IT'S RAINING, IT'S POURING:

AN UPDATE ON INEQUALITIES IN GATESHEAD 2017/20

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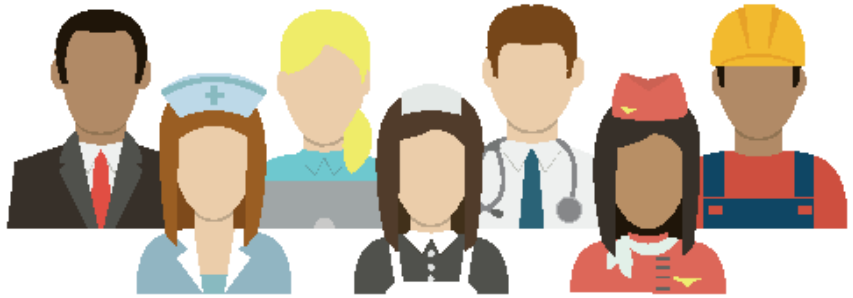
Gateshead Council

COVID inequality

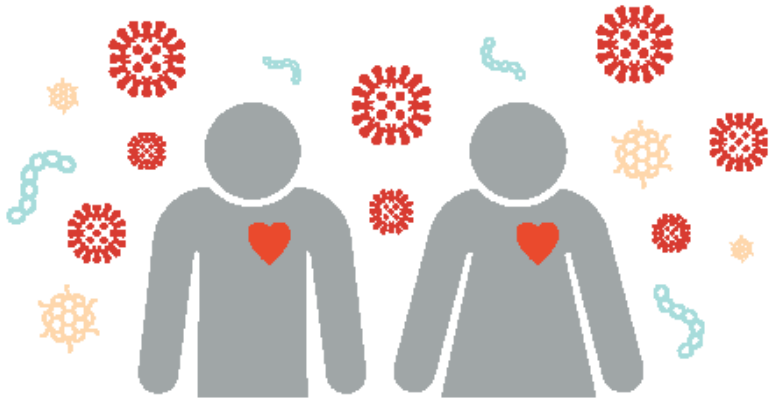
Exposure



Vulnerability

Transmission

Susceptibility



Potential pathways that link deprivation to higher COVID-19 infection rates, cases, case severity and deaths (Bambra et al 2020) (Bambra et al 2020)

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 presentation highlights the national evidence on differential risk by

Age
Deprivation
Ethnicity
Gender
Occupation
Care homes

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%.

Another ONS report found that 50% of older people were worried about their own well-being
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

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.

Deprivation: national data

Impact upon mortality

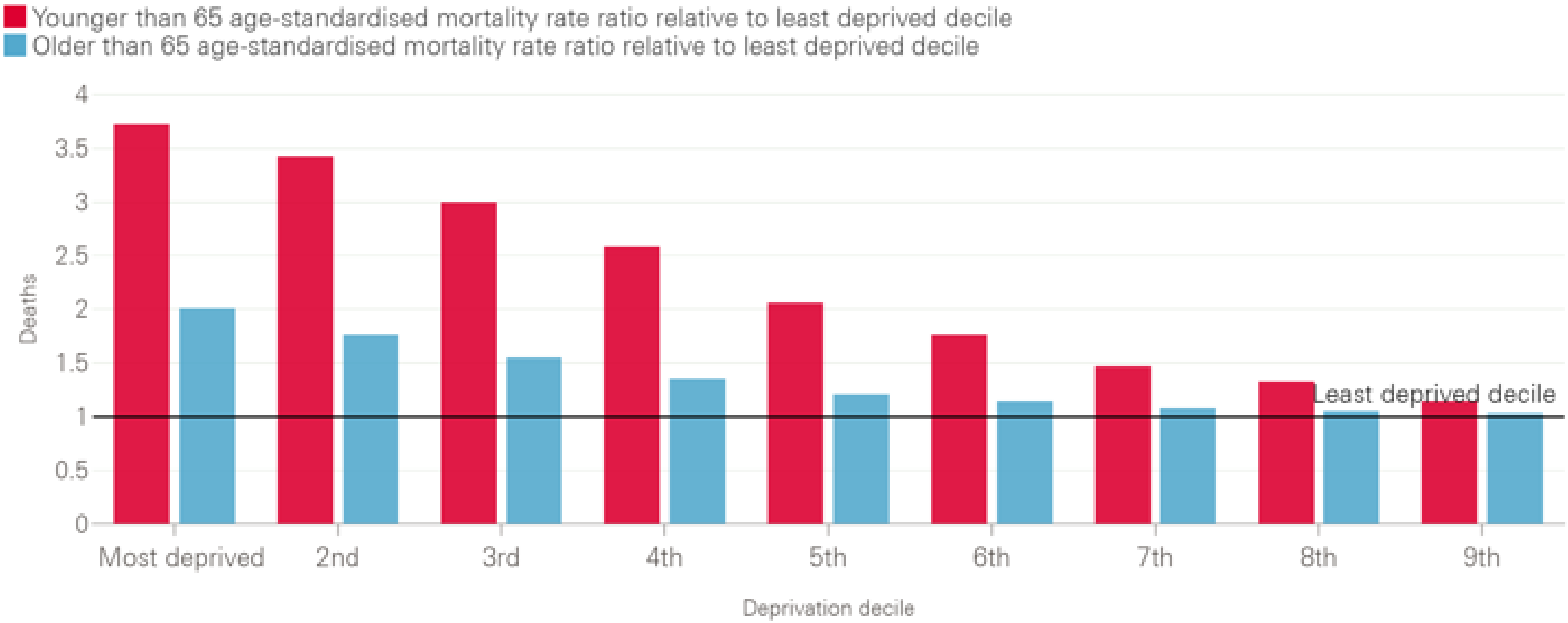
Both the ONS and PHE conclude that mortality rates from COVID-19 in the most deprived areas are more than twice that of the least deprived areas.
The poorest groups in society are more likely to have underlying chronic conditions, which may increase their risk of dying from COVID-19.

