



BAME and COVID

Insights from A PHE review of the evidence

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Background

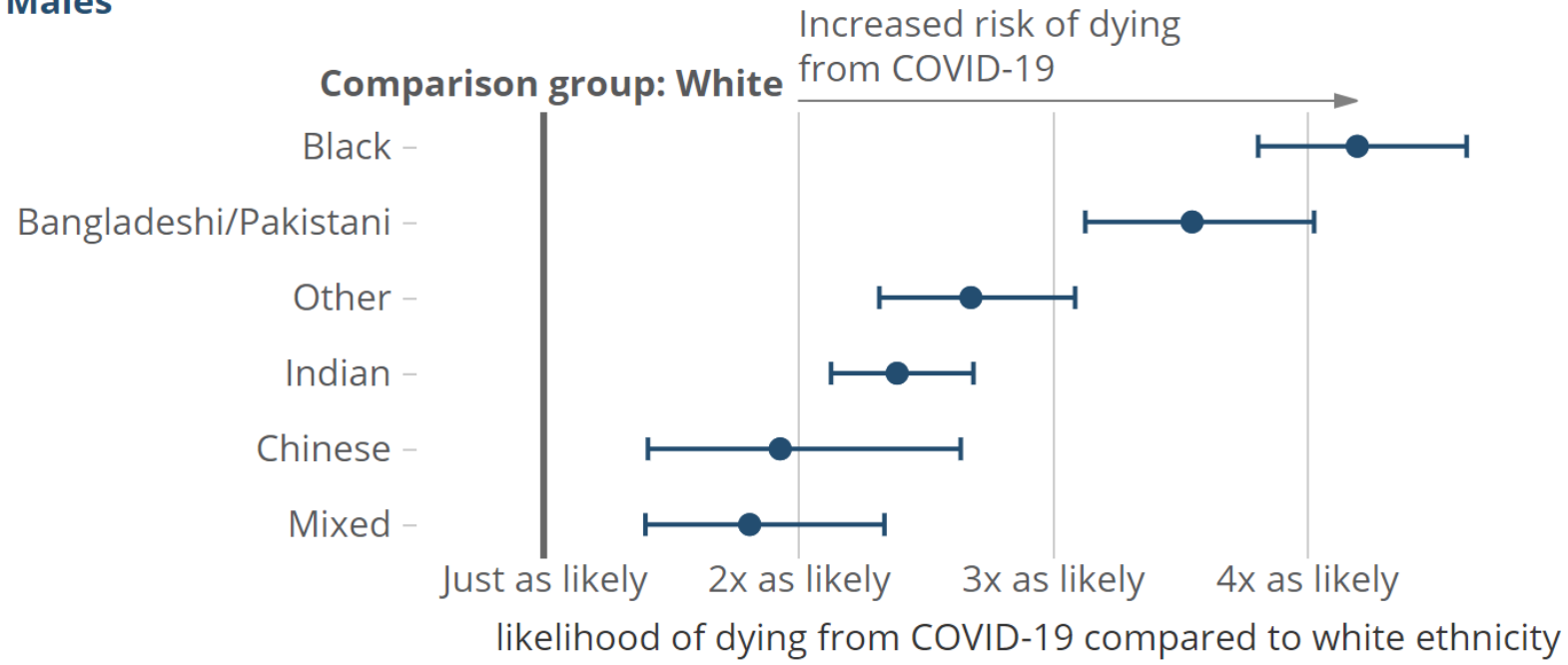
- Evidence from the early stages of the pandemic suggested a disproportionate impact of COVID on BAME groups
- Trend in the UK first came to light when the evidence showed that the first 11 doctors to die from COVID were all from BAME communities
- Various analyses have since been published, with one showing that of 106 COVID-19 fatalities in health workers some two thirds (63%) were in BAME people (up to April 22, 2020).
- The figure was 94% for doctors and 71% for nurses, with the average reduced with the inclusion of other health-care workers (55%).



