

**How do we counterbalance mistrust, alienation and stigmatisation in ethnically diverse communities:
Are locally trusted sources the missing piece of the COVID puzzle?**

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Introduction

- COVID-19 disproportionate burden of illness for UK Black, Asia and Minority Ethnic (BAME) communities. Over 7.6 million people in the UK
- After accounting for the effect of sex, age, deprivation and region (first wave)
 - 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.
- After the second wave similar analysis showed
 - a lower risk of death in people of Black ethnicity
 - But an increased risk in people with Bangladeshi and Pakistani origins compared to the White British population



What are some of the reasons for the disproportionate impacts?

- Long standing health inequalities
- Greater exposure – front line jobs, inter-generational living
- Greater risk – co-morbidity
- Poverty/ Socio-economic class
- Mistrust in services – particularly relevant as it has consequences for engagement with government guidelines, testing and vaccine uptake
- Understand how ethnic minority groups (EMGs) experience COVID-19, and how this experience shapes perceptions of social (in)justice. In particular, we examine the relationship between perceptions of (in)justice and willingness to engage in COVID-19 health protective behaviours.

Method

- 57 interviews conducted with Black Africans/Caribbean (n=27) & South Asians (n=30) (September to December 2020)
- Age 19 -84 years, Males (n=20) and Females (n=37)
- Recruited through project partners, existing contacts, faith organisations and community leaders
- Online and telephone interviews (average of 50 minutes)

Salient findings

- *Difference* - seen by others outside their community as being to blame for the spread of COVID-19
- *Equity and fairness* - powerless, invisible and of little value outside of their community.
- *Politicisation of COVID* - attitudes to Government COVID-19 policy is embedded within decades of historical mistrust
- *Misalignment* - policy narratives and actions do not tie up with the reality of life and the constant struggles the endure

Difference

- People from our communities are blamed for problems in society including COVID-19
- Religion and culture blamed for the pandemic
- Not just about COVID - before and beyond covid – historical racism
- White people are distant from our reality
- Black lives don't matter here

“I think a lot of it is to do with media, and they sort of target Muslims. But it doesn't affect the way I see myself. I think it's quite hard to have to constantly prove that you're not what the media tells you that you are”. (60, M, Bangladeshi)

“It's not just about COVID. It's a historic racism and slavery, which goes very back in time. I don't know whether that can be addressed immediately. But certainly, if work is done to identify the issues, which is causing blacks and ethnic minorities to be more predisposed to worst forms of COVID, then that will make a difference” (59, F, Nigeria)

Equity and Fairness

Powerlessness

- Can't say no to superiors at work
- You always feel like you're alone in the struggles
- We feel more like minority

Our expectations of getting less

- Anxiety over being treated equally
- Expectations of poor care and management strategies

“They have got the privileges of saying, no, I am not going to go on that job, whereas, I don't know they feel that they can't say no to their superiors” (F, 42, Pakistani)

“I just feel that I have less care because I think it's a thing, right? Black people feel like you feel you don't get equal care to a white person. It's just a thing. I mean, it's been there and kind of constant judgment in everything. When I am trying to get my care, I try to get my care from let's say, an Asian or black person in healthcare centre. If my GP is Asian or black person, I will get a better care” (36, F, Nigerian)

Politicisation of COVID

Covid policies don't reflect my reality

- Stay at home message not for me
- Our work doesn't allow us to work from home
- Lockdowns and isolation affects our work and income

Historical mistrust in government institutions

- Government not interested in our needs
- Government not trusted to act in our best interest

Institutional narratives of covid and BAME

- Covid fight led by politicians not NHS
- Official information on C-19 presented by the government not trusted

“Our people are usually found in jobs that does not allow them to work from homes, that puts them at greater risk” (M, 27, Zimbabwean)

“We have a head of government in this country, who I don't think is trusted, to be honest. And who I don't think is trusted to act in the best interest of the black community. And in a way, that has undermined people's relationship with trusting the official information” (58, M, Jamaica)

Misalignment of Identity

- Doing it ourselves
- The constant need to prove oneself
- Working together as a community through struggles

“And you feel like you can go back to the community and think okay, so what can we do as a community to sort of these struggles, rather than feeling like you’re alone in that struggle. And then we sort of, as a community, we can fight back against that with positive vibes. That’s important, because if I was on my own, in that I’d just feel more and more unable to combat that” (F, 45, Nigerian)

Implications and ways forward

- EMGs expectations to get ‘lesser or poor care’ and therefore they rely on themselves rather than the Government or healthcare services to gain protection.
- This self-reliance has implications in terms of disengaging with government guidelines, and testing and vaccination uptake.
- Target solutions to tackling some of these challenges
 - Trust in NHS and other institutions
 - Who gives the messages?
 - Community Champions, locally trusted sources
 - Knowledge Brokers – “Boundary Spanning” role
 - Policies to “protect and reflect” their reality – covid specific and beyond!

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