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.
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 face as a result of lockdown. This is due to them being morev ulnerable to experiencing 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.

Age-standardised mortality rates for deaths due to COVID-19, deprivation decile relative to the least deprived decile by age

England, March 2020 to May 2021



https://health.org.uk/publications/reports/unequal-pandemic-fairer-recovery

Ethnicity: national evidence

Morbidity and mortality

- Several studies (IFS, ONS, Health Foundation, OpenSAFELY, PHE) show Black, Indian, Pakistani and Bangladeshi people 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.
- 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.
  - Bangladeshi, Pakistani, Black African and Black Caribbean men are more likely to work in lockdown sectors;
  - 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.
  - 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.
  - 23.7% of Black and minority ethnic mothers reported that they were struggling to feed their children compared to 19% of white mothers.

Occupation: national evidence

National evidence

In the male population, 6 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 50.1 per 100,000 (compared to 19.1 for whole male working population). Female care workers had a mortality rate of 19.1 per 100,000 (compared to 9.7 for whole female working population).

The Kings' Fund reported that higher mortality is reported also for NHS and social care staff from Black, Asian and minority groupsreported 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.

Gender: Morbidity and Mortality

National Evidence

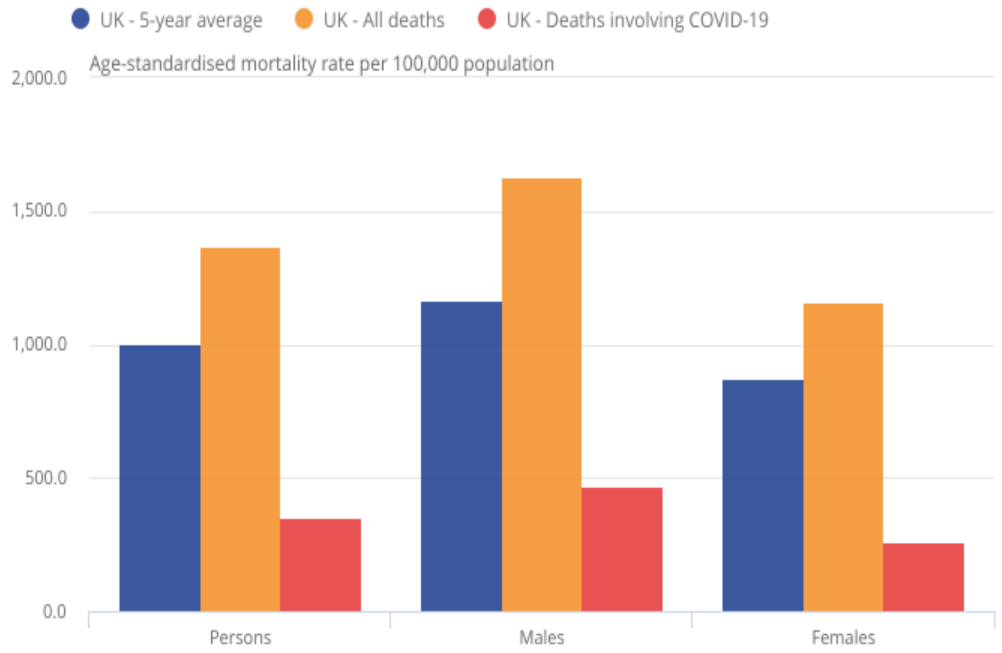
There is clear evidence (Health Foundation; ONS; OpenSAFELY; PHE) that men are at greater risk of dying from COVID-19 than women.

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.