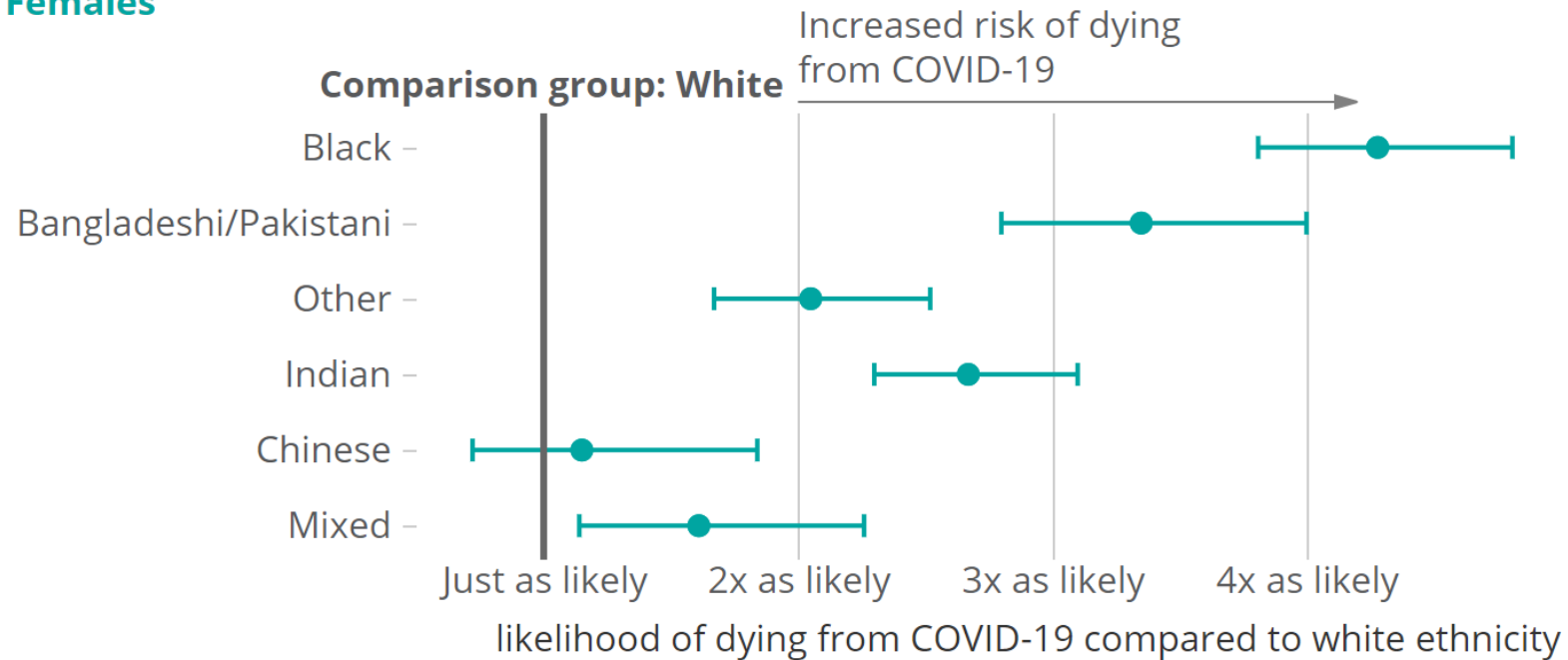
ONS data

- Black males 4.2 times more likely to die from COVID, Black females 4.3 times more likely
- Bangladeshi and Pakistani, Indian, and Mixed ethnicities also had statistically significant raised risk of death involving COVID-19 compared with those of White ethnicity.
- Even after adjustment for socio-demographic characteristics, the association remained statistically significant.

Males



Females





Data limitations

- Ethnicity is not recorded on death certificates
- ONS analysis was linked to 2011 census data, which allowed ascertainment of self-reported ethnicity
- The breakdown of ethnicity used was guided by the number of deaths available for use in analyses and its distribution across ethnic groups
- Data not available at LA level.



Public Health
England

Protecting and improving the nation's health

Beyond the data: Understanding the impact of COVID-19 on BAME groups



PHE review

- In light of emerging evidence, rapid review commissioned
- Aim of review was twofold:
 - To understand if inequalities exist in how BAME groups are affected compared to white population
 - To understand the social and structural determinants of health that may impact on disparities in COVID-19 incidence, treatment, morbidity, and mortality in BAME groups

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf



Review Findings

- The results of the PHE data review suggest that people of Black, Asian and other minority ethnic groups may be more exposed to COVID-19, and therefore are more likely to be diagnosed.
- BAME groups appeared to have increased risk of death and complications from COVID.
- Once infected, many of the pre-existing health conditions that increase the risk of having severe infection (such as having underlying conditions like diabetes and obesity) are more common in BAME groups and many of these conditions are socioeconomically patterned

