Public Health England

Protecting and improving the nation's health

Beyond the data - Understanding the impact of COVID-19 on (BAME) communities

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Review of data on disparities in the risk and outcomes from COVID-19

CORONAVIRUS MORTALITY RATES BY SEX

Working age males diagnosed with COVID-19 were **twice as likely to die** as as working age females

Between the **ages of 40 to 79,** the death rates among males were **around double the rates** in females, compared with **1.5 times** for all causes in previous years

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CORONAVIRUS MORTALITY RATES BY AGE

The largest disparity found was by **age**

Among people already diagnosed with COVID-19, people who were 80 or older were **70 times more likely** to die than those under 40

75% of excess deaths occurred in those **aged 75 and over**

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CORONAVIRUS INEQUALITIES AND MORTALITY RATES

Risk of dying among those diagnosed with COVID-19 **was higher** in those living in the **more deprived areas** than those living in the least deprived

The mortality rates from COVID-19 in the most deprived areas were

more than double
for both **males** and **females**

This is greater than the inequality seen in mortality rates in previous years

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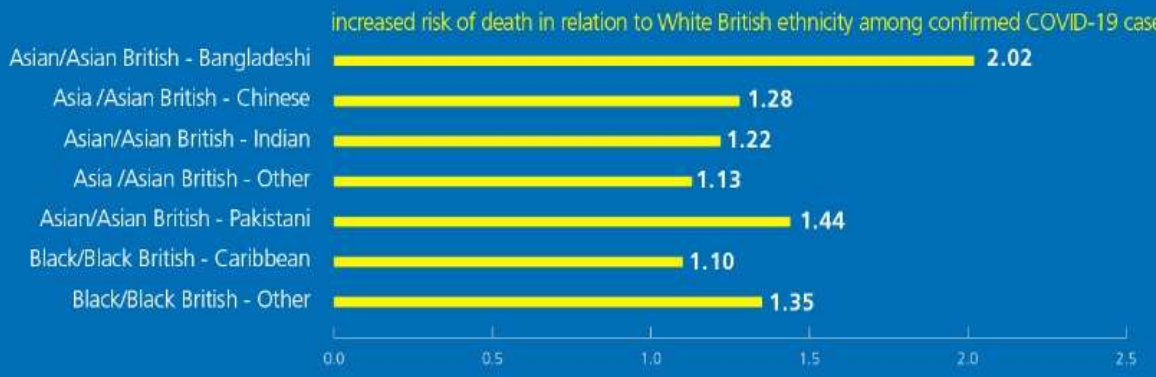
CORONAVIRUS MORTALITY RATES BY ETHNICITY

Risk of dying among those diagnosed with COVID-19 **was higher** in those in **Black, Asian and Minority Ethnic (BAME)** groups than in **White ethnic** groups

In previous years, the mortality rates were lower in BAME groups when compared to White ethnic groups

An analysis of survival among confirmed COVID-19 cases, using more detailed ethnic groups and after accounting for the effect of sex, age, deprivation and region:



Among people who tested positive for COVID-19 Bangladeshi ethnicity had **around twice the risk of death** than 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 ethnicity

People of Black Caribbean ethnicity have **approximately 10% higher risk of death** than people of White British ethnicity

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

Stakeholder engagement exercise

- Engaged with over 4000 stakeholders from range of backgrounds
- Devolved nations, CVS, faith groups, local government, DPHs, Royal colleges, private sector, mental health organisations, academia and think tanks. Key objectives were to:
  - Clarify the PHE's research review terms of reference.
  - Engage a broad cross-section of external partners on current concerns, activities, and priorities for work.
  - Identify opportunities for individual & collective action.

Rapid literature review produced in collaboration NIHR

Report was peer reviewed by the PHE publication process & by external stakeholders.

Beyond the data: Literature review findings

PHE and NIHR found evidence that:

- BAME groups are more likely to be tested and to test positive
- BAME groups have increased risk of death associated with COVID-19
- Ethnicity and income inequality are independently associated with COVID-19 mortality

Individuals from BAME groups are more likely to:

- Live in overcrowded housing
- Work in occupations which place them at increased exposure to COVID-19
- Use public transport to travel to work

Individuals from BAME groups may be less likely to:

- Seek care when needed
- Speak up when they have concerns about PPE or testing

Major and sub-themes emerging from stakeholder engagement sessions

Impact of longstanding social and economic inequalities	Need to take a systems level approach	Social and living conditions	Income and poverty	Vulnerable groups	
Increased risk of exposure COVID-19	Staff in frontline roles	Public transport	Multiple occupancy houses	Risk assessments	
Increased risk of complications and death from COVID-19	Timely access to services	Multiple long term conditions	Mental health		
Racism, discrimination, stigma, fear and trust	Cultural competence	Access to PPE	Stigma and fear of COVID-19	Late presentation to services	Role of the media
Moving forward	Cross government approaches critical	Act now	Improve ethnicity and faith data collection	Need for further research	Using community assets – the role of culture and faith

Recommendations

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.