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

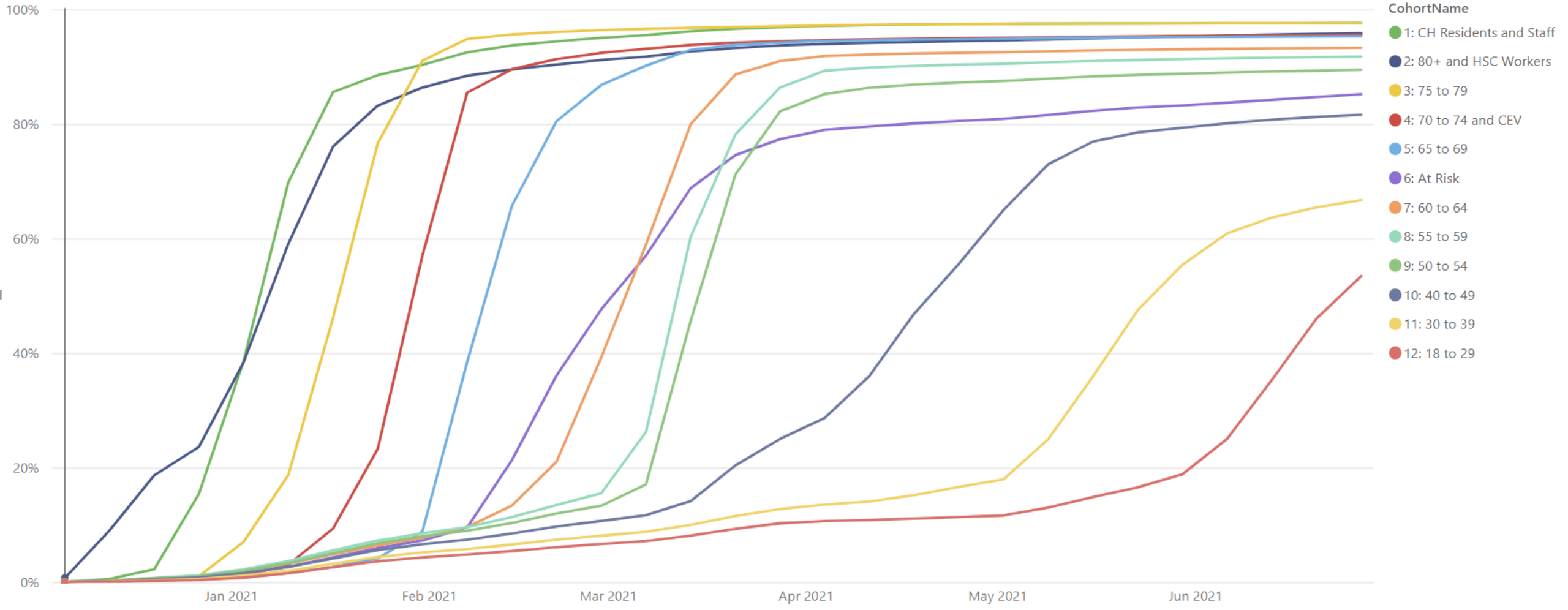
Air Quality: National and international evidence

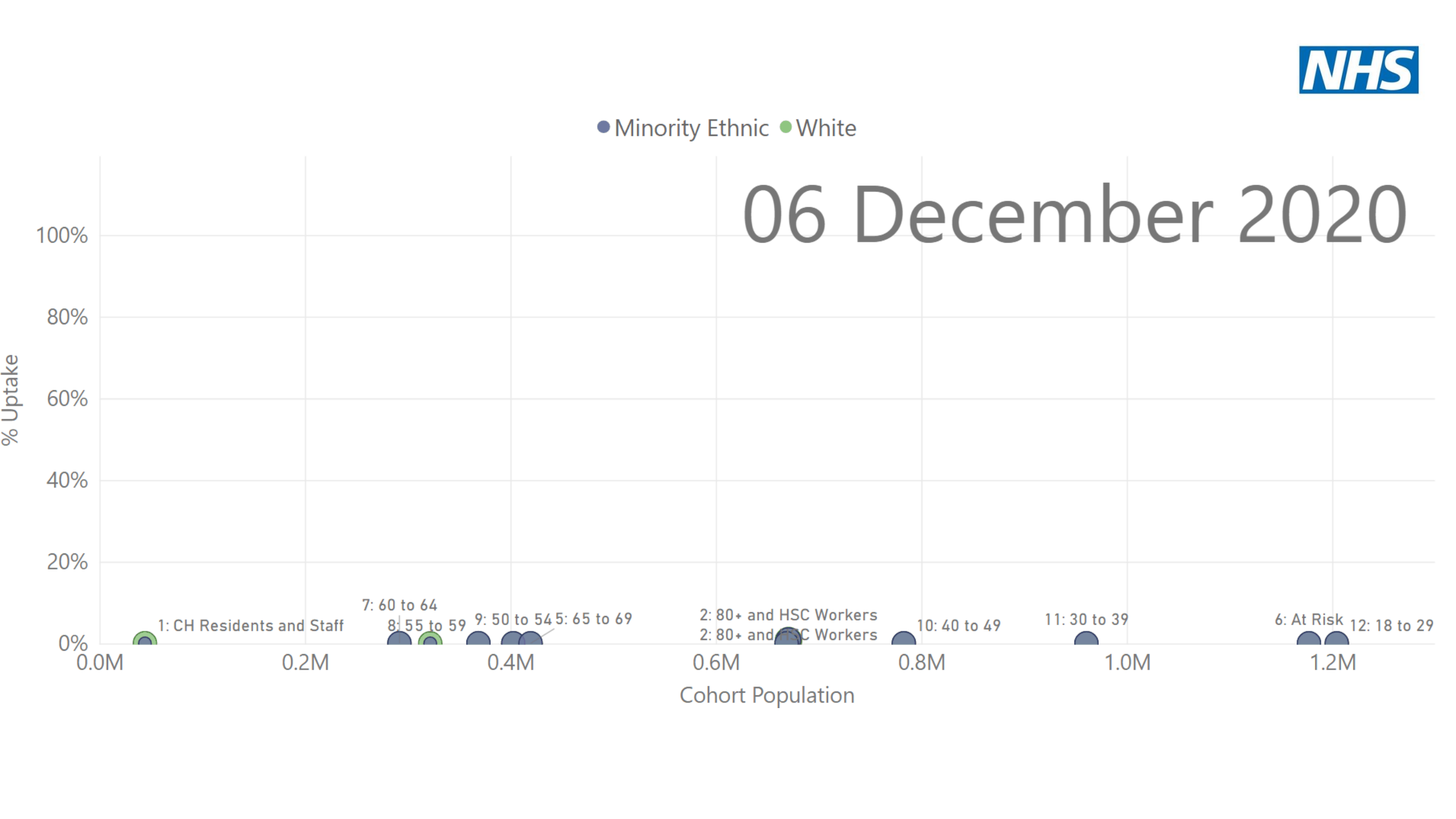
- A paper published by researchers at Harvard found that a small increase in long-term exposure to fine particulate matter (PM2.5) leads to a large increase in the COVID-19 death rate.

