Health inequalities & disproportionate impact of COVID on BAME communities

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Context/ Background

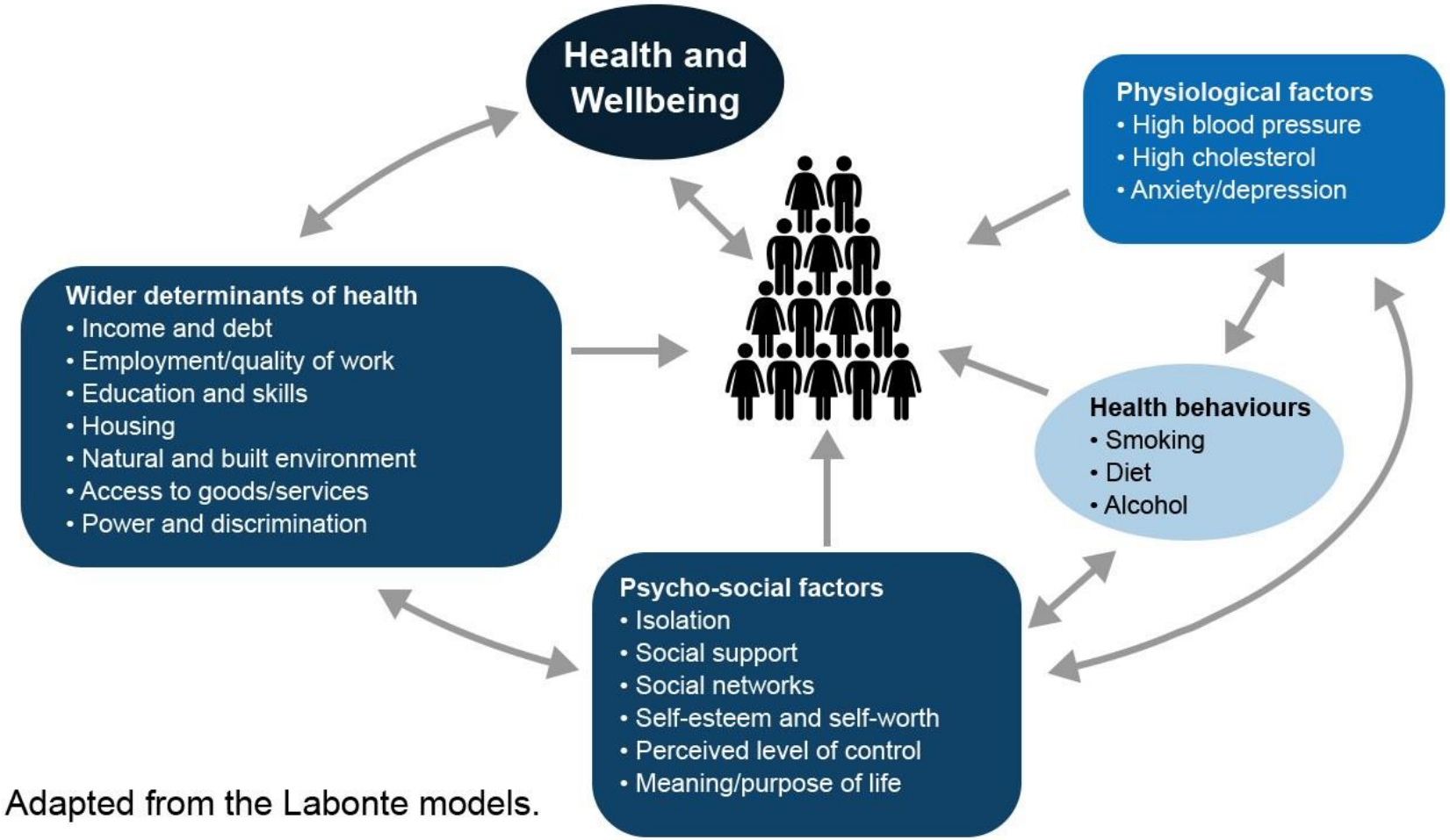
- This pandemic has put a spotlight on the long-standing, entrenched health inequalities that exist in the UK.

