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Reducing Health Inequalities for Black and Asian communities during the COVID-19 Pandemic

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The stats….

- 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
  - 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.

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Public Health England

Some context…

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- Possible explanations complex and multifactorial
- Innate susceptibility (co-morbidities), socioeconomic, lifestyle (key-worker roles)
- Housing conditions: extended family, multi-generational households, over-crowding, poor environmental conditions increasing risks of cross-infection
- Compounded by language proficiency, poor transportation, limited knowledge of the healthcare system – preventing BAME groups from seeking treatment

BAME… Not a homogenous group

Within the ethnic minorities is what happens sometimes is that they are all lumped together as if it's a homogenous community and within that community you have got the microcosm of people at different levels of economic wellbeing, health wellbeing. There are differences in there which people don't seem to realise sometimes.

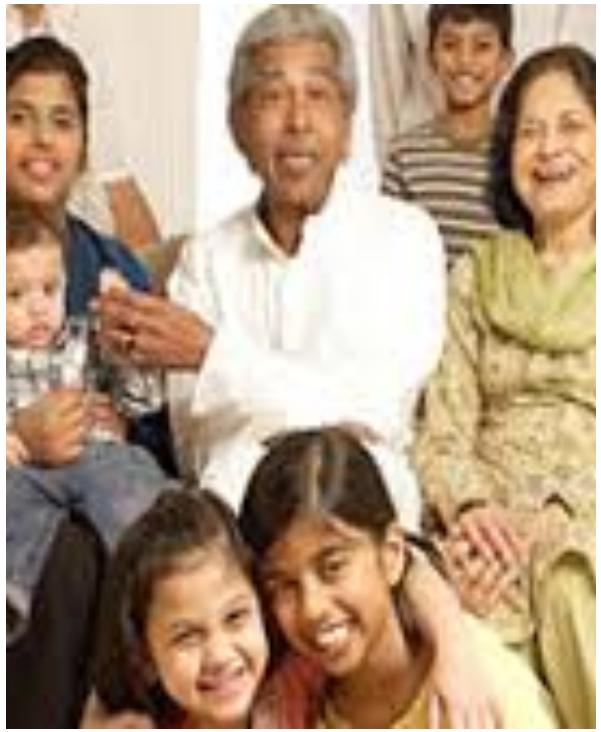
Misconception about C-9 risk

- People back home not getting it! We are immune
- Religious theories about coronavirus and pandemics
  - *Bible talks about pestilence and pandemics.*
  - God punishing us
  - Fate/Destiny
- Faith and prayer will protect you

the pastor would encourage us to pray that nobody is going to die of Coronavirus and we return back to church safe and alive. (BA)

- C-19 mainly kills/affects older people and those with health problems and therefore, young not at risk

Fear, Anxiety and Loss: Related to exposure to C-19



Occupations that put communities at risk

- *I work in the hospital - it is really frightening knowing that you are going into work and you don't know what to expect* (BA)
- *We are mostly, I would say in service sector.. Because they have actually been more or less front-line staff, working on buses, trains or catering industry or taxis or in hospitals. You are more likely to get infected*

Multi-generational households

- *In the Asian communities very few people live on their own. They will actually be living with their families., grandparents, with the family, with their children* (SA)

Fear related to economic consequences

- *People are worried not just about Covid-19 they are worried about their last meal. Some people will not want to say they have Covid-19 because they have to isolate. That means less income* (BA)
- *I think a lot of people have suffered because they might have been in a job where furlough wasn't available …if you are outside the net then you could be in a problem.* (SA)

