

# What does the pandemic mean for the nation's health and health inequalities?

12 August 2020

Jennifer Dixon, Chief Executive, the Health Foundation



#THFinequalities

# A young person's perspective on the impact of the pandemic

12 August 2020

Evie Basch, Illustrator, activist and campaigner,  
Leaders Unlocked

# The impact of the pandemic on the nation's health and health inequalities

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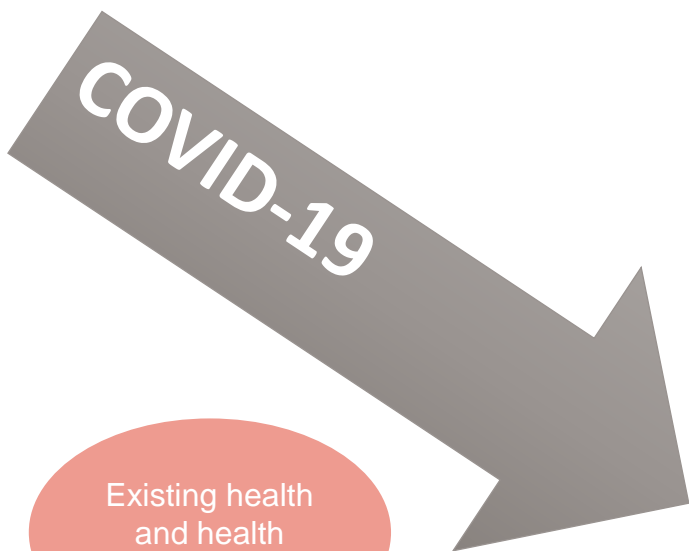
Tim Elwell-Sutton, Assistant Director (Healthy Lives),  
the Health Foundation



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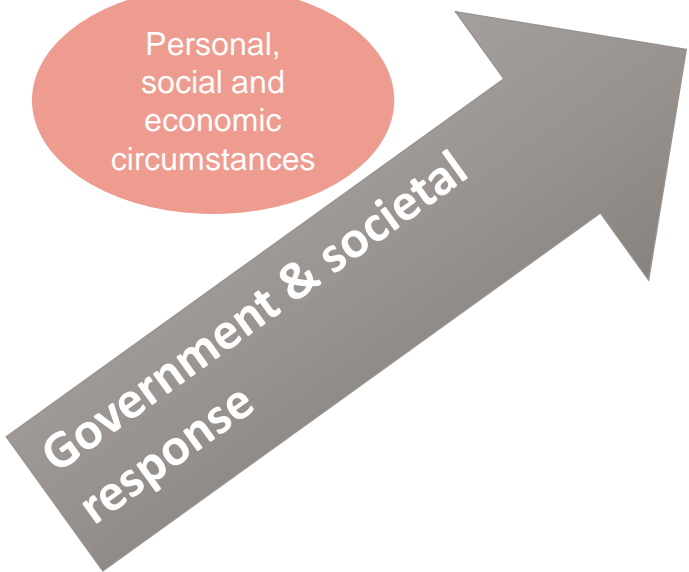
# Background

A framework for thinking about the pandemic,  
health and health inequalities



Existing health  
and health  
inequalities

Personal,  
social and  
economic  
circumstances

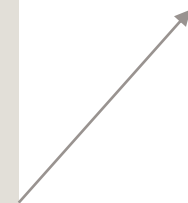
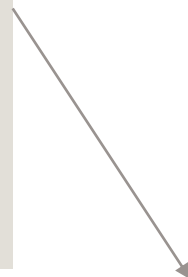


### Health Impacts

- Exposure to COVID-19
- Risk of serious COVID outcome
- Mental health harm
- Delayed treatment of other conditions

### Social and economic impacts

- Economic hardship
- Disrupted education and careers
- Community cohesion



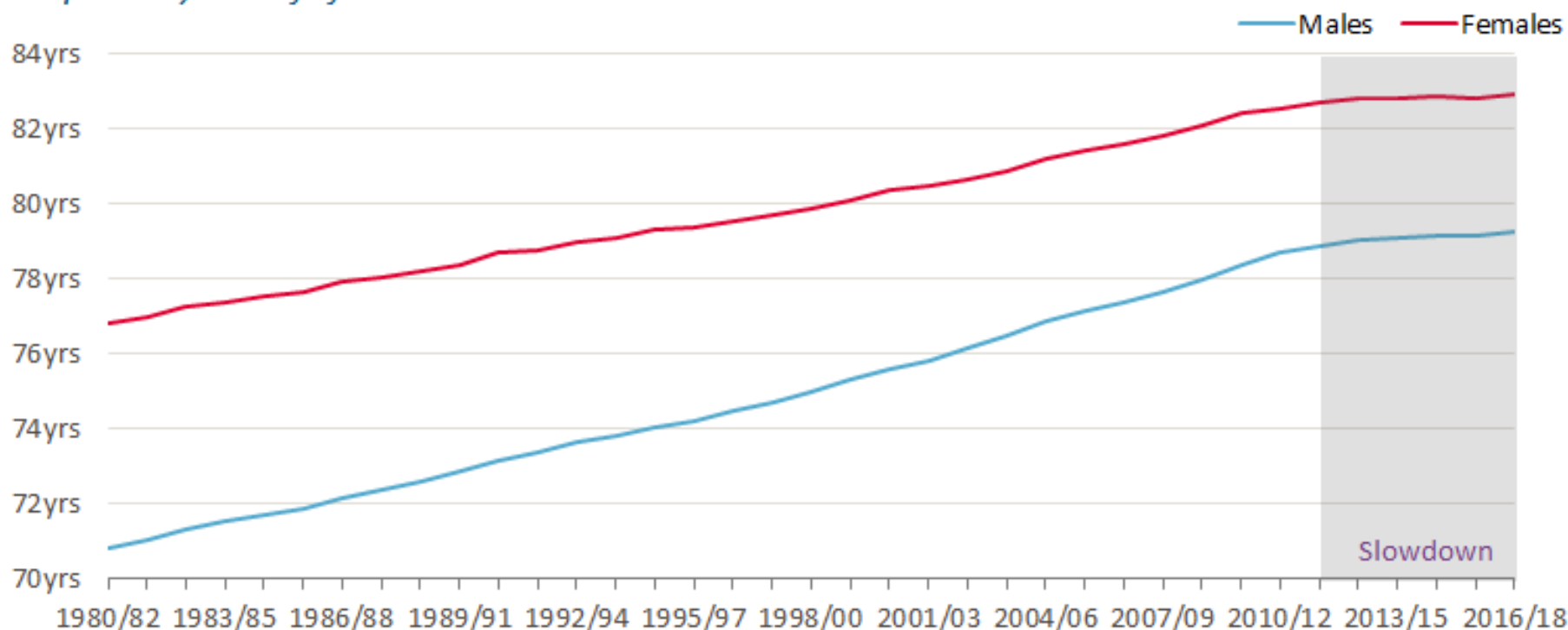
**Future  
health and  
health  
inequalities**

