

HEALTH INEQUALITIES IMPACTS OF COVID-19

A summary of local evidence

City & Hackney Health Inequalities Steering Group
Update - August 2022

OVERVIEW | what this evidence pack covers

This slide set provides a summary of [current evidence on the impacts of COVID-19](#) on health inequalities - both the **direct** effects of coronavirus infection and COVID-19 disease and the **indirect** effects of the pandemic response.

It draws on national and local data and insight, including:

- Community insight gathered by various local partners during the course of the pandemic
- Local data on the distribution of coronavirus infection and COVID-19 disease outcomes
- Local/North East London (NEL) data on inequalities in service use during the pandemic
- A Public Health rapid review of the evidence of COVID-19 inequalities impacts
- National data and evidence (including from ONS, OHID, the Health Foundation, the King's Fund the Institute for Fiscal Studies...)
- insight and evidence reports produced by the GLA

The evidence presented is not a comprehensive description of all health inequalities impacts of COVID-19, and we are aware of some gaps in local insight for some vulnerable groups. This evidence base is constantly evolving and we will continue to review and update on an ongoing basis.

The evidence presented here describes COVID-related health inequalities by protected characteristics as well as socio-economic conditions. Clearly, considering these inequalities characteristics in isolation is far too simplistic to guide a meaningful and impactful local response - central to our plans must be a recognition and nuanced understanding of the **'intersectionality'** of multiple risks and impacts that interplay and reinforce each other to shape individual experiences.

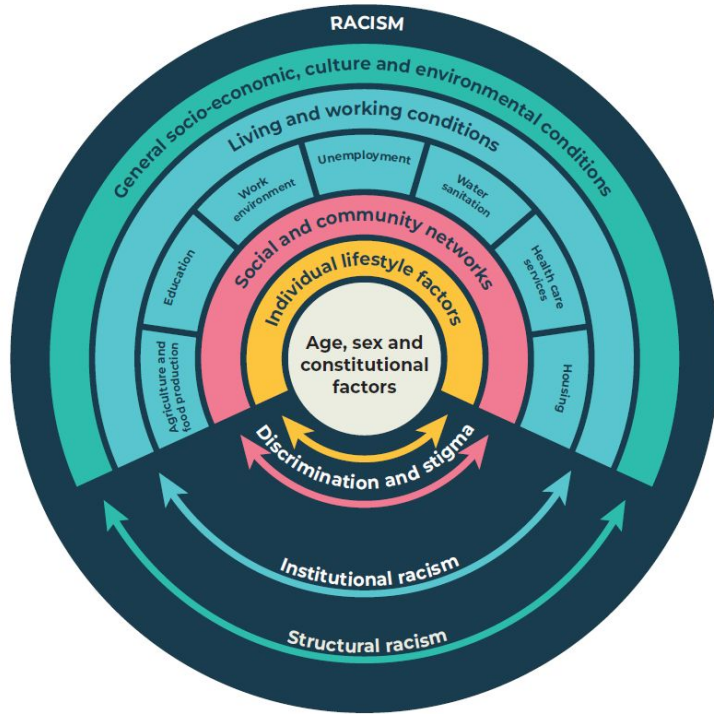
CONTEXT

The COVID-19 pandemic is having an unprecedented, and disproportionate, impact on the health and wellbeing of people in the UK and across the world. The vaccine rollout, while changing the course of the pandemic by significantly reducing the risk of serious illness and death, is further compounding inequalities in some communities where uptake is low.

At the time of writing, [in the UK](#) just over 22.2 million cases of coronavirus have been recorded, and more than 177,000 deaths (within 28 days of a positive test). In [Hackney and the City of London](#), over 93,000 cases and 640+ deaths had been recorded.

Nationally, the pandemic is estimated to have caused a [9.4% drop in GDP in 2020](#), with long-term implications for population health and inequalities.

WHAT AFFECTS OUR HEALTH | a reminder



Health inequalities are avoidable, unfair differences in health status between different groups of people or communities.

COVID-19 interacts with underlying health conditions and unequal living and working conditions to deepen pre-existing inequalities.

Underpinning these unequal living, working conditions and racism are structural and systemic inequalities embedded in institutions, policies and across society - biases which provide advantages for some groups while marginalising others.