- 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.

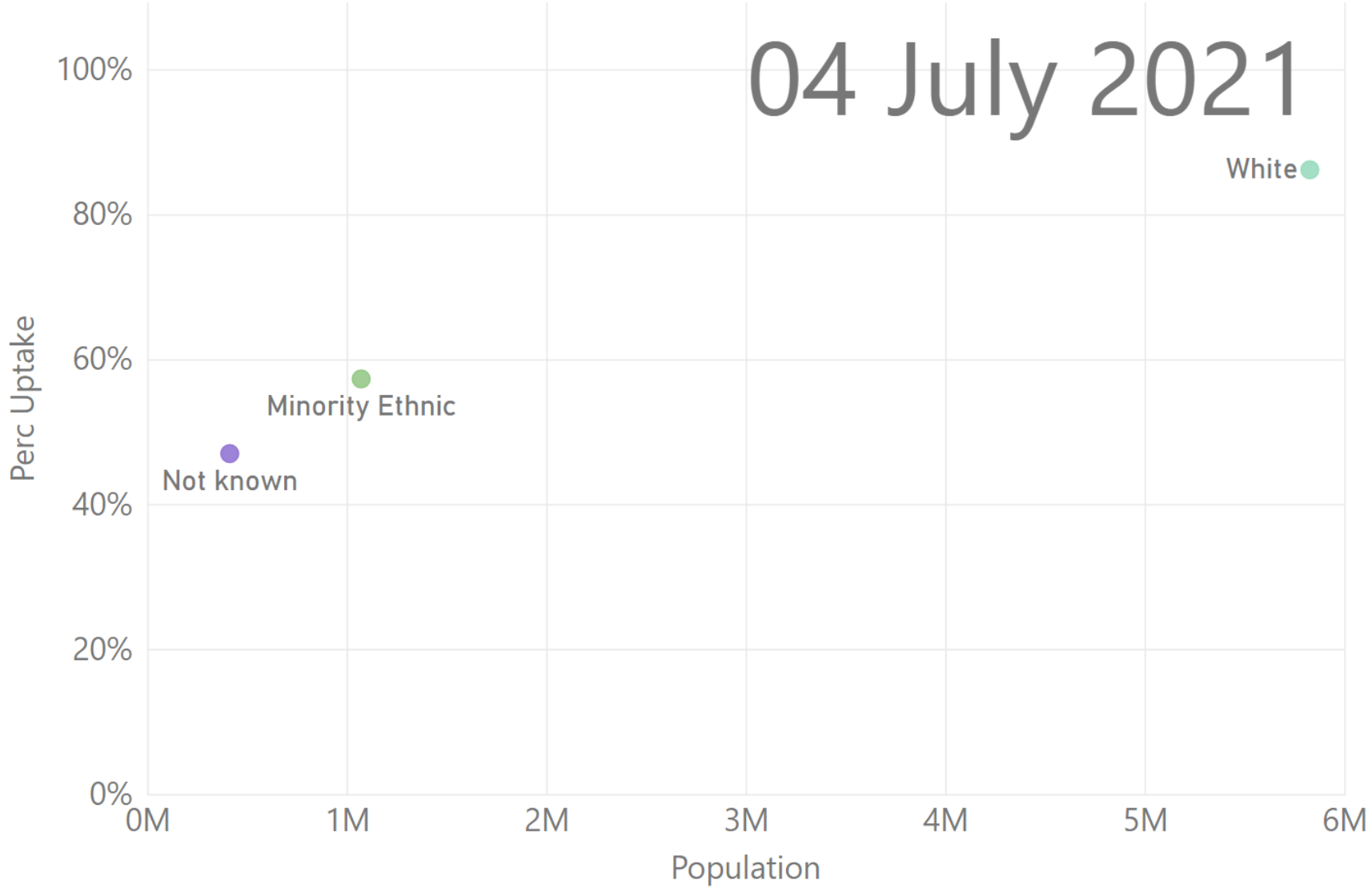
- A paper published in April 2020 found a strong correlation between increment in air pollution and an increase in the risk of COVID-19 transmission within London boroughs.