# Health and health inequalities before the pandemic

# Life expectancy at birth (UK 1980-2018)

Period life expectancy at birth: UK, 1980/82 to 2016/18

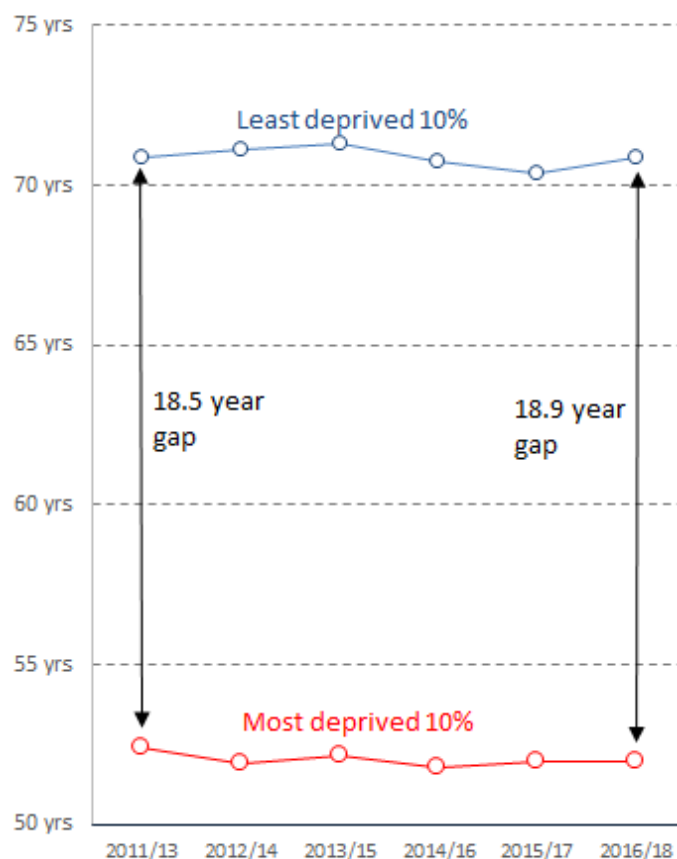
*Expected years of life*



Source: ONS, *National lifetables*, 2016-18

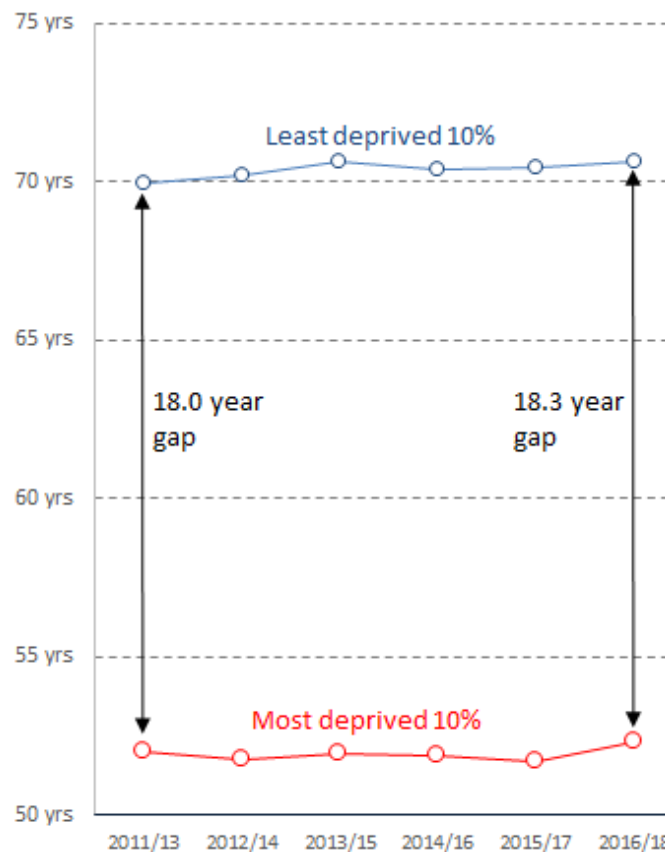
# Inequality by deprivation remains

Healthy life expectancy, England: 2011/13-16/18  
Women (years at birth)



Source: ONS, Health State Life Expectancies by deprivation decile

Men (years at birth)



England, 2011/13-2016/18

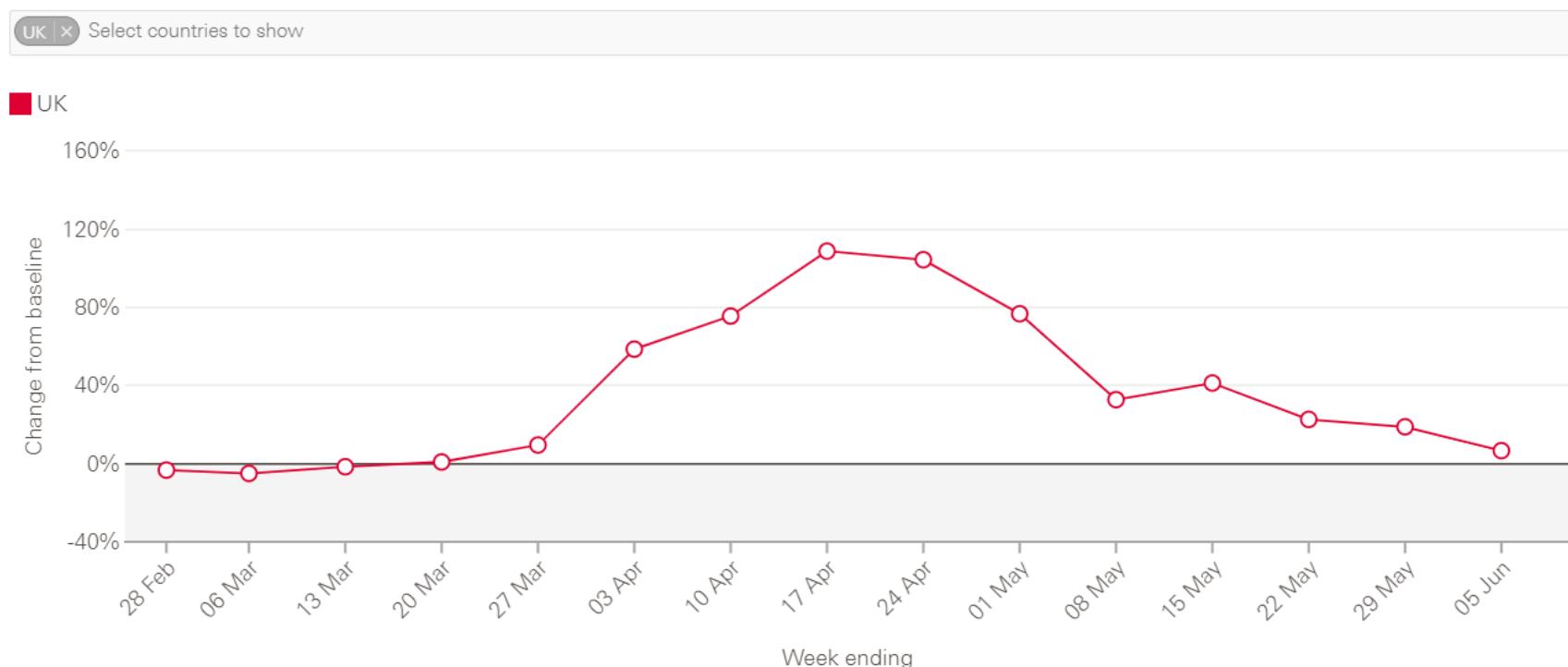


# Health and inequalities impacts of the pandemic

# Health impacts of the pandemic: mortality

## Weekly excess deaths for selected European countries

Change from baseline weekly deaths, by week, 2020



**The Health Foundation**  
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Source: United Kingdom: England & Wales – ONS, Northern Ireland – NIRSA, Scotland – NRS; France: Insee; Germany: Destatis; Italy: Istat;; Spain: Instituto Nacional de Estadística (INE); Sweden: SCB

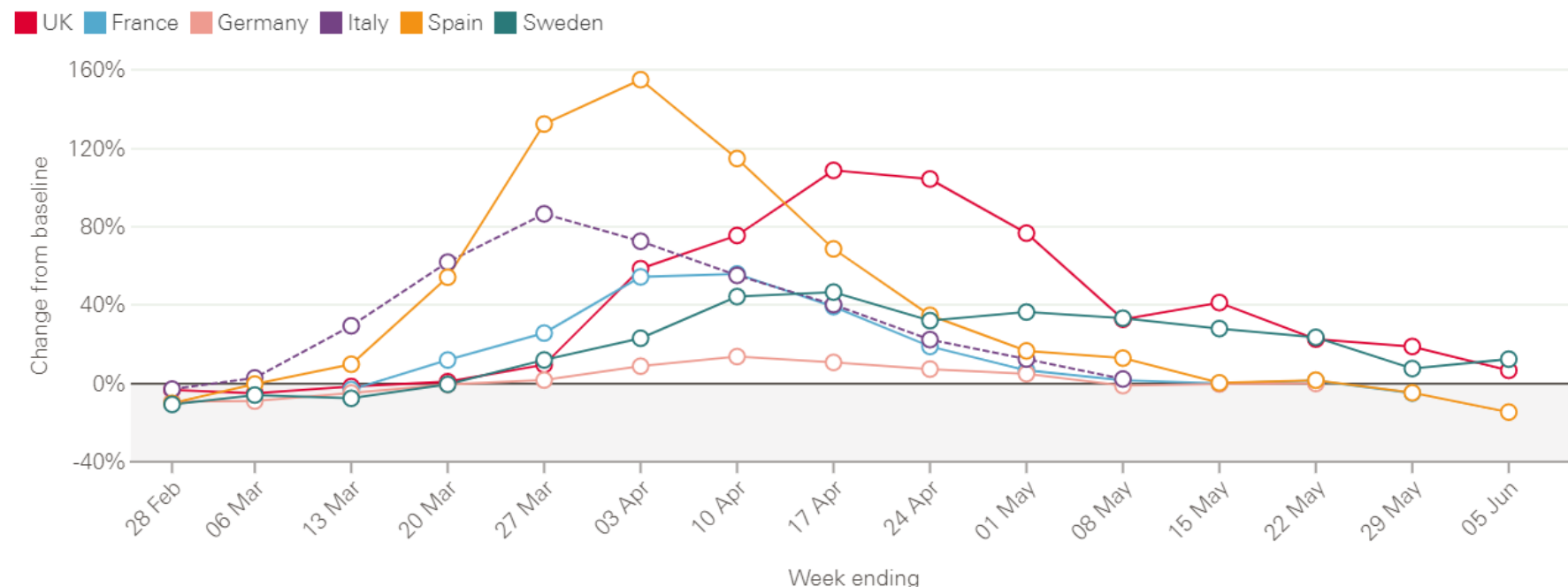
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# Health impacts of the pandemic: mortality