Recommendations

- Seven recommendations included in the report
 - Mandate comprehensive and **quality ethnicity data** collection and recording
 - Support **community participatory research**, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities
 - **Improve access, experiences and outcomes** of NHS, local government and integrated care systems commissioned services by BAME communities
 - Accelerate the development of **culturally competent occupational risk assessment tools** that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of COVID-19, especially for key workers



Recommendations

- Fund, develop and implement **culturally competent COVID-19 education and prevention campaigns**, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies
- Accelerate efforts to **target culturally competent health promotion and disease prevention programmes** for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma



Recommendations

- Ensure that **COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health** to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised

What are we doing in Warwickshire?



Ethnicity

Ethnic Group	Number	%	0-15		16-64		65+	
			Number	%	Number	%	Number	%
All Persons	545,474		98,399		347,804		99,271	
White British	482,607	88.5%	84,569	85.9%	304,348	87.5%	93,690	94.4%
White Irish	5,216	1.0%	247	0.3%	3,006	0.9%	1,963	2.0%
Gypsy or Irish Traveller	494	0.1%	171	0.2%	296	0.1%	27	0.0%
White Other	17,371	3.2%	2,774	2.8%	13,529	3.9%	1,068	1.1%
All White	505,688	92.7%	87,761	89.2%	321,179	92.3%	96,748	97.5%
Mixed: White & Black Caribbean	3,090	0.6%	1,569	1.6%	1,440	0.4%	81	0.1%
Mixed: White & Black African	698	0.1%	390	0.4%	295	0.1%	13	0.0%
Mixed: White and Asian	2,606	0.5%	1,388	1.4%	1,154	0.3%	64	0.1%
Mixed: Other	1,555	0.3%	691	0.7%	815	0.2%	49	0.0%
All Mixed	7,949	1.5%	4,038	4.1%	3,704	1.1%	207	0.2%
Asian: Indian	16,435	3.0%	3,539	3.6%	11,521	3.3%	1,375	1.4%
Asian: Pakistani	1,728	0.3%	495	0.5%	1,133	0.3%	100	0.1%
Asian: Bangladeshi	284	0.1%	73	0.1%	204	0.1%	7	0.0%
Asian: Chinese	2,349	0.4%	293	0.3%	1,948	0.6%	108	0.1%
Asian: Other	4,300	0.8%	814	0.8%	3,273	0.9%	213	0.2%
All Asian	25,096	4.6%	5,214	5.3%	18,079	5.2%	1,803	1.8%
Black: African	2,173	0.4%	557	0.6%	1,586	0.5%	30	0.0%
Black: Caribbean	1,733	0.3%	147	0.1%	1,302	0.4%	284	0.3%
Black: Other	537	0.1%	188	0.2%	311	0.1%	38	0.0%
All Black	4,443	0.8%	892	0.9%	3,199	0.9%	352	0.4%
Other: Arab	467	0.1%	119	0.1%	333	0.1%	15	0.0%
Any Other Ethnic Group	1,831	0.3%	375	0.4%	1,310	0.4%	146	0.1%
All other	2,298	0.4%	494	0.5%	1,643	0.5%	161	0.2%

Source 2011 Census

Workforce Demographics - Race (Ethnicity)



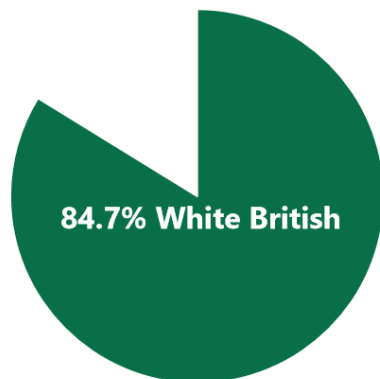
Ethnic Group as at 31st March 2019	Census 2011 Warwickshire economically active aged 16 and over	Warwickshire County Council	Communities Directorate	People Directorate	Resources Directorate
White British	255,845 (88.2%)	3,295 (84.7%)	1,211 (87.4%)	1,109 (81.6%)	968 (85.1%)
White Irish and White Other	14,269 (4.9%)	189 (4.9%)	82 (5.9%)	64 (4.7%)	42 (3.7%)
Asian and Asian British	13,468 (4.6%)	279 (7.2%)	69 (5.0%)	110 (8.1%)	100 (8.8%)
Black and Black British	2,535 (0.9%)	112 (2.9%)	19 (1.4%)	70 (5.2%)	23 (2.0%)
Mixed	2,704 (0.9%)	9 (0.2%)	4 (0.3%)	5 (0.4%)	0 (0.0%)
Other Ethnic Groups	1,220 (0.4%)	6 (0.2%)	1 (0.1%)	1 (0.1%)	4 (0.4%)
*Not stated	N/A	611 (13.6%)	282 (16.9%)	190 (12.3%)	136 (10.7%)