Vaccination – All cohorts

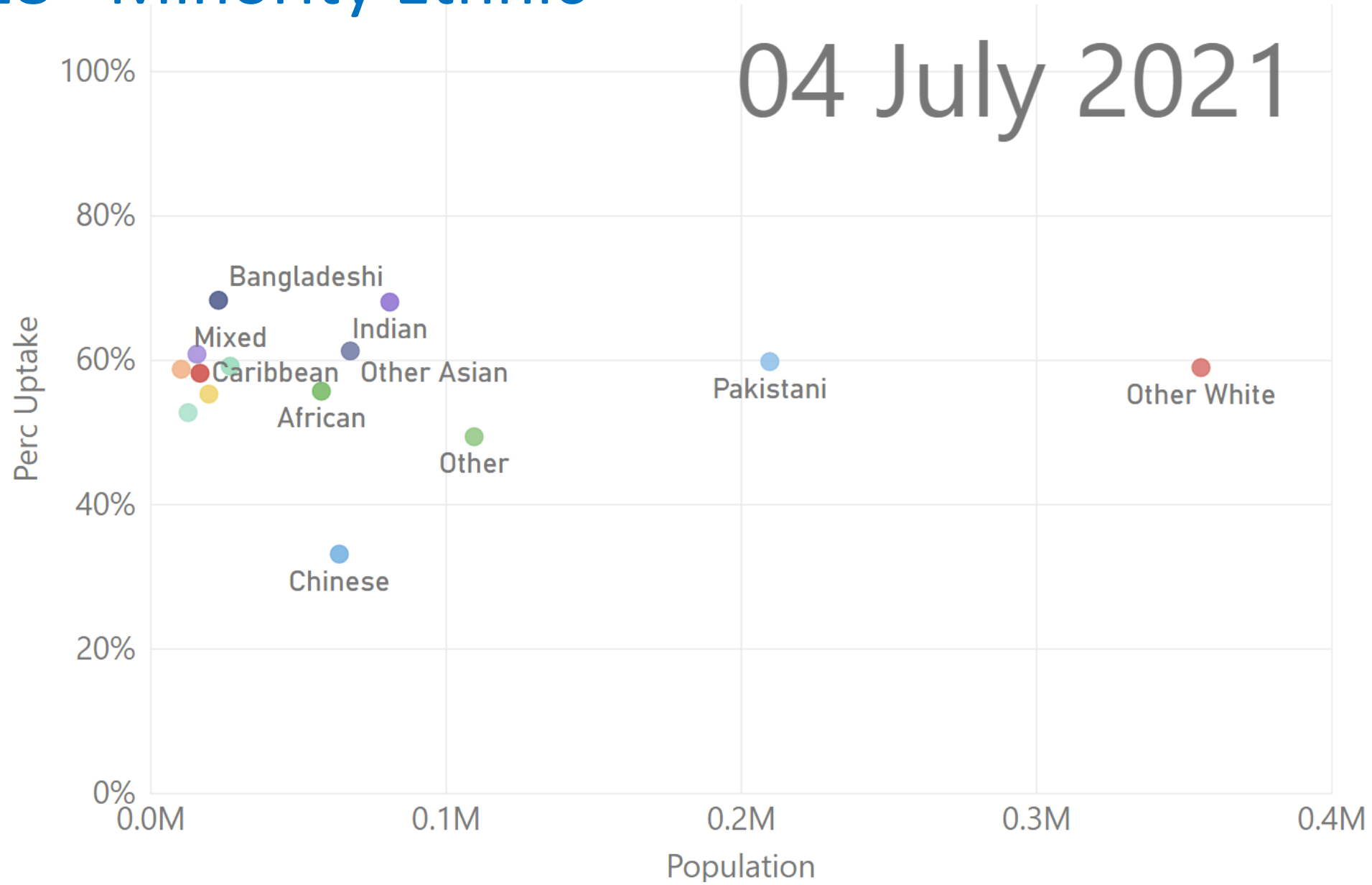



Minority Ethnic
White
06 December 2020
100%
80%
60%
40%
20%
0%
% Uptake
1: CH Residents and Staff
7: 60 to 64
8: 55 to 59
9: 50 to 54
5: 65 to 69
2: 80+ and HSC Workers
2: 80+ and HSC Workers
10: 40 to 49
11: 30 to 39
6: At Risk
12: 18 to 29
0.0M
0.2M
0.4M
0.6M
0.8M
1.0M
1.2M
Cohort Population

All 18+


04 July 2021
100%
80%
60%
40%
20%
0%
Perc Uptake
White
Minority Ethnic
Not known
0M
1M
2M
3M
4M
5M
6M
Population

All 18+ Minority Ethnic



Target uptake for all IMDs / Ethnicities: 90 %

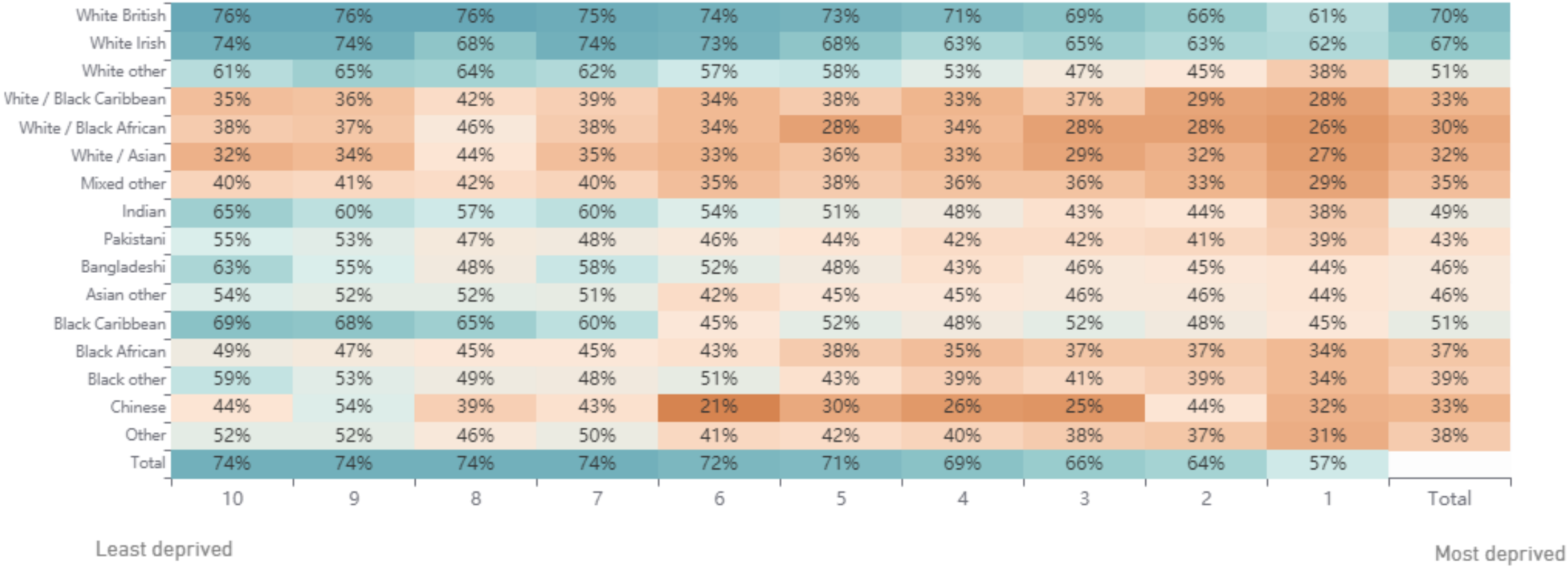
Population breakdown (cohort/IMD)	Number in category	Uptake in your area	Difference in uptake compared to target uptake	Number of people to be vaccinated to achieve equity
White British	5,732,586	86%	4%	221,546
Unknown / Not Stated	503,705	50%	40%	203,073
White other	328,837	60%	30%	99,693
Pakistani	208,155	60%	30%	62,817
Other	108,385	50%	40%	43,746
Chinese	59,579	34%	56%	33,163
Black African	54,242	56%	34%	18,483
Asian other	62,856	62%	28%	17,834
Indian	79,287	68%	22%	17,340
Mixed other	25,633	59%	31%	8,000
Black other	19,129	55%	35%	6,677
Black Caribbean	16,571	58%	32%	5,253
Bangladeshi	22,775	68%	22%	4,934
White / Black Caribbean	12,840	53%	37%	4,791
White / Asian	15,680	61%	29%	4,530
White / Black African	9,836	59%	31%	3,030
White Irish	20,271	80%	10%	1,990