## Weekly excess deaths for selected European countries

Change from baseline weekly deaths, by week, 2020

Select countries to show

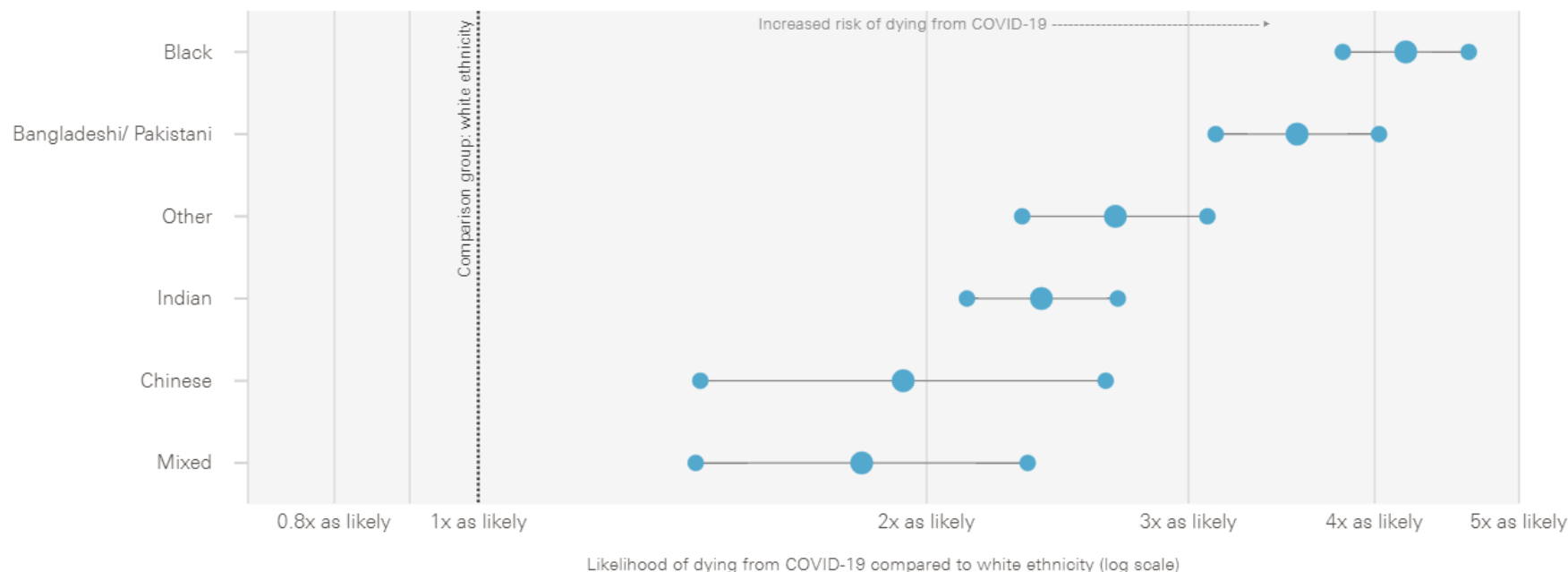


# Health impacts of the pandemic: ethnicity

The risk of COVID-19 related death is more than four times as high for people of black ethnicity than for those of white ethnicity after adjusting for age

Risk of COVID-19-related death by ethnic group and sex, England and Wales, 2 March to 10 April 2020.