Source: Yip and De Souza Thomas: [Beyond the conversation about race | Better Health For All](#)

Ref: Dahlgren and Whitehead: The Dahlgren-Whitehead model of health determinants: 30 years on and still chasing rainbows. [Public Health](#)

[Volume 199](#), October 2021, Pages 20-24

AGE | older adults

DIRECT

- Older adults faced an increased risk of hospitalisation and of mortality because of the COVID-19 virus
- In England and Wales, **78% of COVID-19 related deaths occurred in people aged 70+**
- The **hospital admission** rate for COVID-19 is also much higher for older people
- % over 70s sharing a household with people of working age a significant factor in accounting for variation between areas in number of coronavirus cases
- From January 2021, the COVID-19 vaccine protected many older people from poor COVID-19 outcomes

INDIRECT

- Older people are at increased risk of **social isolation, loneliness** and associated **poor mental health** - all exacerbated by lockdowns and social distancing; 57% of older people who answered City and Hackney Older People's Reference Group survey in May 2020 responded that they were lacking social contact
- Older adults, especially those living in more deprived circumstance **less likely to be physically active** before, during and after lockdown
- Infection control measures in **care homes** have had a significant impact on older residents - lack of visits from family can accelerate **cognitive and functional decline**, unsettling effect of staff and visitors wearing masks
- Older members of the **LGBTQ+ community 2x as likely to live alone** as heterosexual cis-gender people and likely disproportionately impacted by lockdown measures
- An estimated 21,000 people age 65+ in Hackney are not online and therefore **unable to access online support and information**; closure of libraries exacerbated digital divide during lockdown
- Older people from migrant communities more likely to face **language barriers** in accessing services and information as reported by local VCS organisations

AGE | children and young people

DIRECT

- Younger residents were more likely to be reinfected with coronavirus (in both the pre-Omicron and the Omicron dominant variant period)
- Most children and young people have not experienced severe illness as a consequence of a COVID-19 infection; mortality has also been low in comparison to older age groups

INDIRECT

- A 48% increase in probable **mental health** problems was reported among 5 to 16 year old in England between 2017 and 2020
- Impact of **closure of education settings**
 - reduced access to pastoral care and mental health support
 - disrupted formal education, impacts of which expected to be greatest among children living in deprived circumstances more dependent on face-to-face teaching - potential impact on future social mobility
 - Paused school-based sports activities - physical activity decreased by 2.4% for girls aged 5 to 16 in 2020 compared to 2019
- Impact on **young adults**
 - more likely than older adults to lose their jobs; young Black people 3x more likely to be unemployed than young White people during pandemic
 - adults aged 18-25 years at risk of poor mental health due to financial instability and job loss
- **LGBTQ+ young people**
 - increased risk of being in unsupportive/hostile home environments during lockdown, with reduced access to peer support
 - twice as likely (compared to non-LGBTQ+ young people) to report worrying about their mental health on a daily basis during lockdown.

ETHNICITY, RACE & RELIGION

DIRECT

- National and local data show a **disproportionate impact** of COVID-19 by ethnic groups and religion in terms of **mortality, morbidity and exposure** to COVID-19
- Living in overcrowded housing increases risk of coronavirus transmission - a much higher proportion of Bangladeshi households experience overcrowding than average; overcrowding is also more common amongst Pakistani and Black households compared to White British households

Mortality

- **Death rates** from COVID-19 were **highest among people of Black and Asian ethnic groups** in the first wave and **Pakistani and Bangladeshi populations** from the second wave. In addition, **high mortality rates were recorded among Black African and Black Caribbean populations in the first wave**. In the Omicron wave, where the number of deaths rates was lower than in the two first waves, there was no association between risk of death involving COVID-19 and ethnicity, except for those of Indian ethnicity, who were at slightly higher risk than the White group.
- Excess COVID-19 mortality was also reported for **NHS and social care staff** from Black, Asian and other global majority groups (only partly 'explained' by clinical factors and social deprivation)
- **Muslim, Jewish, Hindu, and Sikh** people have been at greater risk of COVID-19 related mortality compared with Christian people; age standardised data reveals that highest COVID-19 related mortality rates are among **Muslim** and **Jewish** communities.

Morbidity

- **People from Black ethnic groups** have been the **most likely to be diagnosed with COVID-19**
- In City and Hackney, while the risk of reinfection was lower in the pre-omicron dominant period (before 20 December 2021) for South Asian, Black African and Black Caribbean residents compared to White British, this risk increased for some South Asian groups and Black residents in the omicron period.

Long Covid

- Local data shows that White patients with Long COVID are over represented in Homerton Hospital's rehabilitation service compared to patients from Asian, Black and other ethnic groups (based on 186 patients in 2021)

Vaccination

- The lowest vaccination rates are among residents from Black communities; vaccination rates are also relatively low in areas in Hackney with a large Charedi population.