Cost of personal protective behaviours

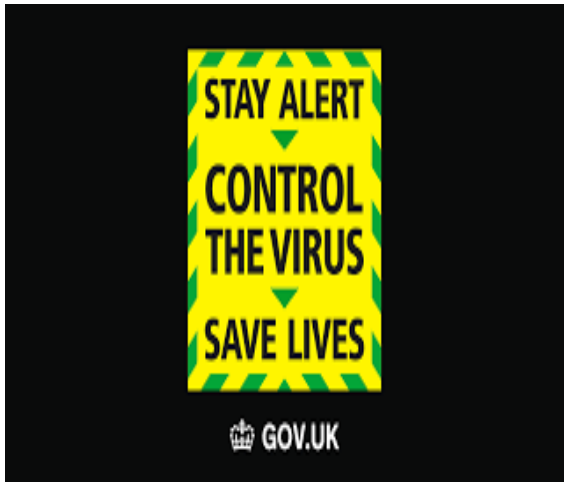
- *I think on one level there is the cost element, you know, economic reasons because to buy hand sanitiser, to buy disposable face masks or any other thing that can help prevent infection …makes certain people vulnerable because maybe they don't have the economic means and they come to church and they have been exposed and they may infect people. (BC)*

Cultural Values and Social norms

- *We have had issues regarding funerals because it's a big cultural thing in Asian communities …. It took some time to be honest with you and in terms of people not being able to go to funerals. ..Women doesn't always understand and they would still tend to go to somebody's home to pay respects and then recite the Quran or whatever. Because I think they feel that they would be at risk is not as heavy as being found out later that you have been not nice to the family by not paying respects. It is a cultural thing. Maybe more messaging needs to be emphasised on that point (SA)*

C-19 guidance and messaging not about them: Favour a White privileged position

- *Yeah, a number of these measures are kind of very much aligned to a particular category of people to work from home and not many people have that benefit or privilege to work from home. I think it's a white collared mentality to feel that everybody would be able to work from home. It becomes then a challenged for those who have work outside their home to be able to do it and have an income. Based on the fact that most immigrant families aren't that privileged. Most of them are in what maybe some migration especially described as the dirty, demeaning or deadly jobs.* (BA)



Mistrust and misalignment

- **Fear and anxiety and not equal treatment in health care**
- *If I get sick what will my situation be? What is the priority. That is what I think, why am I less privileged or will I be equally treated the way other ethnic groups are treated. I am very anxious. I don't want to get sick.* (BA)
- *they think that if you end up in hospital, you will be dead. There are some people who think they would actually deliberately kill you if you go to hospital…You aren't prioritised. They would just let you die.* (SA)
- **Community doesn't know where to access help: Rely on their own**
- **Community might choose own folk remedies or prayers as they might not trust the system**
- **More likely to listen to messages from one of their own**

Main concerns…

- How can we overcome group, cultural and system level barriers and build trust?
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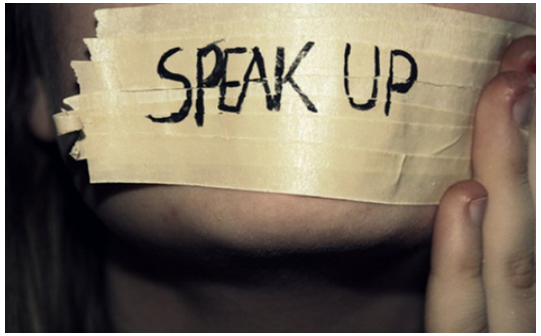
- How can we involve and then educate together?
- How can we reduce power differentials?
- How can we reduce fear, stigma and alienation?

Think about how…

- Ethnic minority communities can question whether they have an equal place in society and can feel powerless and uneasy about how to voice needing help
- Many in BAME communities feel outside or othered; that they won't be well understood or welcome when they engage with health services
- COVID-19 compounds feelings of threat and stigma when seeking healthcare outside of familiar groups.
- BAME community needs to feel that the COVID related messages are for them and about them
- Whether people feel seen, heard and understood



So how, with the right targeted interventions can these potential barriers can be overcome?

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- Engagement strategies for building trust
- Giving representation and voice to BAME groups
- Culturally translatable communication - For me, with me, about me
- Making safeguarding behaviours culturally compatible
- Addressing fears connected to testing and any stigma attached to COVID-19
- Local endorsement and promotion of an ‘insider’ context/ perspective of common knowledge, identity and experience

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