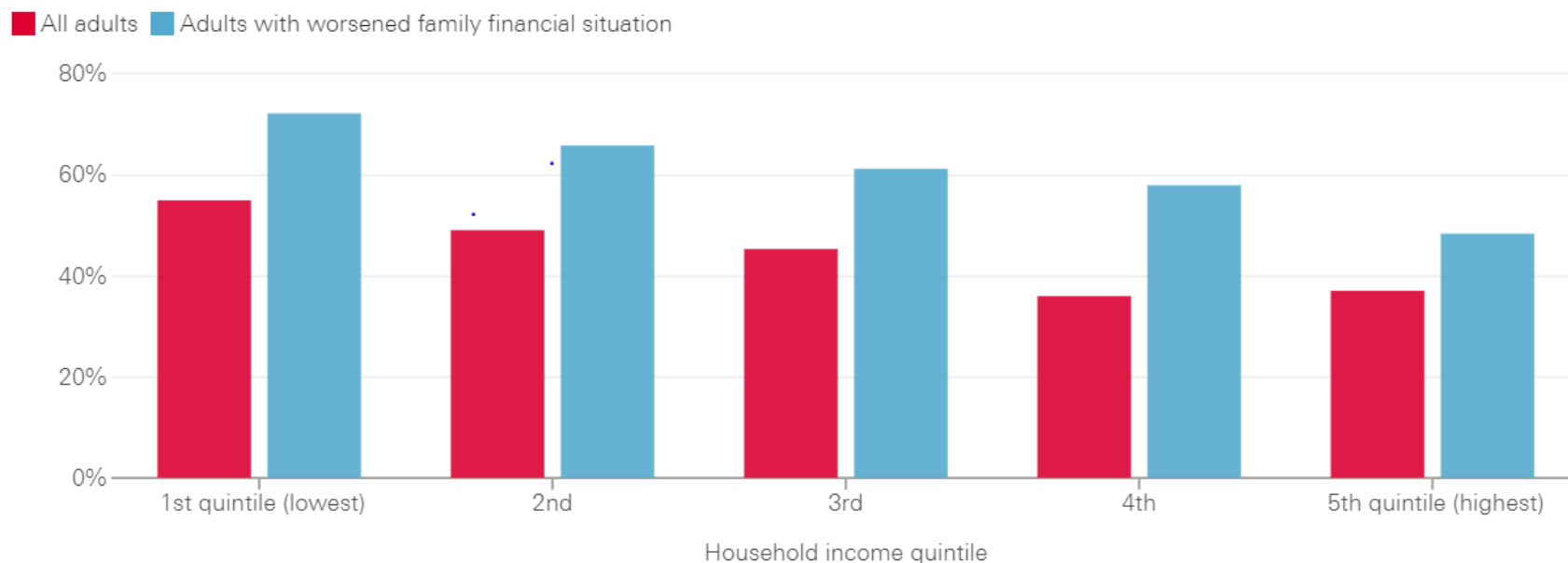
Men



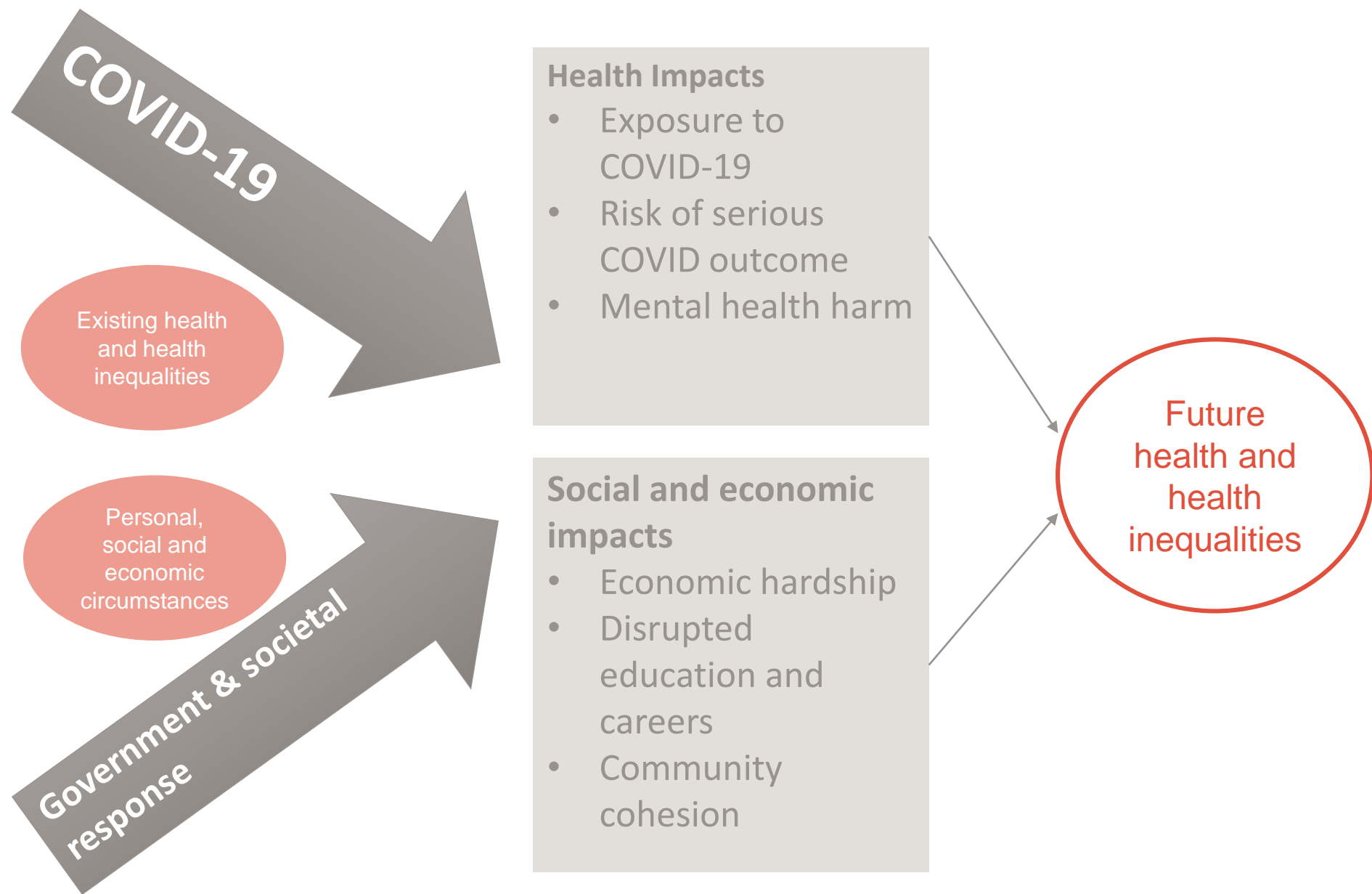
# Health impacts of the pandemic: income

## Poor mental health by income and change in financial situation

Share of population with poor mental health by 18–65-year-old family income quintile before COVID-19 (exc. retired and students): UK, 6–11 May 2020



# Inquiry into COVID-19, health and health inequalities in the UK



# More on the inquiry

- **Advisory panel chair:** Clare Moriarty
- **Launch:** September 2020
- **Report:** Summer 2021
- **Aim:** A comprehensive synthesis of the evidence to date considering:
  - how people's experience of the pandemic was influenced by their health and existing inequalities
  - the likely impact of actions taken in response to the pandemic on people's health and health inequalities – now and in the future.
- **More info and sign-up:**  
[www.health.org.uk/inquiry-into-covid-19-and-inequalities](http://www.health.org.uk/inquiry-into-covid-19-and-inequalities)



# Thank you



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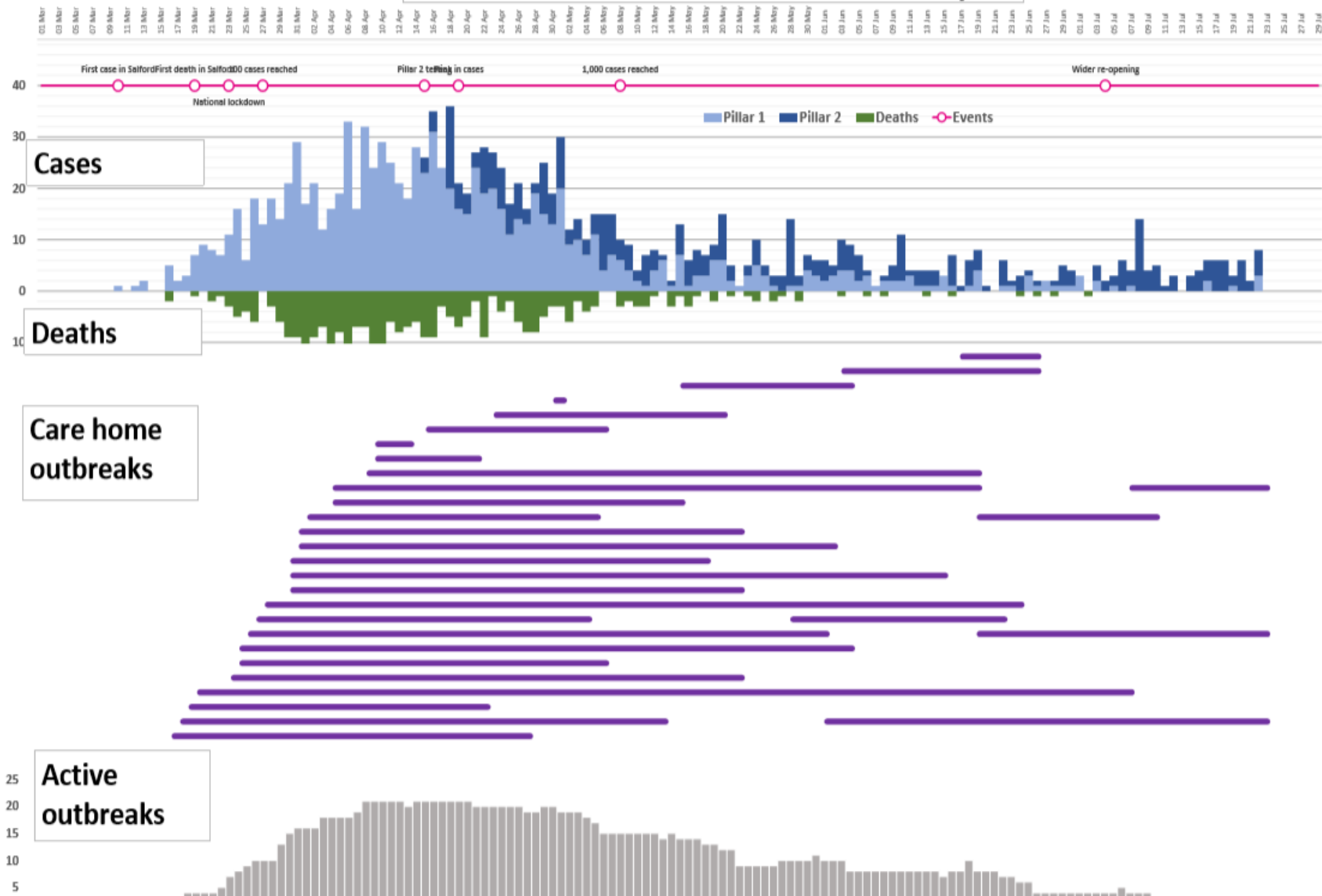
# The impact of the pandemic on communities and black and minority ethnic groups

Start well.  
Live well.  
Age well.  
OUR SALFORD



Dr Muna Abdel Aziz  
Director of Public Health for Salford  
12 August 2020

# Salford COVID 19 Timeline: 1 March to 24 July



# BAME observations from Salford

“At first everyone saw COVID-19 as an indiscriminate virus. We thought we’d all be equally affected, because we're all equally non-immune. Now it's clear some people are at much higher risk. Whether it’s age, social disadvantage, or ethnicity, some communities are feeling the impact of coronavirus more than others. And that’s really exposed existing disparities and exacerbated the sense of historical health inequality. People are angry about these inequalities now – the vulnerabilities of care homes, of BAME individuals, and about the economic impact of poverty. ”

Of those testing positive in Salford each week 20-50% are from BAME groups – there are large fluctuations depending on local patterns of transmission, along with the small numbers and incomplete recording of ethnicity.