ETHNICITY, RACE & RELIGION

INDIRECT

- **Racism and discrimination:** local concerns about lockdown being enforced unfairly, linked to historic discriminatory impact of Stop and Search; early in the pandemic, reported incidents of racist abuse threatened community cohesion (300% increase in hate crimes in London targeted at people characterised as “IC5 - Oriental” in March 2020)
- National evidence of higher levels of **depression and anxiety**, and lower levels of happiness and life satisfaction among minority ethnic people during lockdown.
- Ethnic minority people more likely to **work in industries impacted by lockdown** (transport & delivery, self-employment, hospitality) and less likely to have savings to fall back on
- Closure of places of worship and other community venues **disrupted access to social support** for some communities, with potentially long-lasting impacts
- Food parcels did not always consider cultural or religious requirements
- People from minority ethnic communities are less likely to have **access to a garden** for recreation and wellbeing benefits during lockdown and self-isolation
- Adults from some ethnic minority communities **less likely to be physically active** before, during and after lockdown
- A quarter of Hackney’s population speak English as a second **language**, which may affect their access to needed information and support; local insight suggests COVID-19 resources in different languages have been of great value
- Some ethnic and religious groups **may have struggled, or be reluctant, to access digital information**, services and other support.

SEX

DIRECT

- Local data confirms that the **risk of testing positive** for coronavirus is **roughly equal** for women and men
- **Males were less likely** than women **to be reinfected during the Omicron period (from 20 December 2021)**
- **Men** are more likely than women to experience poor COVID-19 outcomes - **2.4x more likely to be hospitalised, 1.9x times more likely to die**; Locally (NEL), the gender gap in acute admissions closed between the first and the second wave
- The age standardised mortality rate has been higher for men throughout

INDIRECT

- Self-isolation and social distancing has had a disproportionate effect on **women's mental health**
- Pandemic has widened disparity in **sleep deprivation** - women with young children particularly affected, with consequent impacts on physical health and wellbeing
- **Support during pregnancy significantly disrupted** due to exclusion of birthing partners from antenatal checks, delivery and postnatal checks
- **Access to reproductive care**, including abortion services, was also affected by changes to health care services during pandemic. Local provision of long acting reversible contraceptives decreased significantly during the first lockdown, but has increased since.
- **Women are over-represented in the care sector and in low-paid employment**, where risk of contracting coronavirus has been high throughout the pandemic.
- A greater number of women than men were furloughed because of the pandemic, and **women were 15 times more likely to have quit or lost their jobs** during lockdowns than men
- Women spent more time on **unpaid household work** and **unpaid childcare** than men between April to January 2021; after returning to work, the unequal distribution of unpaid labour persisted
- Women and girls **less likely to be physically active** than men before, during and after lockdown
- Charities supporting women victims of **violence** saw an increase in calls and online requests; more women living with their abuser reporting that they experienced **abuse** during lockdown

SEXUAL ORIENTATION, GENDER IDENTITY, GENDER EXPRESSION

DIRECT

- No conclusions can be drawn on the level of risk of coronavirus infection or COVID-19 related mortality and morbidity among LGBTQ+ people due to lack of data, but a number of studies have revealed how COVID-19 has exacerbated LGBTQ+ inequalities

INDIRECT

- COVID-19 had a negative impact on the mental health of LGBTQ+ people living in the UK, with many studies highlighting **increased anxiety, depression, feelings of isolation and loneliness**
- 55% of **LGBTQ+ young people** reported worrying about their **mental health** on a daily basis during lockdown, compared to 26% of non-LGBTQ+ young people; Black youth LGBTQ+ were more likely to worry about their mental health than white LGBTQ+ youth
- Surveys of young LGBTQ+ people suggest that they have commonly been estranged from usual support structures during the lockdowns (and unable to fully express themselves at home) and also experienced **violence and abuse**; Black and Asian LGBTQ+ people were twice likely to have experienced violence or abuse during lockdowns
- **Self-harming** among gender diverse people increased by 7% after the first lockdown, compared with 2% in cis-gendered people; these numbers decreased in 2021
- **Difficulties accessing sexual health services** when clinics were operating at reduced capacity have been particularly harmful to LGBTQ+ people
- The **deferral of gender-affirming medical treatments** is thought to have posed a particular risk to the mental health of transgender and gender non-conforming people awaiting such procedures; the number of children seeking counselling in relation to their gender identity and sexual orientation increased significantly during lockdowns

DISABILITY & PRE-EXISTING HEALTH CONDITIONS

DIRECT

- Disabled people more likely to have **underlying health conditions**, and to **live in socially deprived circumstances**, that increase their risk of being infected by and dying of COVID-19
- Disabled people more likely to live in **care settings** than non-disabled people, especially at older ages - high numbers of deaths in care homes during pandemic
- In England, the risk of mortality from COVID-19 (January 2020 - March 2022) was 1.4 times greater for disabled men and 1.6 times greater for disabled women than non-disabled men/women; the death rate of people with learning disabilities was 6.3 times higher than the rest of the population
- **Cardiovascular disease, high blood pressure, obesity, diabetes, current and previous smoking, and renal and liver disease** were associated with a higher likelihood of more severe outcomes from COVID-19 - these conditions increase with age and are more common in some minority ethnic communities and among socially deprived communities
- People with **obesity** who contracted COVID-19 were much more likely to be hospitalised, admitted to an ICU and die than average - local data showed obesity to be a significant risk factor for coronavirus **infection (2x risk)** and **hospitalisation (1.5x risk)**; obesity is associated with other clinical risk factors for severe COVID-19, such as heart disease and diabetes and is similarly socially patterned