Latest PHE and ONS data shows:

- People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas with more than double the mortality rates from COVID-19 in the most deprived areas
- 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.
- These analyses did not account for the effect of occupation, comorbidities or obesity
- Local analysis shows a similar picture. In North Central London there has been higher percentage of COVID-19 deaths in people born in African or Asia, compared to those born in the UK or Europe (Death registration data)
- Newham, Brent and Hackney have seen the highest age-standardised mortality rates for COVID-19 deaths (with death rates of 144.3, 141.5 and 127.4 deaths per 100,000 population). All three boroughs have high levels of deprivation and large BAME communities.
- Camden has a COVID-19 mortality rate that is significantly lower than the London average (55 versus 86 per 100,000) and has one of the lowest COVID-19 mortality rates amongst all London boroughs.
- Approximately 34% of Camden residents are from BAME groups (2011 Census data), with the largest communities being: Bangladeshi, Somali, Other black African. Other Asian and Chinese.

System map of the causes of health inequalities

This model is a simplification of the complex system that causes inequalities to thrive. It shows the different factors that impact our health, where they stem from (the wider determinants of health), how they interact, multiply, reinforce and act both in sequence and simultaneously.



Adapted from the Labonte models.

Pre-existing health inequalities among ethnic groups, and the interrelationship with deprivation and other social, economic, cultural and environmental determinants of health, are likely to underpin the differential experience and health outcomes of BAME communities during the COVID-19 pandemic

Approaches to tackling health inequalities

Tackling inequality sits at the heart of Camden's overarching strategies and vision.

- **Camden's Joint Health and Wellbeing Strategy** refresh reaffirms commitment to tackling the root causes of health inequalities in the borough. The strategy builds on five existing priorities to improve health and wellbeing in Camden, and lays out two additional areas of focus for 2019; tackling obesity, a public health challenge associated with widening inequalities, and taking a citizen-led approach to improving health and wellbeing outcomes and reducing inequalities in the west of the borough.

- **Camden 2025** highlights the difference in healthy life expectancy across the borough and prioritises addressing health inequalities. The vision recognises that a joint approach is essential to creating the conditions that support good health, and enable people to live a healthy and independent life.

- **Our Camden Plan** sets out actions that the council will take between 2018 and 2022 to achieve the Camden 2025 ambitions. The plan prioritises putting health and wellbeing at the forefront of all that we do, working with Camden residents to tackle inequality and open up the opportunities they need to get on in life, focussing on early intervention and developing new community-based interventions to address the poorer health outcomes that exist among some residents, such as those living in social housing.

Guiding Principles

- Precautionary principle approach - implement measures even if some cause-and-effect relationships are not fully established scientifically
- Apply universal proportionalism – targeted to greatest need for equitable impact
- Responding now but planning for long-term – sustainable change
- People of all ages are being impacted so taking a life course approach
- Meaningful engagement and ongoing dialogue with residents and communities
- Recognise and embrace the diversity and strengths of our BAME communities
- Taking a strengths-based approach. Much we can learn from our residents
- Addressing digital divide wherever possible

Direct Health Impacts

Emerging evidence

- BAME residents have higher rates of diagnosis and death of Covid-19. As lockdown rules ease there is a risk of increased exposure, including linked to occupation - the proportion of people from BAME backgrounds who work in frontline services /roles with higher risk of exposure (transport sector, shop staff, social care etc)

- From local GP data - The proportion of BAME patients who have been assessed for COVID-19 (38%) is significantly higher than the general BAME population of Camden GP patients (32%). The proportion of BAME patients with suspected COVID-19 (39%) is also significantly higher than the general BAME population of Camden GP patients (32%).

- The prevalence of key long term conditions (LTCs) that increase clinical vulnerability to COVID-19 (eg diabetes, CVD, HT) is higher in BAME vs non-BAME communities.

- Significantly higher proportion of Asian residents are shielding from COVID-19 (11%) than Asian residents in the general population (7%)

What actions do we propose

- Work with at BAME communities and VCS to:
  - Support the immediate response to C-19 through wide ranging Public Health advice, e.g. social distancing; PPE; schools
  - Testing / Contact Tracing
  - Provide information in a range of accessible formats and hold virtual Q&A sessions
  - Risk assessments for BAME staff to minimize and mitigate occupational exposures
  - Identify and mitigate barriers and support needs
  - Identify and strengthen community assets
- Ensure approach is informed and co-produced by resident voice
- Continue to analyse data to build picture of vulnerability

- Targeted health promotion to prevent and reduce LTCs. Support residents to manage and control LTCs through information campaigns and work with primary care
- Tackle underdiagnoses of LTCs in at risk groups – remobilize targeted NHS health checks when possible and other preventative services

- Communication and engagement with our BAME communities to support and encourage use of and access to health services again – tailoring the “Open for Business” messages to reach our local communities better

- Increase capacity of frontline workers, mutual aid volunteers and faith leaders to support BAME communities through targeted trainings – e.g. (virtual) mental health awareness and Making Every Contact Count trainings.