Examples	Impacts on BAME groups	
<b>Socio-economic</b>	Increased likelihood of exposure and more severe impacts - higher rates of death, particularly the very elderly and those living in the most disadvantaged areas.	Low paid frontline workers have continued to work during lockdown with increased exposure to COVID-19. The elderly are highly vulnerable to the virus and the need to self-isolate creating difficulties obtaining food and medication and issues of loneliness.
<b>Gender</b>	Emerging UK and international data indicate that there is a higher mortality rate for men from COVID-19.	Women are more likely to work in caring roles and/or women living longer in care homes and home care are more exposed to the virus.
<b>Language</b>	Speakers of other languages may have missed information on the local support available.	Women in some BAME communities experiencing language barriers in seeking support (eg domestic abuse, children in need).
<b>Faith</b>	Potential disproportionate impact from changed funeral rules. Vulnerable shielded people not able to access faith/culturally appropriate food requirements from the national scheme.	Religious communities in Salford unable to celebrate important culturally events communally. There are community cohesion concerns, including hate crime and stigmatisation.

# BAME Disparities

After accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than 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. (Public Health England, June 2020)

- Some preventable factors - BAME have higher rates of some health conditions like diabetes, high blood pressure and heart disease,
- Pre-existing inequalities including geographic and socio-economic disadvantage. Existing evidence indicates that most ethnic minority groups tend to be more disadvantaged than their White counterparts
- Other factors like overcrowding/large families, occupation (security guards, taxi drivers, health and care workers). A very large number of staff in the health and care sector are BAME, smokers and/or have high blood pressure.

## Employers to assess health safety and welfare of employees including:

### 1. Workplace assessment

### 2. Workforce assessment

### 3. Individual assessment

#### Age and ethnicity:

- BME ethnicity aged above 55, particularly in those with comorbidities
- white european ethnicity aged over 60



#### Sex:

Males at higher risk



#### Underlying health conditions including:

Clinical vulnerable groups including:

- hypertension
- cardiovascular disease (CVD)
- diabetes mellitus (DM)
- chronic kidney disease (CKD)
- chronic obstructive pulmonary disease (COPD)



#### Pregnancy:

- All pregnant women should have a risk assessment.
- Women > 28 weeks pregnant or have underlying condition should be recommended to stay at home.
- Women < 28 weeks pregnant should only work in patient facing roles where risk assessment supports this.



Employers to discuss implications and to take appropriate measures to mitigate risk of COVID-19 infection risk to NHS staff.

#### Risk Factors:

##### Lifestyles

Obesity  
Smoking  
High blood pressure

##### Disability

# HOW TO WEAR A NON-MEDICAL FABRIC MASK SAFELY

## Do's →



Clean your hands before touching the mask



Inspect the mask for damage or if dirty



Adjust the mask to your face without leaving gaps on the sides



Cover your mouth, nose, and chin



Avoid touching the mask



Clean your hands before removing the mask



Remove the mask by the straps behind the ears or head



Remove the mask by the straps when taking it out of the bag



Wash the mask in soap or detergent, preferably with hot water, at least once a day



Clean your hands after removing the mask



Store the mask in a clean plastic, resealable bag if it is not dirty or wet and you plan to re-use it



Pull the mask away from your face

A fabric mask can protect others around you. To protect yourself and prevent the spread of COVID-19, remember to keep at least 1 metre distance from others, clean your hands frequently and thoroughly, and avoid touching your face and mask.

[who.int/epi-win](https://who.int/epi-win)



# الطريقة الآمنة لارتداء الكمامة القماشية غير الطبية

## افعل ←



افحص الكمامة لمعرفة ما إذا كانت تالفة أو متسخة



نظف يديك قبل لمس الكمامة



انزع الكمامة عن طريق الأشرطة خلف الأذنين أو الرأس



نظف يديك قبل نزع الكمامة



تجنب لمس الكمامة



تأكد من تغطية الفم والأنف والذقن



عدّل وضع الكمامة على وجهك للتأكد من عدم ترك فراغات على جانبي الوجه



نظف يديك بعد التخلص من الكمامة



اغسل الكمامة بالصابون أو بمنظف، ويفضل أن تغسلها بالماء الساخن مرة واحدة على الأقل يومياً



أزل الكمامة عن طريق الأشرطة عند إخراجها من الكيس



احتفظ بالكمامة في كيس بلاستيكي نظيف يمكن إعادة غلقه بإحكام إذا لم تكن متسخة أو مبللة. وكن حذراً لاستخدامها مرة أخرى



اسحب الكمامة بعيداً عن وجهك

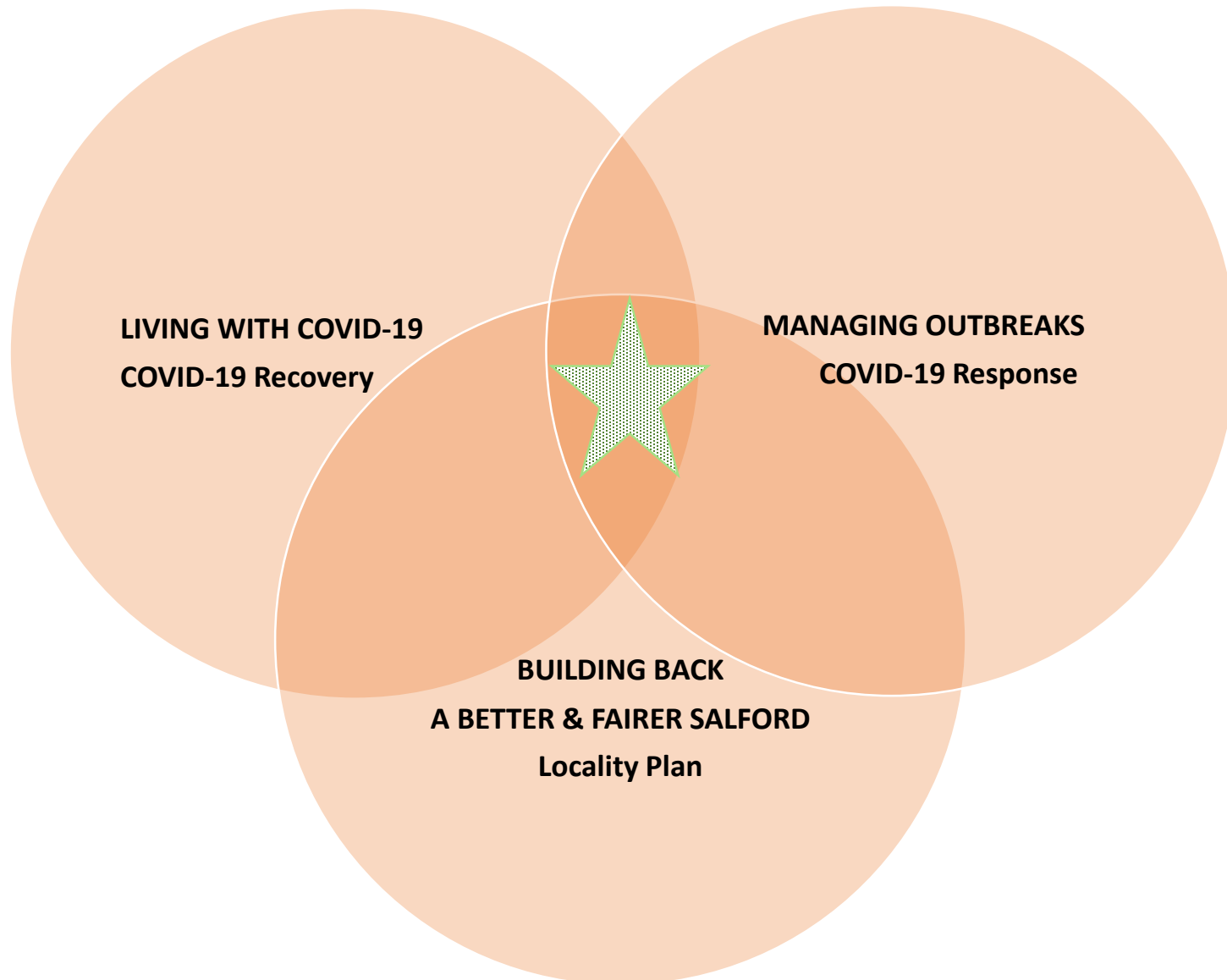
تستطيع الكمامة القماشية حماية الآخرين من حولك. ولحماية نفسك ومنع انتشار مرض كوفيد-19، تذكّر أن تبعد عن الآخرين بمتري واحد على الأقل، وأن تنظف يديك جيداً وباستمرار، وأن تتجنب لمس وجهك والكمامة.

