



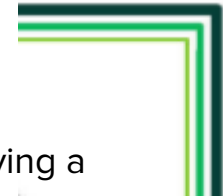
COVID-19's Impact on Inequalities

Comparing national evidence to local data

Briefing Paper



Introduction



There is clear emerging evidence that the impact of COVID-19 and the resulting lockdown is having a disproportionate impact on some communities. The recent Public Health England review into [*Disparities in the risk and outcomes of COVID-19*](#) concluded that ‘the impact of COVID-19 has replicated existing inequalities and, in some cases, has increased them.’

This briefing paper shows what the national evidence tells us about different risks by

- Age
- Deprivation
- Ethnicity
- Gender
- Occupation
- Care homes

The paper will then supplement the national evidence with local data and insight to provide a better picture of the different levels of risk for communities in Hackney.

1a. Older People: national evidence



Risk of mortality

- Older people are at a much higher risk of dying from COVID-19.
- Several papers ([ONS](#), [OpenSAFELY](#), [PHE](#)) have all shown that the risk of dying from COVID-19 dramatically increases for older people (with the number of deaths rising significantly after age 60)
- This may reflect that older people are more likely to have (multiple) comorbidities.

The impact of lockdown

- The [ONS](#) has published findings from a survey which finds that 50.1% of Adults over the age of 65 reported loneliness as a result of lockdown. This is significantly more than the average for the Great Britain population which is 30.9%.
- VCS groups have raised concerns that the effects of lockdown will be damaging for older people, particularly the restrictions on social interactions
- The [Centre for Ageing Better](#) has produced a briefing which discusses how lockdown might impact old people's' mental health, their ability to be active and their access to information as a result of a digital divide

1b. Older People: local data

Mortality and morbidity

- Out of 175 deaths in City & Hackney involving COVID-19, 119 (68%) were among people aged 70+
- Only 3% of the deaths involved persons who were younger than 50.
- Local data suggests we are starting to see more people of younger ages be infected with Covid-19 but this is likely to reflect changes to testing eligibility.

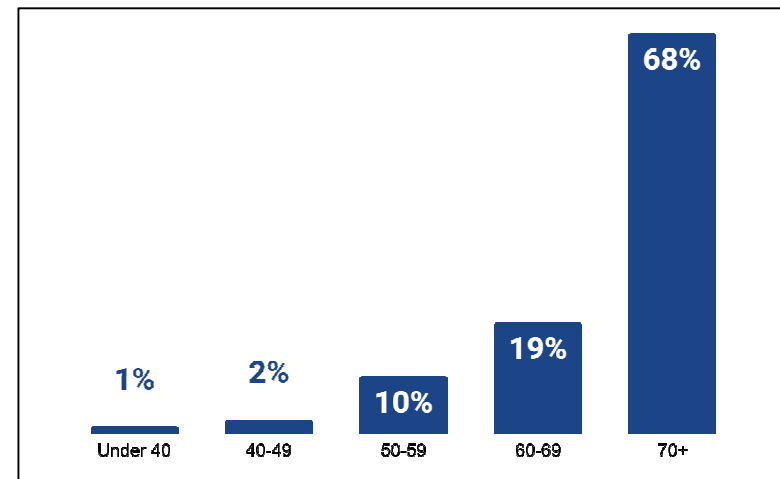
The impact of lockdown

- [HCVS](#) has highlighted that the digital divide for older people continues to be an ongoing concern
- HCVS have also raised concerns of prolonged isolation and its effect on physical and mental health
- Evidence from the City & Hackney [JSNA](#) says that older residents are at much higher risk of social isolation



Deaths by age, sex, and place of death

Proportion of deaths in Hackney involving Covid-19 infection, 1 March to 27 May 2020, by age



1c. Care homes



The [Kings Fund](#) have reviewed location of death from Covid-19 in England and Wales.

- By week ending 1 May 2020, the number of deaths in care homes was almost three times higher than the average weekly number of deaths in care homes over the past five years.
- Deaths in care homes started to decline somewhat later than hospital deaths.

In Hackney:

- 135 (77%) deaths occurred in hospital, 24 (14%) at home and 15 (9%) in a hospice, care or a nursing home. This reflects the relatively low proportion of Hackney's population in older people's care homes.
- All 4 of the older people's care homes in Hackney reported at least one outbreak of Covid-19 to PHE over March and April.