- Engage with our shielder population to ensure basic food, medicine and wellbeing needs are being met – culturally appropriate food, translated letters/information etc (Deep dive on this 15th June)

A focus on diabetes

- The PHE data showed that among deaths with COVID-19 mentioned on the death certificate, a higher percentage mentioned diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease and dementia than all cause death certificates.
- Diabetes was mentioned on 21% of death certificates where COVID-19 was also mentioned. This finding is consistent with other studies that have reported a higher risk of death from COVID-19 among patients with diabetes.
- This proportion was higher in all BAME groups when compared to White ethnic groups and was 43% in the Asian group and 45% in the Black group. The same disparities were seen for hypertensive disease.

- Locally, people from Black and Asian ethnic groups are more likely to be diagnosed with diabetes than any other ethnic group, as is the case nationally (after adjusting for age). Also, there is a clear social gradient for diabetes, with the highest rates seen among our most deprived populations.

- In Camden, between 2015 and 2019, there has been an improvement in treatment target attainment (an indicator of how well diabetes is controlled) amongst people with diabetes from Black ethnic groups and people with diabetes living in the most deprived areas of the borough.

- This success is at risk in the current climate. How primary care and other health services address and prioritize unmet needs and poorly controlled diabetes and other LTCs will be key, as NHS services start to resume delivery, albeit through different/new service models in this next phase

Health seeking behaviours

Emerging evidence	What actions do we propose

• There has been a decrease in people accessing NHS services for a range of conditions that are not related to coronavirus, including people attending A&E for urgent and emergency medical issues, such as stroke and heart attacks.
 	
• A Health Foundation survey found access to health services for people with pre-existing conditions was 20% lower during the COVID-19 peak period.
 	
• 10% said that they were unable to get an appointment and 22% cited concerns over contracting/transmitting the virus or worries about breaking the lockdown. Not accessing care due to fear of COVID-19 was higher for patients with diabetes (27%), heart disease (28%) and mental health illness (30%).
 	
• Camden's Annual Public Health Report 'Going Further on Health Inequalities' 2019/20 identified how issues around discriminatory treatment (actual and/or anticipated) shaped people's experience and use of services.
 	
• National research has shown that the fear of every day discrimination is closely associated to a number of poor health and wellbeing outcomes.
	• Resident engagement work including in-depth focus groups with different ethnic groups to explore trends in health seeking behaviors and access/ use of health services and reasons behind it.
	
	• Using local insight to develop a well-targeted communications campaign to alleviate fears and to support and encourage BAME residents to access services – tailoring the "Open for Business" messages to reach our local communities better.
	
	• Monitor and evaluate health care data, including primary care and A&E attendances and conduct regular health equity audits
	
	• Raising health literacy at an individual and community level through active engagement and training in order to promote health and wellbeing including signposting to key services within the system. Build on the success of MECC and MHFA training where in the past local Imams and community leaders have been trained.
	
	• Working with the system to tackle discrimination and unconscious bias.
	  • All organisations across the system should enforce a no tolerance approach to racism and actively promote a welcoming and accepting environment for staff and service users.
	  • Engage and involve BAME communities in the planning, development and implementation of interventions and services
	  • Education and training for the workforce on diversity, cultural competency, unconscious bias and conscious inclusion.