Target uptake for all IMDs / Ethnicities: 90 %

Population breakdown (cohort/IMD)	Number in category	Uptake in your area	Difference in uptake compared to target uptake	Number of people to be vaccinated to achieve equity
1	1,346,388	68%	22%	297,304
2	860,599	75%	15%	126,437
3	782,143	77%	13%	105,536
4	637,705	81%	9%	59,165
5	638,794	82%	8%	53,721
6	627,432	84%	6%	40,347
7	674,410	86%	4%	29,476
8	624,388	86%	4%	22,838
9	581,780	88%	2%	10,113
10	501,046	88%	2%	10,509

Vaccine % Uptake across Ethnicity and Index of Multiple Deprivation

Cumbria and North East

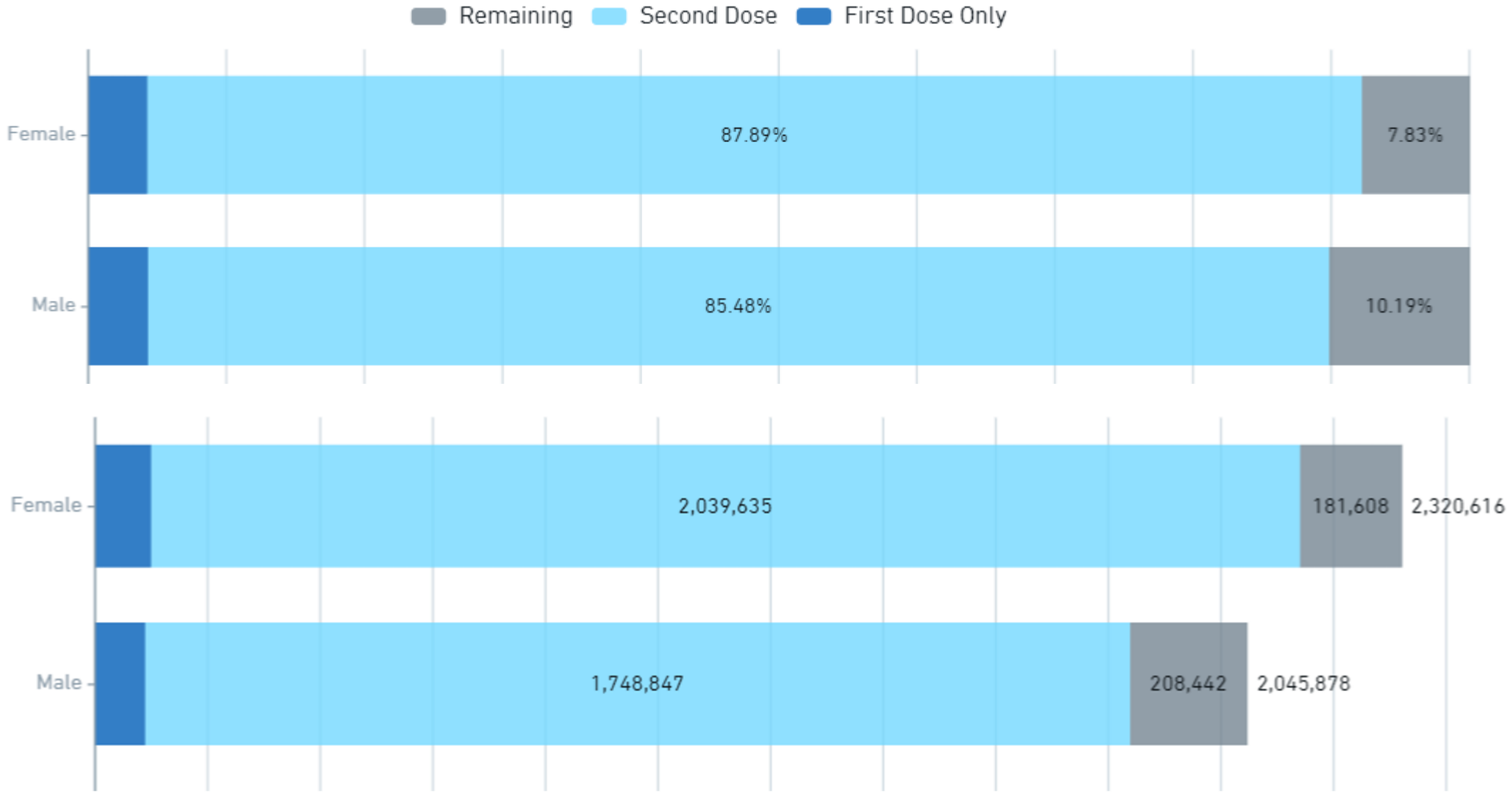


	10	9	8	7	6	5	4	3	2	1	Total
White British	76%	76%	76%	75%	74%	73%	71%	69%	66%	61%	70%
White Irish	74%	74%	68%	74%	73%	68%	63%	65%	63%	62%	67%
White other	61%	65%	64%	62%	57%	58%	53%	47%	45%	38%	51%
White / Black Caribbean	35%	36%	42%	39%	34%	38%	33%	37%	29%	28%	33%
White / Black African	38%	37%	46%	38%	34%	28%	34%	28%	28%	26%	30%
White / Asian	32%	34%	44%	35%	33%	36%	33%	29%	32%	27%	32%
Mixed other	40%	41%	42%	40%	35%	38%	36%	36%	33%	29%	35%
Indian	65%	60%	57%	60%	54%	51%	48%	43%	44%	38%	49%
Pakistani	55%	53%	47%	48%	46%	44%	42%	42%	41%	39%	43%
Bangladeshi	63%	55%	48%	58%	52%	48%	43%	46%	45%	44%	46%
Asian other	54%	52%	52%	51%	42%	45%	45%	46%	46%	44%	46%
Black Caribbean	69%	68%	65%	60%	45%	52%	48%	52%	48%	45%	51%
Black African	49%	47%	45%	45%	43%	38%	35%	37%	37%	34%	37%
Black other	59%	53%	49%	48%	51%	43%	39%	41%	39%	34%	39%
Chinese	44%	54%	39%	43%	21%	30%	26%	25%	44%	32%	33%
Other	52%	52%	46%	50%	41%	42%	40%	38%	37%	31%	38%
Total	74%	74%	74%	74%	72%	71%	69%	66%	64%	57%	