[who.int/epi-win](https://who.int/epi-win)





# What are we planning for the next two years?



## Coronavirus alert levels in UK

Stage of outbreak		Measures in place
Risk of healthcare services being overwhelmed	5	Lockdown begins
Transmission is high or rising exponentially	4	Social distancing continues
Virus is in general circulation	3	Gradual relaxation of restrictions
Number of cases and transmission is low	2	Minimal social distancing, enhanced tracing
Covid-19 no longer present in UK	1	Routine international monitoring

# The impact of the pandemic on communities and black and minority ethnic groups

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# Coronavirus and the UK economy

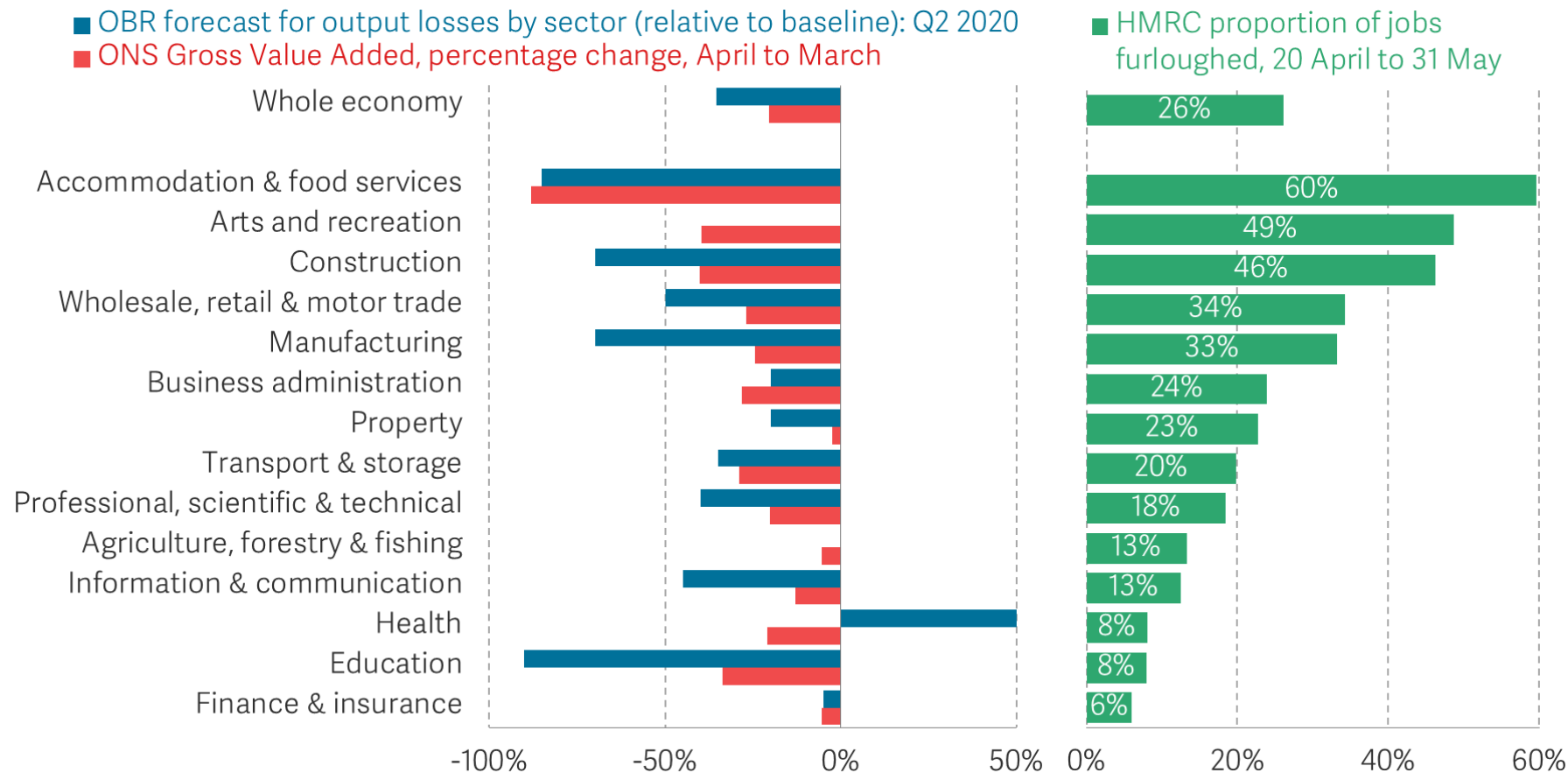
Mike Brewer

Deputy Chief Executive, Resolution Foundation

@mikebrewerecon

# A sector-specific crisis, driven by initial lockdown and social distancing

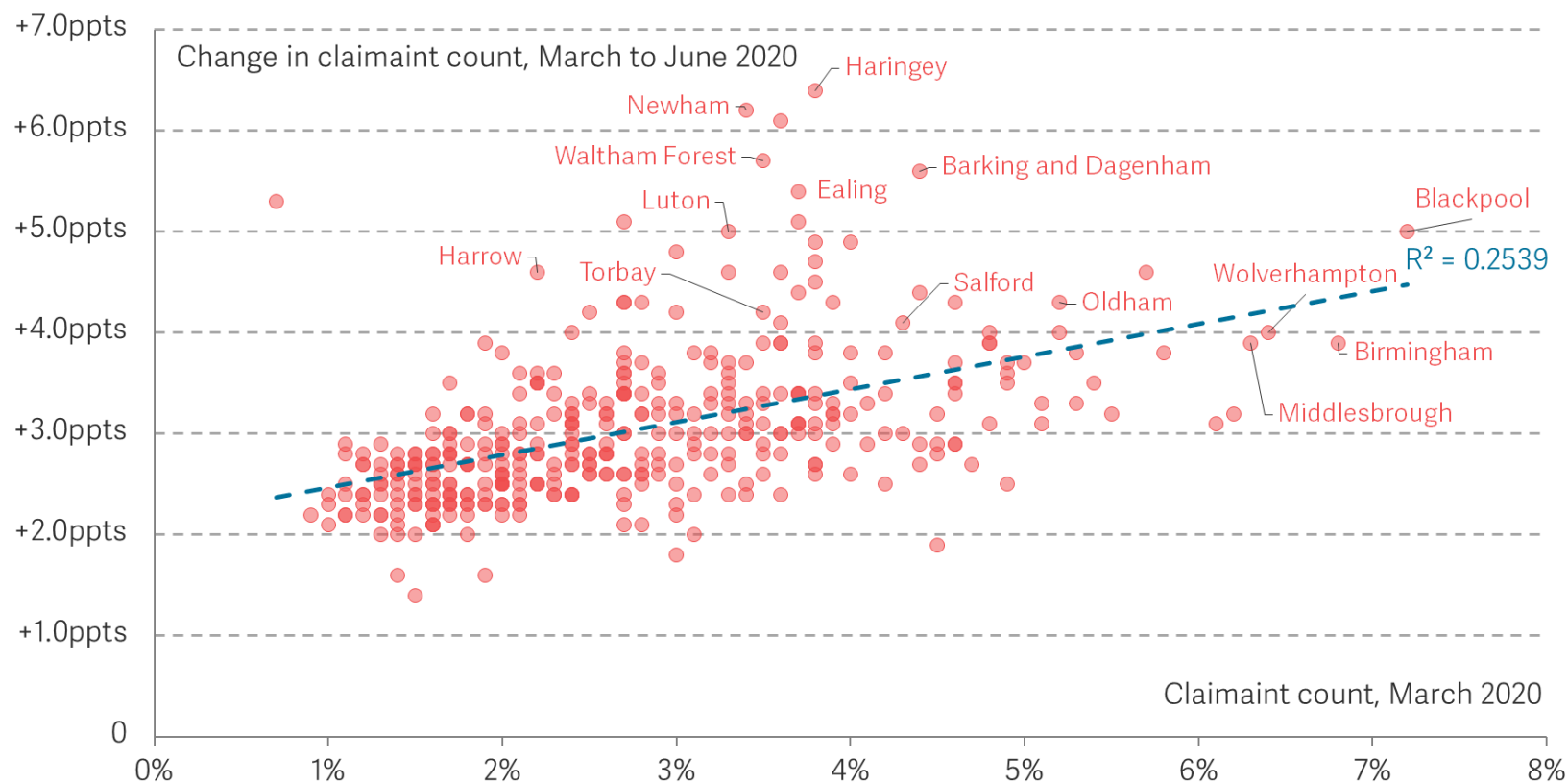
Actual/forecast change in GVA and proportion of jobs furloughed/output: UK