Physical inactivity

Emerging evidence	What actions do we propose
COVID19 has led to fundamental & immediate changes in how people lead their lives and how they can be physically active. There is considerable concern in some communities around leaving the home which is having a significant impact on physical health and mental wellbeing now and for the future. Four key public health issues are linked to physical inactivity as a result of COVID-19 1. **Physical Deconditioning** for older adults and people with disabilities, reducing their ability to live independently, from being less active 2. **Wavering resilience & wellbeing**, which if left unsupported can progress for some to avoidable mental ill health – physical activity can be a powerful enabler of mental wellbeing 3. **Increased weight** – compounded by additional calorie intake through food and alcohol – perceived treats to enable coping during lockdown 4. **Poorer control of long term conditions** – physical activity is a core part of treatment for many long term conditions, such as diabetes, cancer & heart disease	▪ **Active Travel** – promote active commuting and look at infrastructure changes to support low traffic neighbourhoods & car free zones ▪ **Physical activity in and around the home** – a range of available exercise opportunities have been promoted via the Camden New Journal & the Council website; Online resources and streaming classes; Printed resources – e.g. Public Health England home exercise packs to go out to those being shielded; develop and promote opportunities for walking and movement outside the home, as a release from lockdown ▪ **Using Parks** – support 'safe' use of parks and open spaces in line with social distancing ▪ **Exercise on referral/adult weight management** – have changed the operating model to be delivered virtually – self-referral to the Rebalance programme is available here ▪ **Supporting families with less living space** – "Gardens for All" Scheme set up by Children's Services to enable identified families without access to gardens at home to book time in currently closed facilities. Excellent uptake by BAME families at 63% of al families. ▪ **Active for Life Campaign** – adapting prepared materials for Physical activity campaign for older people to focus on opportunities to improve wellbeing & address de-conditioning.

Mental health and wellbeing

Emerging evidence	What actions do we propose
• We know that black and Asian residents in Camden rate having a supportive community as being more important for their health and wellbeing than white residents, suggesting lockdown might have a greater impact. • Social isolation and loneliness disproportionately affecting older people who find it hard to access social media and online tools and disabled people with many depending on their support worker • Local data from Healthwatch resident survey and VCS conversations show mental health and wellbeing is clearly emerging as a theme. Many residents are more stressed, anxious, isolated or depressed as a result of Covid-19. • A Mind survey found that nearly a quarter of 8,200 people who tried to access mental health support in the past fortnight had failed to get any help – facing cancelled appointments, difficulty getting through to their GP or Community Mental Health Team, being turned away by crisis services and issues accessing digital alternatives • Camden has one of the highest rates of severe mental illness (SMI) in the country and there are clear inequalities for and within this population group	• Working with Healthwatch Camden and VCS partners, qualitative insight work to gain a better understanding of the different priorities, concerns and needs of our residents and communities. • Not all people affected in same way – some people coping very well and we need to understand, build on and promote those strengths and assets • Have developed a range of virtual trainings for frontline staff and volunteers to better able to help residents. These are actively targeted at BAME VCS and faith leaders, including: Mental Health awareness; Bereavement support; Suicide prevention; and Making Every Contact Count/ Good Conversations • Further targeted promotion of wellbeing messages and information about new or adapted services such as the new NCL suicide prevention helpline and new operating model of iCope (Camden's talking therapies service) • Work with VCS partners to reduce and prevent social isolation and loneliness through range of programmes, including befriending, online classes, access to virtual faith events and other activities. • Working with partners across the MH system to pilot a new whole population approach to support people with Serious Mental Illness (SMI) in primary care not known to secondary care or ASC with a focus on BAME inequalities. • Work with Camden's Care Navigation and Social Prescribing service to review types of referrals and needs, assess whether complex needs of BAME residents are being met and ways to further promote the service

How to look after your wellbeing

It's understandable to feel worried at this time of great change but it's important not to let our wellbeing suffer. There are some simple things we can do to help ourselves stay healthy and well.

1 Working from home

Although working from home might make it tempting to stay in pyjamas all day it's better for our self-confidence and sense of purpose to continue to have regular routines. Try to start your working day at the same time as you usually would and make time within it to move, connect, eat and reflect.

2 Stay active

Stay active! Short on time? The NHS website has some handy 10-minute exercises and lots of tips to live well **www.nhs.uk/live-well/**

3 Loneliness

Self-isolation can be a frustrating and lonely time. For tips on how to stay well if you're self-isolating at home, visit the MIND website **www.mind/org/uk**

4 Information

Try to manage how you follow information about the outbreak in the media. If you can, avoid reading, or posting, speculation. The most up-to-date and reliable sources of information are from **www.gov.uk**

5 Mindfulness

Take some time to clear your head. Why not try some free Headspace mindfulness meditations? **www.headspace.com**

6 Keep in touch

There are still lots of ways to keep in touch: pick up the phone, log onto WhatsApp/Skype/Yammer, and connect with others. Remember, it's always good to talk.