DISABILITY & PRE-EXISTING HEALTH CONDITIONS

INDIRECT

Disability

- Digital exclusion, impact on employment and access to support and care and home have all had a significant impact on disabled people during the pandemic
- Disabled people were twice as likely, compared with non-disabled people) to report that their **access to healthcare and treatment for non COVID-19** related issues had been affected
- Disabled people reported that **information and guidance** about COVID 19 restrictions was **not always accessible** to people with all types of disability
- COVID-19 has had significant impacts on the self-reported well-being of disabled adults, who are also **more likely to feel lonely** than average (exacerbated by living in socio-economically deprived circumstances)
- Mental wellbeing of disabled residents in **care homes** affected by restrictions on family visits
- **Families of children with disabilities**, including autistic spectrum conditions, have suffered from **reduced access to support services** as mentioned by research and by local VCS partners
- **Parents and carers of children with SEND** are more likely to have experienced **mental health issues** during the pandemic

Physical health

- **Access to routine healthcare** for people with long-term conditions **significantly reduced during lockdowns** - patients with diabetes, heart disease and mental illness amongst the least likely to access care
- People with long-term conditions **less likely to be physically active** before, during and after lockdown
- Significant impact on cancer treatment - 73 % of patients with a cancer diagnosis were seen within two months for their first treatment in April 2022, which is below the 90% national target

SOCIO-ECONOMIC CONDITIONS

DIRECT

Morbidity

- In the **second wave** (1 September 2020 to 22 May 2021), [COVID-19 case rates](#) were highest in the **most deprived areas** whilst in the third wave (started on 23 May 2021) rates were highest in the least deprived areas
- People in **lower status jobs** who are less able to work from home may have **increased exposure** to the virus
- Lower income households are more likely to live in **overcrowded housing**, which increases the **risk of virus transmission**
- **Health conditions** that increase the [severity and mortality of COVID-19](#) including hypertension, diabetes, asthma, chronic obstructive pulmonary disease (COPD), heart disease, liver disease, renal disease, cancer, cardiovascular disease, obesity and smoking **are more common among socio-economically deprived communities**

Mortality

- Nationally, in 2021, COVID-19 **mortality rates** were more than **2.5x as high in the most deprived** vs the least deprived **parts of the country**.
- By May 2021, **care workers** had an **increased risk of dying from COVID-19**, especially males (50.1 per 100,000 pop vs 19.1 whole male working population)
- Men working in construction, security, taxi services, and as bus/coach drivers, also at significantly increased risk of COVID-19 mortality
- In Hackney, **35% of all deaths involving COVID-19** up to 21 May 2021 were among people who had worked in **routine and manual occupations** despite 30% of residents falling into this occupation. The second highest was intermediate occupations at 25%.

SOCIO-ECONOMIC CONDITIONS

INDIRECT

- People living in **overcrowded accommodation** are **less able to** easily and safely **work or study from home**, increasing their risk of exposure to infection
- People in **lower status jobs** that cannot be done from home may be at greater risk of **furlough or job loss**; the sector that had the highest proportion of employee jobs furloughed was accommodation and food services, followed by wholesale, retail, and manufacturing
- Disadvantaged families are more likely to be **digitally excluded**, with implications for children's ability to engage in remote learning (during school closure or self-isolation), as well as access to online services, support and advice
- Poorer students are **less able to complete school work at home** and the quality of their work suffers as a result
- The number of people on **Universal Credit** in the UK **doubled** between April 2020 and March 2021; since then there was a **gradual fall** of 6.3% between March 2021 and April 2022
- According to the [Food Foundation](#), the COVID-19 pandemic has quadrupled the number of adults who experience food poverty
- **Children in poorer families** are at increased risk of **food poverty** and living with parents with **mental ill-health, substance misuse, domestic abuse** - exposure to all of these risks increased during lockdowns
- People from lower socioeconomic backgrounds were less likely to have **access to a garden** for recreation and wellbeing benefits during lockdown and self-isolation
- People from lower socio-economic groups **less likely to be physically active** before, during and after lockdown
- Significant impact on **mental wellbeing of care workers**, especially those working in care homes
- National evidence to suggest that **reduced access to routine healthcare** during the pandemic has affected people living in socially deprived circumstances the most