directors of Public Health, boroughs have created locally enhanced contact tracing systems

6

Communication & Engagement

- Extensive communication and community engagement activities to increase testing, address vaccine hesitancy and improve vaccine equity
- Though London boroughs, recruited thousands of health champions to help residents make informed choices around restrictions and vaccines
- Development of culturally competent interventions and programmes through co-design with local communities

Public Health England

Protecting and improving the nation's health

COVID-19, Health Inequalities and Recovery

Professor Kevin Fenton MD PhD FFPH

Regional Director, PHE London & Regional Director of Public Health, NHS London

@ProfKevinFenton

LGA & ADPH Annual Public Health Conference – 23 March 2021