Race (Ethnicity) - 2017-2019

Warwickshire County Council

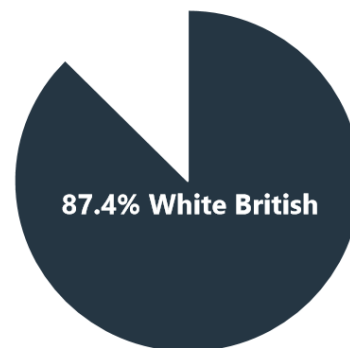
The proportion of employees who are of **Black and Black British** ethnicity has increased from 1.3% in 2017/18 to 2.9% in 2018/19.

The proportion of employees who have stated their ethnicity has improved (81.7% stated in 2016/17 to 86.4% in 2018/19)



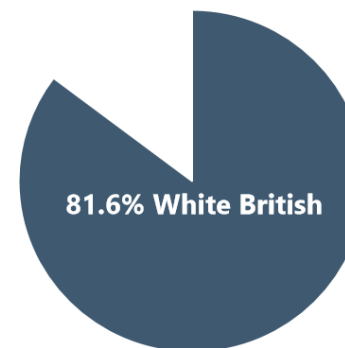
Communities Directorate

The proportion of staff who are of Black and Black British ethnicity has increased from 0.3% in 2017/18 to 1.4% in 2018/19, whilst the proportion of staff who are of Mixed ethnic groups has decreased (from 0.9% in 2017/18 to 0.3% in 2018/19)



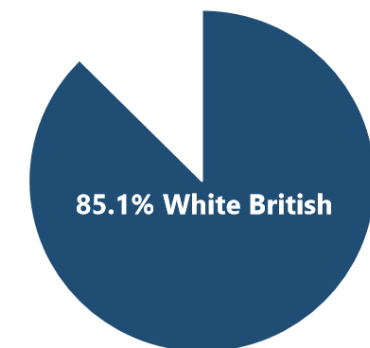
People Directorate

The proportion of staff who are of Black and Black British ethnicity has increased from 2.9% in 2017/18 to 5.2% in 2018/19, whilst the proportion of staff who are of Mixed ethnic groups has decreased (from 1.1% in 2017/18 to 0.4% in 2018/19)



Resources Directorate

The proportion of staff who are of Black and Black British ethnicity has increased from 0.7% in 2017/18 to 2.0% in 2018/19, whilst the proportion of staff who are of Mixed ethnic groups has decreased (from 0.6% in 2017/18 to 0.0% in 2018/19)





Progress

- Meetings with key faith groups at the start of the pandemic.
- Targeted comms messaging via a range of channels in May.
- Messages produced in a range of languages.
- Request from faith groups as lockdown eases for support in completing risk assessments.



WCC approach

- Organizational risk assessments ongoing
- These assessments include sections on support for BAME staff
- Managers and employees will be required to undertake an individual risk assessment if one or more of the employee 'check list' criteria is ticked.
- This includes a number of equality considerations, one of them being BAME, alongside other considerations (their role, health, household, journey etc.)
- Will ensure that, in addition to the general risk of infection when returning to the workplace, any potential, specific, risks to individual employees and their mental wellbeing, has been considered and assessed.
- Plan underway to produce PH guidance on support/risk assessments for BAME staff



PPE

- PPE – Some research suggests that BAME nursing staff are more likely to be affected by PPE shortages
- Based on a survey commissioned by Royal College of Nursing and based on self-report
- Evidence so far is inconclusive but FIT testing now mandatory for BAME staff working in front facing clinical roles.



Discussion

- What else do you think we can do to support BAME communities?
- How can you use your influence to support this?