

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

Introduction

Over recent months, the disproportionate impact of COVID-19 on black, Asian and minority ethnic (BAME) people has become clear. In early June, we published a [briefing](#) summarising the most significant data and guidance now available, including an overview of the first part of the [Public Health England \(PHE\) review](#) of disparities in risk and outcomes.

Yesterday, PHE released a second report: *Beyond the data: Understanding the impact of COVID-19 on BAME groups*. This briefing summarises that report which includes a wider review of current literature, as well as evidence gathered from stakeholders informing the first part of the review omitted from the initial publication. It sets out a summary of the recommendations from stakeholders calling for urgent action to address issues of structural inequality.

Key points

- The disproportionate effect of COVID-19 on BAME groups has become clear in recent months, with factors identified that increase the risk of contracting the virus as well as poorer outcomes for BAME individuals when infected.
- PHE have now released a [second report](#) presenting evidence gathered from stakeholders that will inform their review of disparities in the risk and outcomes of COVID-19.
- Stakeholders identified key themes around longstanding inequalities exacerbated by COVID-19, along with the racism and discrimination experienced by BAME communities that negatively affects interaction with health services. They also highlighted the increased risk of exposure to the virus, and increased risk of complications and death for BAME individuals. Others said overlooking severe mental illness as a risk factor for poor COVID-19 outcomes could hold back efforts to improve engagement.
- The PHE report summarises the requests for action into a series of recommendations made by stakeholders. These include: better research, data collection and reporting practices; improved access to services; faster development of 'culturally competent' risk assessment tools and education programmes; greater focus on addressing structural inequalities in any recovery efforts.

Background

Disparities in the risk and outcomes of COVID-19 indicate an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. [Analysis by the Office for National Statistics](#) (ONS) released in early May found the risk of death by COVID-19 for some BAME groups was significantly higher than for those of white ethnicity. Similarly, disproportionate risk to BAME staff working in health and care settings was also highlighted in [analysis by a number of researchers](#).

During the early stages of the pandemic, the Secretary of State for Health and Social Care commissioned PHE to conduct a rapid review in response to the emerging evidence of factors impacting the risk of a poor outcome from COVID-19. Released on 2 June, the first part of the [review](#) offered broad analysis of the factors affecting risk and repeated many of the findings from the ONS analysis, although without considering occupation or comorbidities in terms of the impact on different ethnic groups. Also notable was the absence of the evidence gathered from stakeholders, which had initially been identified as a key component of the review, and their recommendations for action.

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

Overview

When PHE released their review of disparities in the risk and outcomes of COVID-19 on 2 June, the contributions of the 4,000 stakeholders who fed into the review were not included. Following considerable comment and discussion, a second PHE report has now been published summarising the stakeholder insights into the factors that may be influencing the impact of COVID-19 on BAME communities.

It highlights many requests for action, and it also begins to outline strategies for addressing inequalities that will be considered by the Equalities Minister as part of the next phase of the review.

Review of wider literature

The second PHE publication also includes a rapid literature review undertaken to identify inequalities in how BAME groups are affected by COVID-19 infection compared to the white British population. While this review reaches similar findings as previous work in identifying the increased risks to BAME groups, it includes a number of areas the first PHE document did not cover.

It notes that individuals from BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure, and they are more likely to use public transportation to travel to their essential work. Findings from the literature review also included the effects of historic racism and poorer experiences of healthcare, with a result that individuals from BAME groups may be less likely to seek care when needed. Additionally, BAME NHS staff are less likely to speak up when they have concerns about Personal Protective Equipment (PPE) or other risks in the workplace.

Stakeholder engagement

Undertaking a significant stakeholder engagement exercise formed a central part of the initial request from the Secretary of State to inform PHE's work. In total, 17 sessions were hosted involving over 4,000 people with a broad range of interests in BAME issues. Many stakeholders articulated extremely negative feelings about the effect of the pandemic in their communities, borne out by the emerging data and realities of BAME groups being harder hit by the COVID-19 pandemic than others. Alongside this, many highlighted the way the virus exacerbates existing inequalities in the country. While they acknowledged activity already underway, there was a strong call for the results of the PHE review and other studies to be urgently turned into clear, visible and tangible actions to address the underlying factors.

Significant themes emerging from the stakeholder sessions can be grouped into five areas:

i) Longstanding inequalities exacerbated by COVID-19

Overwhelmingly, stakeholders shared the view that the pandemic has exposed and exacerbated longstanding inequalities known to affect BAME groups in the UK. Those from BAME groups are more likely to have poorer socioeconomic circumstances, with both the ONS analysis and first PHE report confirming the strong association between economic disadvantage and COVID-19 diagnoses, incidence and severe disease.