2a. Ethnicity: national evidence



Morbidity and mortality

- Several studies ([IFS](#), [ONS](#), [Health Foundation](#), [OpenSAFELY](#), [PHE](#)) show all non-white ethnic groups to be at greater risk of dying from Covid-19 even once some socio-demographic factors were taken into account.
- Public Health England have reported that people from Black ethnic groups were the most likely to be diagnosed with COVID-19. Additionally PHE has found that death rates from COVID-19 were highest among people of Black and Asian ethnic groups. This is the opposite of what is seen in previous years, when the mortality rates were lower in Asian and Black ethnic groups than White ethnic groups.
- An [ONS evidence review](#) suggests that, while only 2% of White British households experienced overcrowding, 30% of Bangladeshi households, 16% of Pakistani households and 12% of Black households experienced this which may impact upon transmission.

The impact of lockdown

- According to the [IFS](#), the economic impact of lockdown may be more significant in some ethnic groups.
 - o Bangladeshi, Pakistani, Black African and Black Caribbean men are more likely to work in lockdown sectors;
 - o Bangladeshis, Black Caribbeans and Black Africans are more likely to have limited savings to fall back on.
- [The Fawcett Society](#) has published survey findings which suggest additional pressures on Black and minority ethnic groups as a result of lockdown.
 - o 42.9% Black and minority ethnic women said they believed they would be in more debt than before the pandemic compared to 37.1% of white women and 34.2% of white men.
 - o 23.7% of Black and minority ethnic mothers reported that they were struggling to feed their children compared to 19% of white mothers.

2b. Ethnicity: local data



Morbidity and mortality

- [A paper by researchers](#) at Queen Mary University of London and King's College London studied COVID-19 presentations to GP practices in City & Hackney, Newham, Tower Hamlets and Waltham Forest. The paper concluded that there is a two-fold increase in odds of infection for South Asian and Black adults compared to White adults.
- Black and minority ethnic communities have higher rates of underlying health conditions like Diabetes and CVD which put them at greater risk of dying from COVID-19, although white groups have higher reported rates of COPD and asthma.
- Under-reporting within certain groups may also affect our local understanding of underlying conditions.
- We have information locally on positive cases and country of birth which we know is a poor proxy for ethnicity.

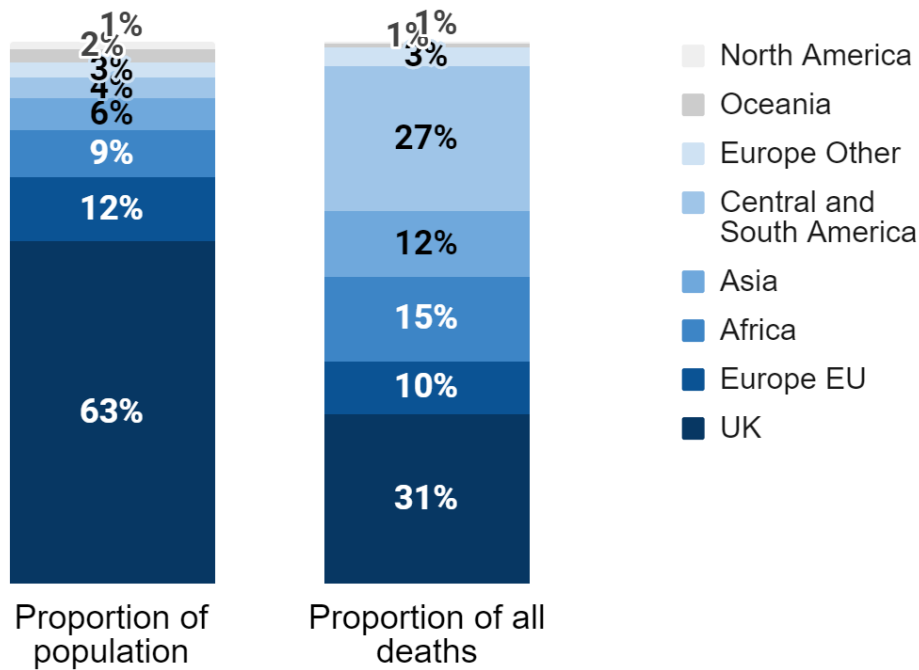
The impact of Lockdown

- There are some local concerns about lockdown being enforced unfairly, linked to the historic impact of Stop and Search on Black and minority ethnic communities, and how this could be exacerbated;
- We are yet to understand the impact of lockdown on mental health outcomes within the community but given the disproportionate impact of mortality in certain groups, we may also expect to see differences in long-term outcomes.
- Some groups may also struggle to access digital services more than others. We need to consider this as we move to the next phase on disease management via the track and trace approach.

