A review of the impact of COVID-19 on the BAME population

Date prepared: 11/01/21

Overview

- In the first wave, an official inquiry was launched to investigate the disproportionate impact
 of COVID-19 on BAME communities. Data from the early stages of the pandemic revealed
 that BAME populations had greater incidence rates and mortality from COVID-19 than their
 White counterparts.
- Unfortunately, this inequity is still being observed and is thought to be largely attributed to socioeconomic factors and pre-existing co-morbidities – such as occupation, deprivation, household conditions and underlying health issues. However, urban living and access to healthcare services also present as additional risk factors. These factors either singularly or cumulatively, affect exposure and/or physiological response to the virus.
- ONS data reveals that when adjusting for these factors, health inequalities decrease but are still significant. It is likely that pre-existing health inequalities in BAME populations before the pandemic have exacerbated health inequalities from COVID-19. There is a paucity of research on this at present and this data warrants further attention.

Sources: Why have Black and South Asian people been hit hardest by COVID-19? - Office for National Statistics (ons.gov.uk); Analysis of the relationship between pre-existing health conditions, ethnicity and COVID-19 (publishing.service.gov.uk); Disparities in the risk and outcomes of COVID-19 (publishing.service.gov.uk)

Survival

- Poor survival from COVID-19 indicates a higher risk (or odds) of dying once diagnosed.
- After adjusting for age, sex, deprivation, geography, testing pillar and time since the start of
 the epidemic (March to Aug), the Bangladeshi ethnic group had the poorest survival with
 1.88 times the odds of dying once diagnosed when compared with the White ethnic group.
 The Pakistani, Chinese, and Black Other ethnic groups had 1.35 to 1.45 times the odds of
 dying once diagnosed and the Indian group 1.16. However, this may be in part because comorbidities were not fully accounted for or testing capacity/ access to testing resulting in
 late diagnosis and treatment.

Source: <u>Analysis of the relationship between pre-existing health conditions, ethnicity and COVID-19</u> (<u>publishing.service.gov.uk</u>)

Survival following a positive test

A model to measure the odds of survival following a positive test, controlling for age group, sex, deprivation quintile, testing pillar, region and time between March- Aug, showed variations in odds of death by ethnic group:

- The Asian ethnic group had odds of death following a positive test 1.23 times the White group (95% confidence interval 1.15 to 1.30)
- The Black ethnic group had odds of death following a positive test 1.13 times the White group (95% CI 1.05 to 1.22)
- There were no significant differences between the White group and the Mixed or Other ethnic groups.

Analysis of the relationship between pre-existing health conditions, ethnicity and COVID-19 (publishing.service.gov.uk)

Excess mortality

- The excess mortality model shows the number of excess deaths by sex and ethnic group in the period 20 March to 7 May against the number of deaths that would be expected for corresponding dates in 2014 to 2018. It also quantifies how many deaths had COVID-19 mentioned on the death certificate.
- Overall, the model suggests there have been 43,941 excess deaths among the White group, 2,301 Black, 3,083 Asian, 385 Mixed and 1,038 in the Other ethnic group. Deaths in Black males were 3.9 times higher than expected in this period, compared with 2.9 times higher in Asian males and 1.7 times higher in White males. Among females, deaths were between 2.7-2.8 times higher in Black, Mixed and Other ethnic groups in this period, compared with 2.4 in Asian and 1.6 in White females. The percentage of these excess deaths for which COVID-19 is mentioned is highest in males in the Other ethnic group (94.0%) and Asian males (80.9%), and lowest in Mixed females (58.2%) and females in the Other ethnic group (62.8%) (figure 5).

Source: Disparities in the risk and outcomes of COVID-19 (publishing.service.gov.uk)

Occupational impact

- Data reveals that BAME populations typically occupy jobs which are more likely to increase exposure to COVID-19. These include: healthcare, social care, travel, security, cleaning, arts, entertainment and recreation (figure 1).
- It is also reported that BAME populations are more likely to travel on public transport to their essential work, increasing risk of exposure.

Source: Analysis of the relationship between pre-existing health conditions, ethnicity and COVID-19 (publishing.service.gov.uk); Analysis of the relationship between pre-existing health conditions, ethnicity and COVID-19 (publishing.service.gov.uk); COVID-19: understanding the impact on BAME communities - GOV.UK (www.gov.uk)

Economic impact

- Data from 2016 to 2018 showed that respondents in the Black African or Other Black ethnic groups in particular, were significantly less likely to have enough financial reserve to cover a 20% loss of employment income than those of all other ethnic groups, except for respondents from Black Caribbean and Chinese or Other Asian ethnic groups.
- The pandemic has caused greater financial insecurity and/or concern for certain BAME populations, with Pakistani or Bangladeshi and Chinese or Other Asian ethnicities more likely than those in the White British ethnic group to have negative perceptions of their future financial situation in April 2020.

Source: Why have Black and South Asian people been hit hardest by COVID-19? - Office for National Statistics (ons.gov.uk)

Household living

- Multi-generational households are much more common among ethnic minority groups, particularly people of Pakistani or Bangladeshi ethnicity or people of Indian ethnicity (figure 2).
- This has made it a challenge for older generations belonging to these ethnicities to shield in line with government guidelines. This then allows the opportunistic COVID-19 to spread.
- One study on BAME communities in Leicester has reported that lockdown measures may be
 less effective in controlling viral transmission amongst those living in larger households,
 because of the increased risk of residual cross-infection after these measures are employed.
 This raises the important question of whether lockdown alone as an intervention is effective
 for a heterogeneous population as seen in Leicester.