7 Managing stress

Good Thinking is an NHS approved service promoting proactive self-care for anxiety, low mood, sleeping difficulties and stress. Use the self-assessment tool for personalised recommendations **www.good-thinking.uk**

8 Get support if you need it

The Every Mind Matters website has all the information you need, from advice to support helplines **www.nhs.uk /oneyou/every-mind-matters/** Further practical and emotional support is available from the NHS iCope service. You can self-refer or get more information at **www.icope.nhs.uk**

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A resource created by Camden and Islington Public Health Team

Tips for Ramadan during Covid-19

Ramadan this year will be quite different for families due to social distancing in place for Covid-19. There are some simple things we can do to help ourselves have a healthy Ramadan.

1 Stay Home, Stay Safe

- Pray at home, practice social distancing, only household members should pray together.
- This will help protect the most vulnerable members of the household, including grandparents and those with long-term conditions like diabetes, heart disease etc.

2 Keep Connected

- Many will miss connecting with family and friends during this Ramadan, but people can stay connected in different social media platforms, like WhatsApp etc.
- Many community groups are also using live streaming services hosting virtual *iftaar* using Zoom/Skype or setting up community radio stations.

3 Hygiene

- Regularly wash hands with soap for at least 20 seconds and each time you do *wudu*/ablution.
- Avoid sharing prayer mats, even at home
- At work, make sure that any common prayer or quiet room is regularly cleaned.

4 Healthy Ramadan

- Avoid foods that are high in sugar and/or deep-fried.
- Substitute with foods that are high in fibre and are baked.
- Remember to drink lots of water during non-fasting hours
- The exemptions from fasting for individuals feeling unwell due to COVID-19 symptoms are similar for feeling unwell from any illness.

5 Volunteer / Donate

- Volunteering is a beneficial and productive form of *sadaqa*, or helping give to those in need.
- Support local volunteer schemes.
- Many mosques are collecting funds to deliver hot *iftaar* to needy families, contact local mosques for any local schemes.

6 Mental Health

- Ramadan is a great time to reflect, try some free mindfulness techniques at headspace.com.
- Every Mind Matters (nhs.uk/oneyou/every-mind-matters) has tips and tools for looking after one's wellbeing.
- Muslim Women's Network (mwnhelpline.co.uk) run a helpline offering faith and culturally sensitive advice and support.
- Support is also available from NHS iCope service, icope.nhs.uk.

7 Think About Others

- Avoid hoarding/panic-buying, especially during Ramadan.
- If you own a business, keep your prices realistic.
- Don't share fake news until you verify it from official sources.

8 Take the Opportunity to Quit Smoking

- Ramadan is a perfect opportunity to quit smoking, as you cannot smoke whilst fasting
- People who smoke are at a higher risk for Covid-19
- You can access free support to quit smoking from breathestopsmoking.org

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Empowering communities

Emerging evidence	What actions do we propose

• Extensive evidence that connected and empowered communities are healthy communities. The wider health and care system needs to reach out to support and promote all communities.
 	
• Ensuring good access for individuals and groups most at risk of poor health to local activities and sources of support is an important empowering tool with the potential to reduce health inequalities
 	
• Digital exclusion - ONS data shows in 2018 the gap in recent internet use among the different ethnic groups had narrowed. This is particularly the case for adults of Bangladeshi ethnicity. In 2011, 31.4% were internet non-users, higher than the figure for UK adults overall (20.3%). In 2018, the figure for Bangladeshi internet non-users had dropped to 8.0%, a figure that is now lower than for the UK overall (10.0%).
	• Consider how community-centred approaches that build on individual and community assets can become an essential part of mainstream strategies and local plans to improve health and wellbeing in the ‘new normal’.
	
	• Meaningful engagement of BAME residents using a variety of approaches
	  • Targeted resident engagement work with PH and Healthwatch
	  • Camden relaunching the Health and Care Citizen’s Assembly
	
	• Re-start Camden’s Community Champions programme using innovative and creative ways to recruit volunteers and support residents in the three sites.
	
	• Working across the system, implement approaches to raising health literacy and opening up access to advice, social support and opportunities for learning, social interaction and volunteering, through interventions such as Making Every Contact Count and social prescribing should be strengthened.
	
	• Employ diverse communication channels that target vulnerable groups and give information non-digitally, and in different languages. Consideration of out of home information as lockdown restrictions ease.
	
	• We are working with North London Cares and Ageing Better in Camden to identify and support people without the means or skills to access digital information.

QUESTIONS?

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