2c. Ethnicity: local data



Covid-19 deaths by place of birth (12th March - 27th May 2020)



- Country of birth is not a great predictor of ethnicity.
- Out of 175 deaths, 120 (69%) were among residents born outside the UK.
- In comparison, only around 37% of Hackney residents were born outside the UK.

3a. Deprivation: national data



Impact upon mortality

- Both the [ONS](#) and [PHE](#) conclude that mortality rates from COVID-19 in the most deprived areas are more than twice that of the least deprived areas.

Impact of lockdown

- People in lower SES jobs may have reduced opportunities to work from home, which may make them more exposed to the virus or unable to work and therefore experience financial losses.
- The poorest groups in society are more likely to have underlying chronic conditions, which may increase their risk of dying from COVID-19.
- A number of papers show that poorer students are negatively impacted by lockdown. Teachers reported that students from poorer backgrounds have [less resources to complete school work](#) and the [quality of their work is also lower than usual](#).
- The [Children's Commissioner](#) has also written about the greater risk that 2 million children at as a result of lockdown. This is due to them experiencing from food poverty or from living in households with higher needs - parental mental ill-health, substance misuse, domestic abuse.
- According to the [Food Foundation](#), the COVID-19 pandemic has quadrupled the number of adults who experience food poverty.

3b. Deprivation: local data

Occupation/ SES and Covid-19

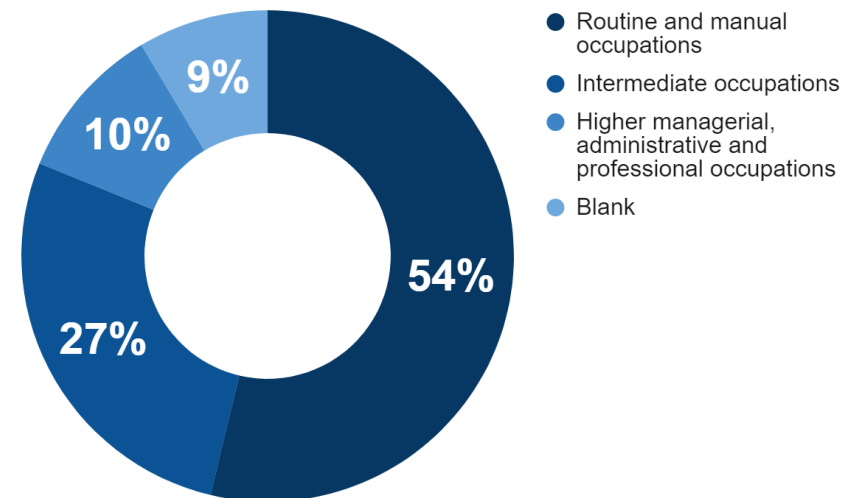
- Most COVID-19 deaths were registered among people from a lower socio-economic background
- Of all deceased for whom the occupation was known, 94 (54%) of deaths were among people employed in routine and manual occupations.
- This is in contrast to around 32% of Hackney's population being in routine and manual occupations
- [Note - it is likely that most people were retired*]

Reviewing Hackney's data by postcode

- There are many challenges faced by reviewing Hackney's data by postcode. This doesn't always give a clear understanding of the impact of deprivation, particularly when numbers are small.

Deaths by social class

Proportion of deaths involving Covid-19 infection, 1 March to 27 May 2020, by socio-economic status



3c. Deprivation: local response



Food poverty

-Currently in Hackney around 1,800 households are receiving food parcels; however the local service is gradually being phased out. Of these recipients, [70% said](#) they are struggling to pay for food.

-Recently Hackney's 'I Need Help' service made 85 referrals to the Food Bank; referrals are estimated to increase to around 500 people over the coming weeks.

Financial issues

-**Hackney JCP:** Between 13 March and 12 April 2020 Hackney Jobcentre Plus had 4442 new UC claims. By 12 April 2020 it had 13356 UC claims. Previously it had around 200 new claims a week and this is now 1000 claims a week.

-**Hoxton JCP:** Between 13 March and 12 April 2020, Hoxton JCP 3613 new UC claims. By 12 April 2020, Hoxton JCP had 10290 UC claims.

-Not specifically related to deprivation but the Council's [Covid-19 Community Survey](#) highlighted that around a 1/3 of respondents would face 'significant financial difficulties' for mortgage/rent payments; food shopping; and household bills, as a result of the pandemic and lockdown.

Digital divide

-This issue has come out repeatedly in Neighbourhood Conversations with the community.