Source: Why have Black and South Asian people been hit hardest by COVID-19? - Office for National Statistics (ons.gov.uk); Study raises important questions about lockdown effects on BAME communities (nihr.ac.uk)

Areas of residence

- Mortality rates from March- July revealed that death from COVID-19 was greater for those residing in densely populated, urban areas.
- Census data reveals that BAME populations are more likely to reside in urban areas: 16.7% compared to 2.5% in rural areas (figure 3).

Source: Why have Black and South Asian people been hit hardest by COVID-19? - Office for National Statistics (ons.gov.uk)

Deprivation

- A large proportion of urban areas are classified as deprived areas which is also a strong determinant for COVID-19 incidence and mortality (figure 4).
- Between March- July, In England and Wales, the mortality rate of coronavirus (COVID-19) was doubled in the most deprived areas compared to the least deprived areas.
- Those with Bangladeshi and Pakistani, and Black ethnic backgrounds have been the most likely to reside in deprived neighbourhoods, according to census data.

Source: Why have Black and South Asian people been hit hardest by COVID-19? - Office for National Statistics (ons.gov.uk)

Outdoor space

- A survey by Natural England found people of Black ethnicity were nearly four times as likely
 as White people to have no outdoor space at home (no private or shared garden, a patio or
 balcony).
- Those of Black ethnicity were 2.4 times less likely than those of White ethnicity to have a private garden even after adjusting for age, social class, area of residence or whether they had children.

Source: Why have Black and South Asian people been hit hardest by COVID-19? - Office for National Statistics (ons.gov.uk)

Mental health

Due to the impact of COVID-19, over a third (36%) of those from the Indian ethnic group reported increased or persistent loss of sleep over worry, compared with less than a quarter (23%) of White British respondents and 18% of those in the Other White ethnic groups. Around a third of those from the Black, African, Caribbean or Black British ethnic group (35%) also reported this.

Source: Why have Black and South Asian people been hit hardest by COVID-19? - Office for National Statistics (ons.gov.uk)

<u>Source (for figures 1-4):</u> Why have Black and South Asian people been hit hardest by COVID-19? - Office for National Statistics (ons.gov.uk)

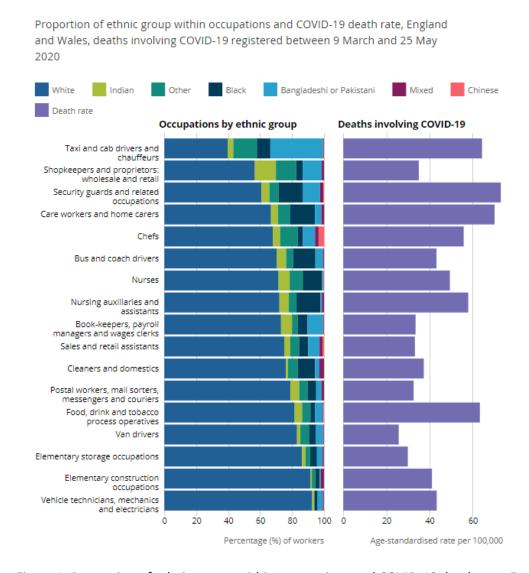


Figure 1: Proportion of ethnic group within occupations and COVID-19 death rate, England and Wales, deaths involving COVID-19 registered between 9 March and 25 May, 2020.

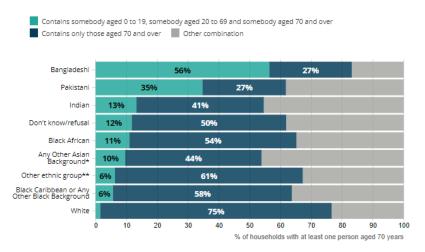


Figure 2: Proportion of households with at least one person aged 70 years or older by ethnic group of that person, by mix of ages in the household, UK, 2018

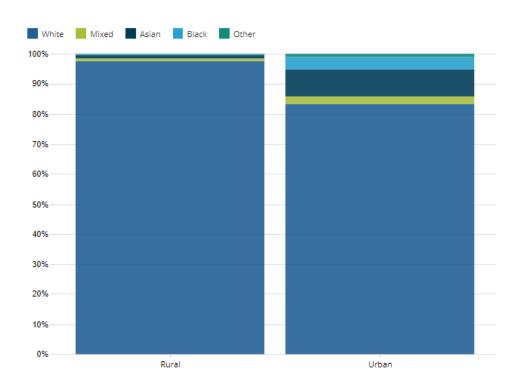


Figure 3: Percentages (%) of urban and rural populations by ethnic group

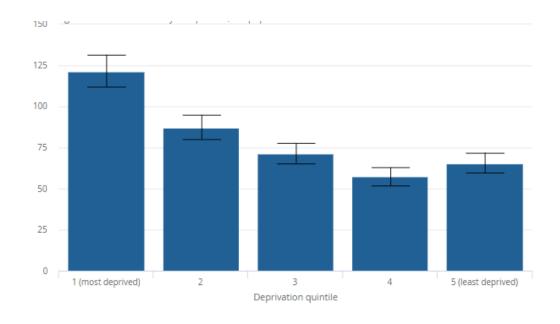


Figure 4: Age-standardised mortality rates, all deaths and deaths involving COVID-19, Index of Multiple Deprivation, England, deaths occurring between 1 March and 31 July, 2020