# Outside London, hit is greater in areas already struggling



Change in working-age claimant count compared to pre-crisis claimant count, GB local authorities.



Notes: The figures relate to the proportion of working-age individuals claiming unemployment-related benefits on 12 March and 11 June.  
Source: RF analysis of ONS, Claimant count by unitary and local authority.

NB the claimant count is a poor measure of unemployment and is used here as a proxy for the state of the labour market. See <https://www.resolutionfoundation.org/publications/the-truth-will-out/>

## So far, the labour market hit is reinforcing existing inequalities

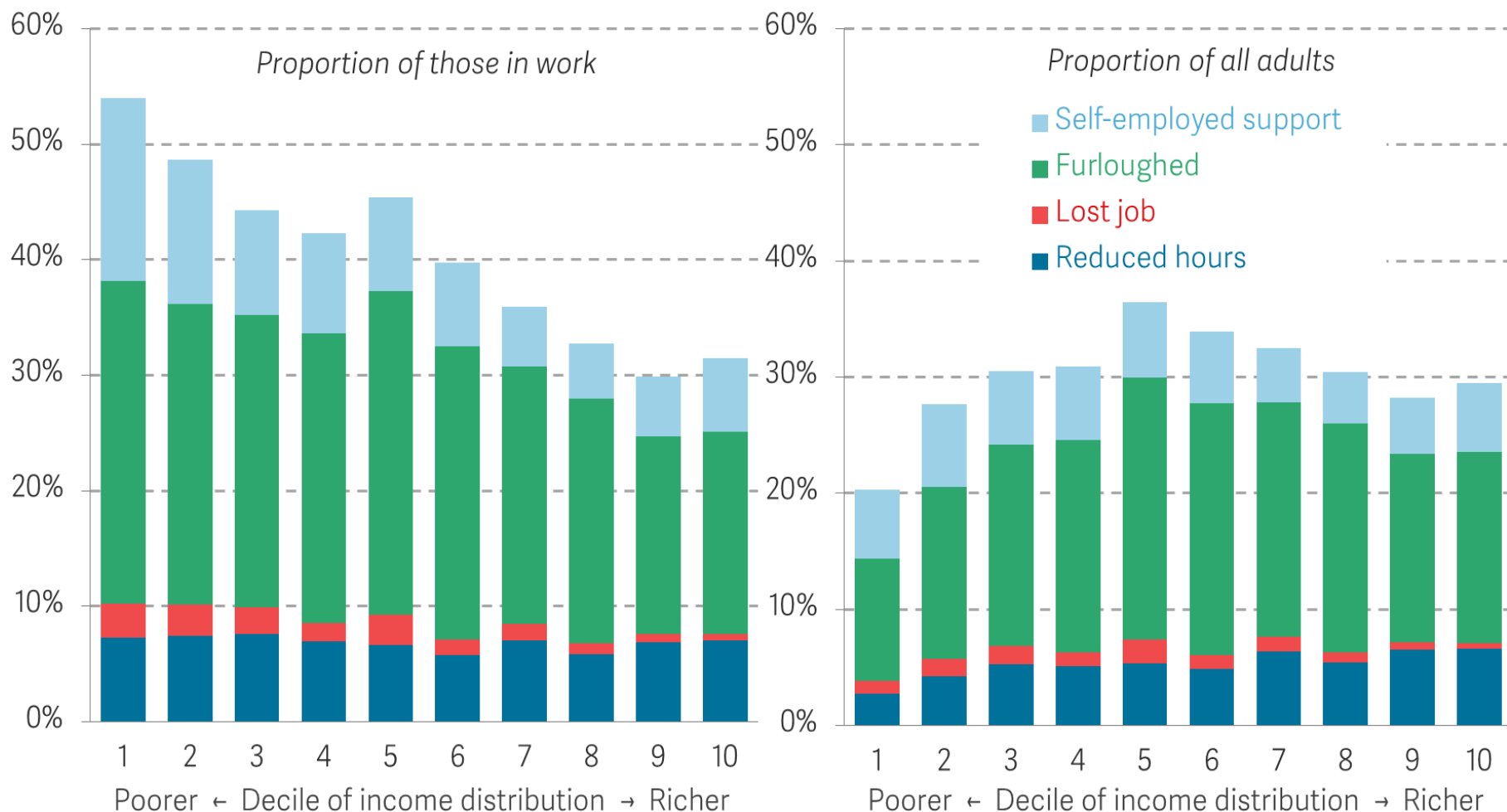


- Amongst workers:
  - young more affected than middle-aged (although older workers badly affected)
  - low earners more affected than high earners
  - BAME more affected than white British
  - workers on atypical contracts more affected than salaried workers
  - (NB but not “women more than men”, although women are hit more in other ways)
- This partly reflects who works in hardest-hit sectors, but also that those with least labour market power always suffer most in downturns

# The impact on household incomes is subtle: workers in low-income households have been hit hard, but many low-income households not directly affected by the labour market



Proportion of working-age adults affected by coronavirus, by 2019-20 household income decile: May 2020



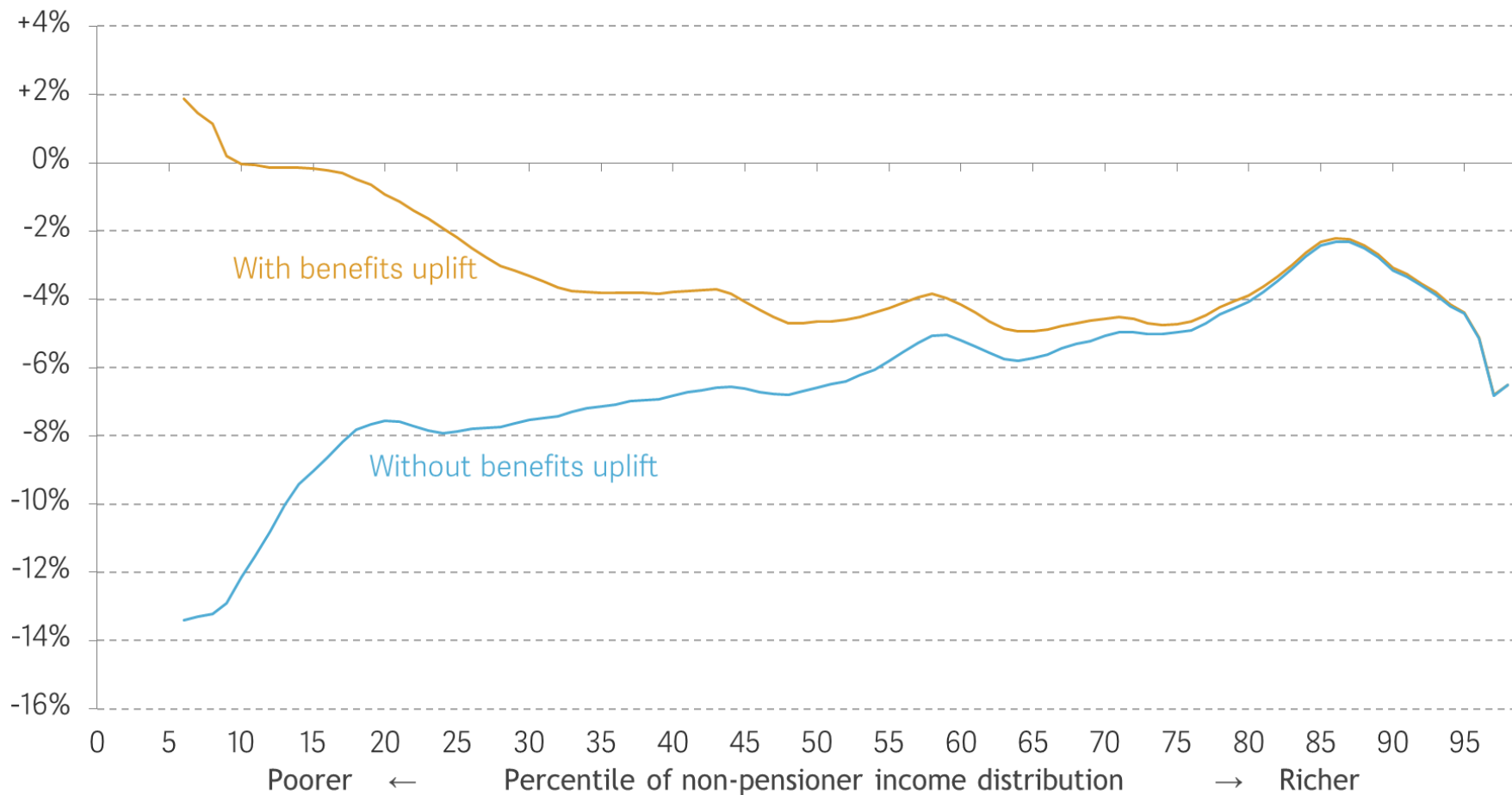
Notes: Incidence of labour market effects of coronavirus by decile drawn from RF modelling results. Non-pensioner income deciles.  
Source: RF analysis of DWP, Households Below Average Income; and RF nowcast.  
Taken from <https://www.resolutionfoundation.org/publications/the-living-standards-audit-2020/>