-Groups are concerned about for children and young people who need to digital equipment and access to complete school work and access support services

-There are also concerns that the digital divide will mean that there will be issues for people in accessing the latest public health messaging

4a. Occupation: national evidence



National evidence

- [In the male population](#), 5 out of 9 occupation groups had a higher risk of dying from COVID-19 than the overall male working age population. Workers in 'low-skilled' categories were at the greatest risk of dying from COVID-19.
- Male workers with increased risk include workers in construction, security, taxi services, bus and coach drivers.
- Among women, only 1 of the 9 occupation groups had a statistically significant higher mortality rate than the average for the female working population. This occupation group was 'Caring, leisure, and other service occupations.'
- **Both men and women care workers are at greater risk of dying of COVID-19** than the whole working population. However, male social workers had a significantly elevated risk of dying from COVID-19. Male care workers had a mortality rate of 23.4 per 100,000 (compared to 9.9 for whole male working population). Female care workers had a mortality rate of 9.6 per 100,000 (compared to 5.2 for whole female working population).
- The [Kings' Fund](#) report that [higher mortality is reported also for NHS and social care staff from Black, Asian and minority groups](#). This excess Covid-19 mortality in these groups is [only partially attributable to clinical factors and deprivation](#).

5a. Gender: Morbidity and Mortality

a. National Evidence

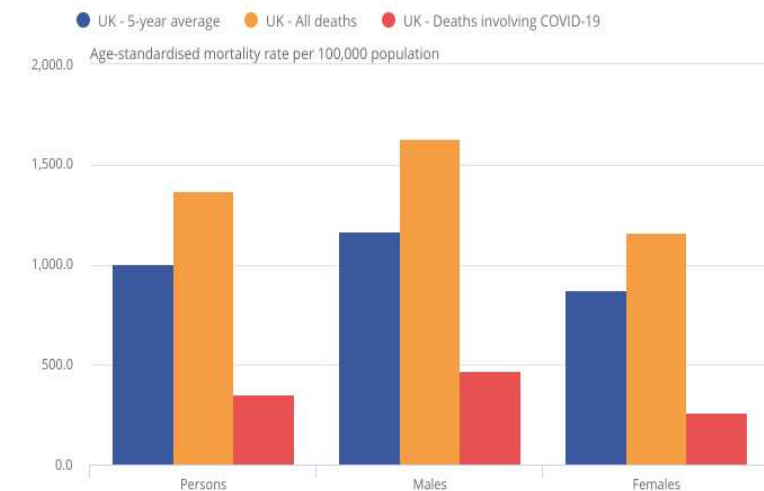
- There is clear evidence ([Health Foundation](#); [ONS](#); [OpenSAFELY](#); [PHE](#)) that men are at greater risk of dying from COVID-19 than women.
- Research by the [Health Foundation](#) suggests that the socioeconomic gradient in mortality from COVID-19 could be steeper for women.
- The IFS warns that women may be vulnerable to long-term labour market disadvantages in the coming economic downturn.

a. Local evidence

- Using Hackney data (up to 3rd June), out of 175 deaths involving Covid-19 infection:
 - 100 (57%) of these were male and 75 (43%) were female deaths.
 - The age-standardised mortality among males is significantly higher compared to females.

Figure 2: Males had a higher age-standardised mortality rate compared with females for both all causes and deaths involving COVID-19

Age-standardised mortality rate per 100,000 population, deaths occurring in March and April 2020, registered by 15 May 2020, by sex, UK



Source: Office for National Statistics, National Records of Scotland, and Northern Ireland Statistics and Research Agency

7. Air Quality: National and international evidence



- [A paper published by researchers](#) at Harvard found that a small increase in long-term exposure to fine particulate matter (PM2.5) leads to a large increase in the COVID-19 death rate.
- [A paper published by researchers at the University of Cambridge](#) found that the levels of multiple markers of poor air quality, including nitrogen oxides and sulphur dioxide are associated increased numbers of COVID-19-related deaths across England, after adjusting for population density.
- [A paper published in April 2020](#) found a strong correlation between increment in air pollution and an increase in the risk of COVID-19 transmission within London boroughs.

Conclusion



- It is evident that the situation in the City and Hackney mirrors what we are seeing nationally and in other countries, with disproportionately high cases of infection and deaths amongst older people, people from Black and Asian Communities, people from lower SES backgrounds, and men.
- The social and economic consequences of Covid-19 will extend beyond the period of the outbreak and also need consideration.
- What do we need to do next?
 - Continue to review the literature as it emerges and assess the local data on cases, deaths and the impact of lockdown;
 - Co-ordinate our efforts with others locally to develop a comprehensive local understanding and response; and
 - Consider how the work of the HWB can support efforts to tackle health inequalities that are being exacerbated by Covid-19.