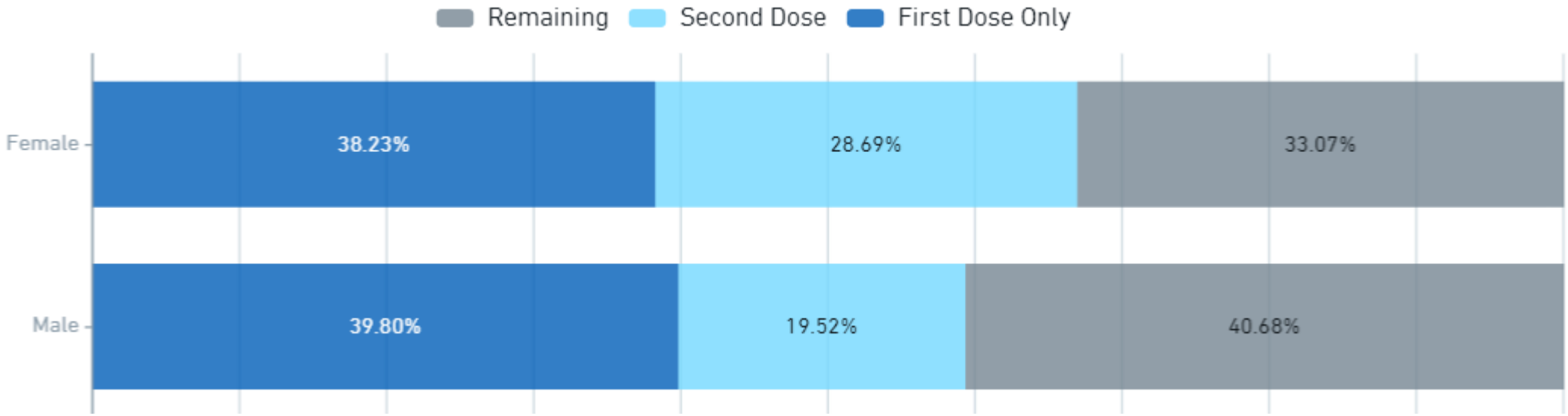
Least deprived

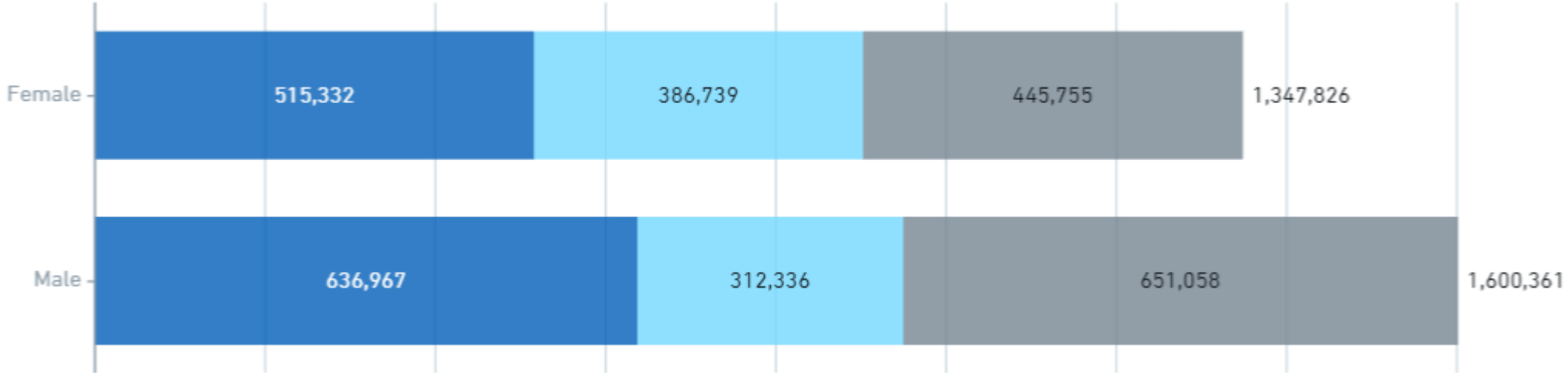
Most deprived

By Sex, Cohorts 1-9



By Sex, Cohorts 10-12





A teacher called Covid

Lesson #1 Establish a collective goal

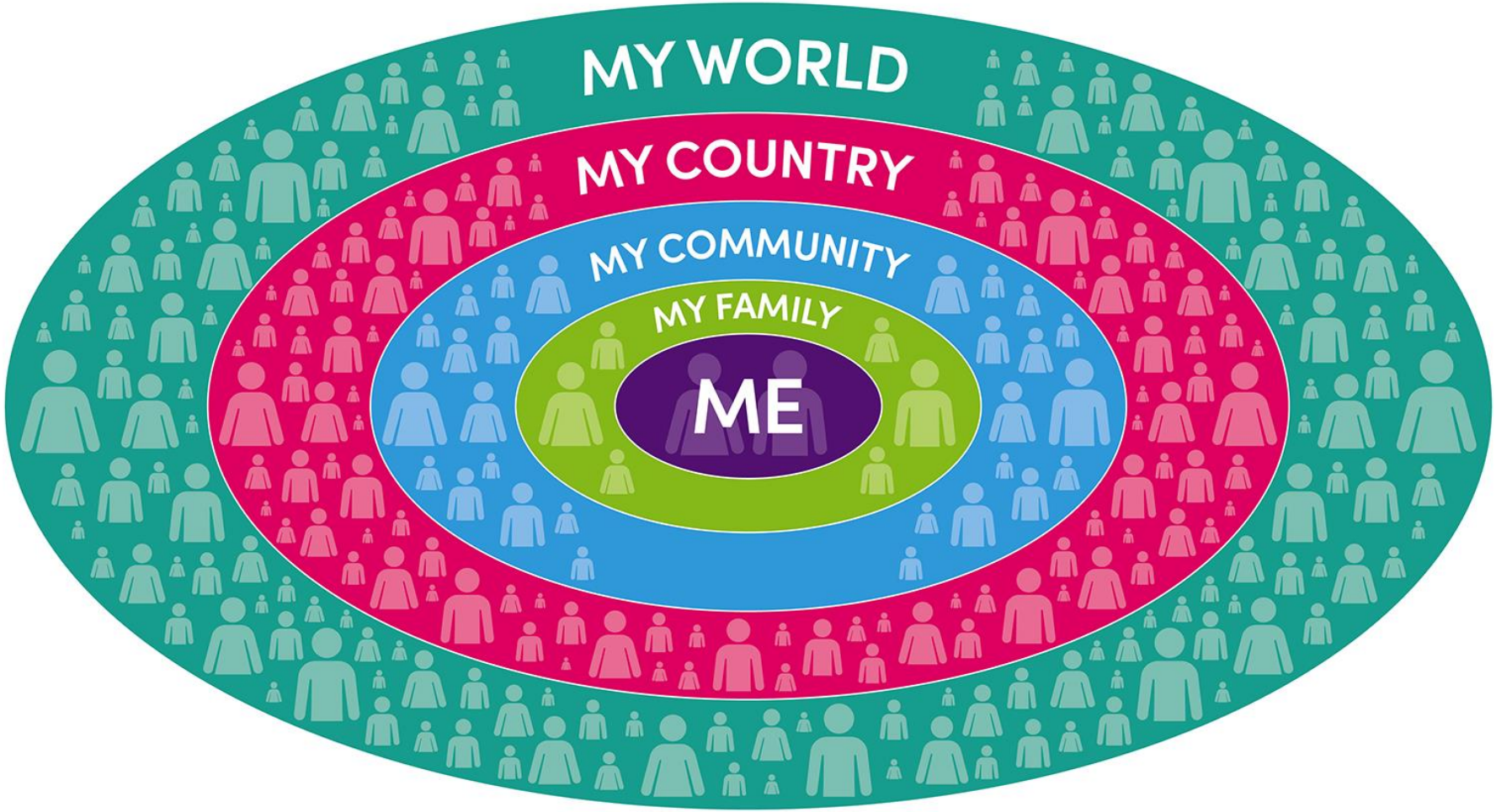
Lesson #2 Harness the power of social action within communities

Lesson #3 Create a narrative that engages people across the whole spectrum of ‘us’

Lesson #4 Work with communities to hear and understand the things that matter to them

Lesson #5 Engage communities in the solutions

How big is your ‘us’?



How much more successful would we have been if we lived in a more equal world?