

Health & Wellbeing Network

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Ensuring Digital Access to Reduce Health Inequalities

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In brief

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Overview

Action required to tackle health inequalities in latest phase of COVID-19 response and recovery

COVID-19 has shone harsh light on some of the health and wider inequalities that persist in our society. It has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. The impact of the virus has been particularly detrimental on people living in areas of high deprivation, on people from Black, Asian and minority ethnic communities (BAME), and on older people, men, those with a learning disability and others with protected characteristics.

A central part of responding to COVID-19 and restoring services must be to increase the scale and pace of NHS action to tackle health inequalities to protect those at greatest risk.

We commissioned a national advisory group of leaders from within and beyond the NHS to advise on how to achieve this aim in the coming months. This group identified eight urgent actions, building on the measures to implement the [NHS Long Term Plan](#). These are:

- Protect the most vulnerable from COVID-19
- Restore NHS services inclusively
- Develop digitally enabled care pathways in ways which increase inclusion

Will COVID-19 be a watershed moment for health inequalities?

Jo Bibby, Grace Everest, Isabel Abbs

COMMENTARY

One country, two crises: what Covid-19 reveals about health inequalities among BAME communities in the United Kingdom and the sustainability of its health system?

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Abstract

There has been mounting evidence of the disproportionate involvement of black, Asian and minority ethnic (BAME) communities by the Covid-19 pandemic. In the UK, this racial disparity was brought to the fore by the fact that the first 11 doctors to die in the UK from Covid-19 were of BAME background. The mortality rate from Covid-19 among people of black African descent in English hospitals has been shown to be 3.5 times higher when compared to rates among white British people. A Public Health England report revealed that Covid-19 was more likely to be diagnosed among black ethnic groups compared to white ethnic groups with the highest mortality occurring among BAME persons and persons living in the more deprived areas. People of BAME background account for 4.5% of the English population and make up 21% of the National Health Service (NHS) workforce. The UK poverty rate among BAME populations is twice as high as for white groups. Also, people of BAME backgrounds are more likely to be engaged in frontline roles. The disproportionate involvement of BAME communities by Covid-19 in the UK illuminates perennial inequalities within the society and reaffirms the strong association between ethnicity, race, socio-economic status and health outcomes. Potential reasons for the observed differences include the overrepresentation of BAME persons in frontline roles, unequal distribution of socio-economic resources, disproportionate risks to BAME staff within the NHS workspace and high ethnic predisposition to certain diseases which have been linked to poorer outcomes with Covid-19. The ethnoracial differences in health outcomes from Covid-19 in the UK require urgent remedial measures. We provide intersectional approaches to tackle the complex racial disparities which though not entirely new in itself, have been often systematically ignored.

COVID-19 in the UK where the evidence leads
 As Covid-19 continues to wreak havoc across the globe, there is mounting evidence that this disease is disproportionately impacting the black, Asian and minority ethnic (BAME) communities [1, 2]. In the UK, the 2011 census revealed that people of BAME background accounted for

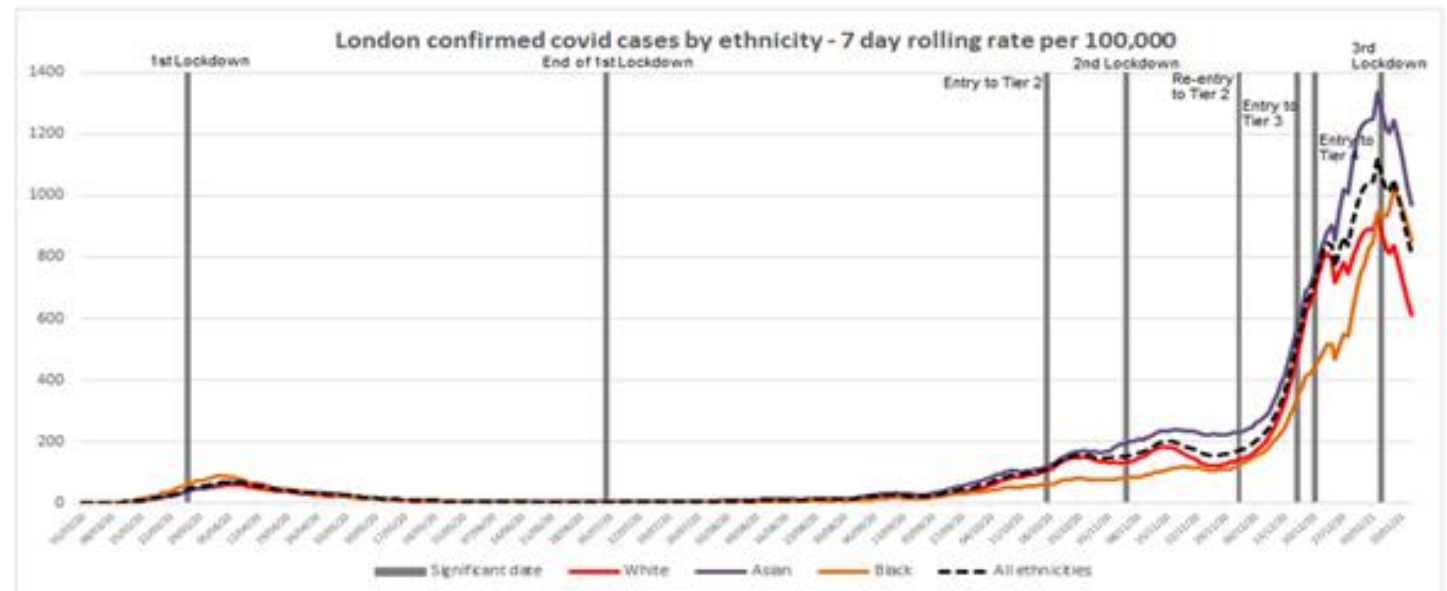
4.5% of the English population with the Office of National Statistics estimating that it could have increased to 15.4% in 2016 [3]. However, an analysis by the Institute of Fiscal Studies published on May 1, 2020 revealed that the mortality rate from Covid-19 among people of black African descent in English hospitals was 3.5 times higher when compared to rates among white British people [4]. This disparity was not only limited to the black Africans as death rates among those of Pakistani and black Caribbean backgrounds were 2.7 and 1.7 higher respectively. This report is particularly striking as it effectively excluded age,

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Case rate and ethnicity



Barriers

- Language
- Information
- History
- Structural violence
- **Digital access**

Interventions

- **Hardware and software**
Laptops, tablets, phones, apps, monthly bills, maintenance
- **Skills**
Video conferencing, distance learning, on-site, heavy staff investment
- **Normalise and regularise**
Any and all services, insist, solution is more digital

Results

- Continued engagement
- Improved mental health
- More informed: community ambassadors
- Staying connected is a right

Considerations

- Age gap in uptake
- Unsustainable without regular income
- Need to improve ourselves



Questions

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