# Incomes have fallen for most, but the £9bn welfare boost protected low-income families



Change in real (CPI-adjusted) average equivalised non-pensioner disposable household income, after housing costs, by income percentile, before and after benefits changes: 2019-20 to May 2020



Notes: Non-pensioner incomes are those recorded/nowcast for benefit units containing no-one over State Pension age. Welfare boost includes £20 a week increase to the standard allowance in Universal Credit, the re-pegging of the Local Housing Allowance to 30 per cent of market rents, an increase in Council Tax Support, and the abolition of the minimum income floor in Universal Credit.

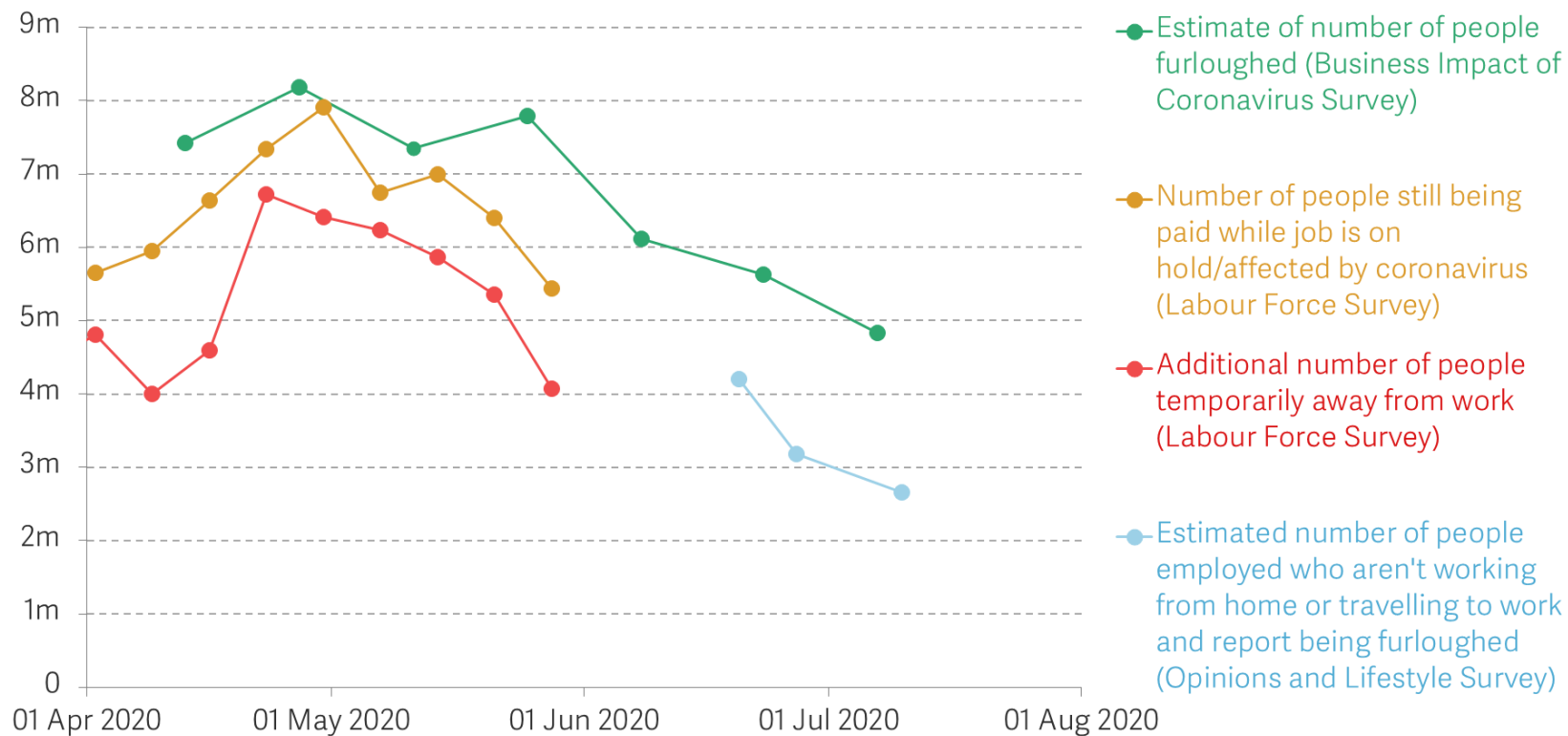
Source: RF analysis of DWP, Households Below Average Income; and RF nowcast.

Taken from <https://www.resolutionfoundation.org/publications/the-living-standards-audit-2020/>

The impact of the crisis on living standards has been massively cushioned by the Job Retention Scheme. What happens as it phases out is crucial.



Approximate estimates of number of people furloughed



## Without significant government action, we risk a major unemployment and living standards crisis



- Help struggling sectors get through next couple of years
  - Job Protection Scheme (wage subsidy); NICs cuts; VAT cuts
- Encourage other sectors to hire more
  - NICs cut for expanding employers
- Provide help with job search, and introduce new, intensive programmes to prevent long-term unemployment
- Direct job creation in social care, and retrofitting
  - Geographically-dispersed; labour-intensive; low barriers to entry
- Do not let UC fall back when the “one-off” £20/wk rise expires in April 2021

## Key RF sources

- <https://www.resolutionfoundation.org/publications/easing-does-it/> (on policy to ensure a full economic recovery)
- <https://www.resolutionfoundation.org/publications/the-living-standards-audit-2020/> (on changes in living standards through to May 2020)
- <https://www.resolutionfoundation.org/publications/the-full-monty/> (on the labour market hit, and on our recommendations for what next)
- <https://www.resolutionfoundation.org/publications/return-to-spender/> (on how incomes and spending are changing)
- <https://www.resolutionfoundation.org/publications/this-time-is-different-universal-credits-first-recession/> (on how Universal Credit is coping, and on how UC claimants are coping with it)

# Stay in touch

## Ways of staying involved / learning more:

- Sign up for our newsletter:  
[www.health.org.uk/enewsletter](http://www.health.org.uk/enewsletter)
- Find out more about our COVID-19 inquiry:  
[www.health.org.uk/inquiry-into-covid-19-and-inequalities](http://www.health.org.uk/inquiry-into-covid-19-and-inequalities)
- Get in touch:  
[info@health.org.uk](mailto:info@health.org.uk)



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# Thank you



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