While the current situation presents an opportunity to create fast but sustainable change, it was stressed this needs to be large scale and transformative to have lasting impact. Structural and societal environments such as the homes, neighbourhoods and work places of those in BAME groups need to change, and actions should not solely focus on individuals. Stakeholders were of the view that there is a legal duty and moral responsibility to reduce inequalities.

ii) Increased risk of exposure to and acquisition of COVID-19

Stakeholders gave many examples of the higher proportion of BAME individuals working as key workers or in occupations with raised risk of social interactions and exposure to the virus. In addition, factors including population density, use of public transport, household composition and

housing conditions were also identified as leading to increased risk of exposure for those from BAME groups.

To address this, stakeholders raised the importance of valuing and respecting the work of key workers; ensuring adequate provision of protective equipment; and stronger arrangements for workplace wellbeing and risk assessments. Efforts to tackle workplace bullying, racism and discrimination to create environments that allow workers to express and address concerns about risk were also identified.

iii) Increased risk of complications and death from COVID-19

In relation to the increased risk of severe illness from the virus, stakeholders called for further efforts to strengthen health promotion programmes and improve early diagnosis and clinical management of chronic diseases. The role of severe mental illness as a risk factor for poor COVID-19 outcomes was identified by many as an area at risk of being overlooked in the current response.

'Culturally competent' and targeted health promotion activities were considered essential for reducing the effects of chronic diseases and common conditions in BAME groups. There was also a need for culturally competent strategies to understand symptom recognition, leading to better early diagnosis and earlier presentation to clinical services for COVID-19 illness.

iv) Racism, discrimination, stigma, fear and trust

Stakeholders spoke about the racism and discrimination experienced by communities, and in particular the effect this has on BAME key workers as a root cause of exposure risk and disease progression risk. Fear of COVID-19 diagnosis and death negatively impacts BAME groups taking up opportunities to get tested and reduces their likelihood of presenting early for treatment and care. For many BAME groups, the reluctance to seek care on a timely basis is a result of a lack of trust of NHS services and health care treatment.

To address these underlying challenges, communities were urged to work with government and anchor institutions to design solutions. Many examples of work already underway at local, regional and national levels were acknowledged, but stakeholders stressed the opportunity the pandemic presents to step-up commitments and accelerate the pace of change.

v) Moving forward

A number of areas were highlighted for further research to understand the impact of COVID-19 on BAME groups. This included a specific call to further investigate the socio-economic, occupational, cultural and structural factors known to influence COVID-19 outcomes for BAME individuals, both within and outside the health sector.

Stakeholder requests for action included: improved research and data collection and reporting practices; policy development to ensure long-term sustainable change; more effective communications to reach further into BAME communities; greater engagement with anchor institutions to rebuild trust with health and care services.

Recommendations

The PHE report summarises the requests for action from stakeholders engaged in the review process into seven recommendations:

- 1) Make ethnicity data collection and recording a routine part of NHS and social care data collection systems (including at death certification), and ensure the availability of data to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.
- 2) Support community participatory research to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop accessible and scalable programmes to reduce risk and improve health outcomes.
- 3) Improve access, experiences and outcomes of NHS and other key services for BAME communities. This includes regular equity audits and use of health impact assessments; good representation of BAME communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.
- 4) Accelerate the development of culturally competent occupational risk assessment tools to reduce the risk of employee's exposure to and acquisition of COVID-19. In particular, this relates to key workers working with a large cross section of the general public or in contact with those infected with COVID-19.
- 5) Launch culturally competent COVID-19 education and prevention campaigns, working in partnership with local BAME and faith communities to reinforce risk reduction strategies. These should emphasise using routine clinical services and promote messages on early identification, testing and diagnosis.
- 6) Prioritise efforts to promote culturally competent health and disease prevention programmes on non-communicable diseases, promoting healthy weight and physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.

- 7) Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.

NHS Providers View

Responding to Public Health England's report, Beyond the data: Understanding the impact of COVID-19 on BAME groups the chief executive of NHS Providers, Chris Hopson said:

"We welcome the publication of the evidence and views provided by a broad range of stakeholders which informed Public Health England's recent report on how COVID-19 is impacting on black, Asian and minority ethnic (BAME) communities, and other groups, at the start of June.

"It is vital we all understand the disproportionate toll this pandemic is taking on BAME groups of people and why. That is why we recognise the importance of the perspectives of all the stakeholder groups which contributed to PHE's original review, their recommendations and their shared agreement on the need for urgent action.

"Trust leaders are committed to doing all they can to address structural inequality and would welcome firmer recommendations from the government taking into account today's report. Trusts are worried about the increased risk to their black, Asian and minority ethnic staff, which reflect the wider inequalities they already face in the NHS workforce, and about increased risk to their patients and communities.

"We look forward to rapidly seeing the next steps being taken forward by the Equalities Minister."