

# Government updates on identifying and tackling COVID-19 disparities

- As Government publishes second report on COVID-19 disparities, Minister for Equalities emphasises the importance of vaccines and calls for people to take them when offered.
- Disparities for some ethnic groups have improved from the first wave but not for others – particularly Pakistanis and Bangladeshis.
- Government is working with 50+ ethnic minority titles across 10 different languages, 43 ethnic minority TV channels within a combined reach of 9 million, and 14 community radio stations that broadcast in 13 different languages.

Comparing first and early second wave data, disparities have improved for some ethnic groups including Black Africans, Black Caribbean, Chinese and Indians but have worsened for Pakistanis and Bangladeshis.

Last week, following a recommendation by the Minister for Equalities in her first COVID-19 disparities report, the Department of Health updated the list of people shielding, using a new predictive risk model which combines factors including underlying conditions, age, sex, ethnicity, body mass index and the postcode where people live and its link with deprivation.

As more at-risk groups are identified, the government's vaccine rollout has continued, with over 18 million receiving their first dose. Research highlighted in the report shows that though people are positive about the vaccine, some ethnic minority people held negative feelings, influenced by media narratives and other misinformation, and stated that they were hesitant to take the jab. According to the ONS, from early December 2020 to early January 2021, less than half (49%) of Black or Black British adults reported that they were likely to have the vaccine. The latest OpenSAFELY data reports that approximately 60% of black people over 70 have been vaccinated compared to 75% for South Asians and 90% of white people.

Whilst the evidence and data collected gives a better understanding of the leading risk factors, today the Minister will call for everyone to get vaccinated, and in the report sets out how the government is taking action, including:

- Working with 50+ ethnic minority titles across 10 different languages, and 43 ethnic minority TV channels within a combined reach of 9 million and 14 community radio stations that broadcast in 13 different languages.
- Working with the BBC World Service to produce videos on key questions from South Asian groups in Urdu, Punjabi, Tamil, Gujarati, and Sylheti.
- Working with over 90 faith, healthcare provider networks, influencers and experts from a range of communities to address people's concerns about the COVID-19 vaccine.
- Vaccines confidence messaging to run on 42 multicultural stations in 12

languages.

- Using local, Government-funded Community Champions to act as trusted voices in their communities to promote vaccine uptake.
- A cross-government Counter Disinformation Unit to mythbust false information about COVID-19 and the vaccine.

Minister for Equalities, Kemi Badenoch, said:

“Throughout the COVID-19 pandemic, this Government has done everything it can to protect everyone in this country.

“The latest data shows that this is not a one-size-fits-all situation. Outcomes have improved for some ethnic minority groups since the first wave, but we know some communities are still particularly vulnerable. Our response will continue to be driven by the latest evidence and data and targeted at those who are most at risk.

“There is light at the end of the tunnel, and as the vaccine rollout continues, I urge everyone who is offered one to take the opportunity, to protect themselves, their family, and their community.”

A review of steps taken in towns and cities across the countries to share vaccine and public health information will also shortly be shared, to share good practice by local authorities who know best what works for the people in their area. Highlights from this include:

- Birmingham City Council establishing 645 Champions across the 69 wards in the City, and establishing a system of 19 community partners to support wider dissemination of accessible information and engagement with specific minority communities.
- Pilots of community-led, localised, asymptomatic testing at places of worship in ethnically diverse areas such as Brent and Wolverhampton, with the aim of removing some of the key identified barriers to engaging with Test & Trace, including trust and access.
- The Al-Abbas Islamic Centre in Birmingham becoming the first Mosque to open as a vaccination centre, which is helping to build trust within the local community and encourage vaccine uptake among groups more at risk from COVID-19.

Dr Jenny Harries OBE, Deputy Chief Medical Officer, said:

“This report is another important step in shaping our understanding of the disproportionate impact COVID-19 has on certain communities, and the drivers behind this.

“It is vital that we recognise the breadth of diversity within the UK and the multitude of different risk variables. Different groups have experienced different outcomes during both waves of the virus for a variety of reasons.

“As we leave lockdown we must ensure that we continue with a supportive, sensitive, evidenced and data-driven approach, working in partnership with communities.”

Professor Nita Forouhi, Programme Leader and MRC Investigator, Epidemiologist and Professor of Population Health and Nutrition, MRC Epidemiology Unit, University of Cambridge School of Clinical Medicine, said:

“The differences in COVID-19 deaths between ethnic groups in the early second wave compared with the first highlight the changing trajectories of ethnic disparities, suggesting different factors are at play and it is unhelpful to consider ethnic groups in a single category of ‘BAME’. The lower COVID-19 death rates in the early second wave in some groups shows that ethnic inequalities are not fixed but are mainly driven by risk of infection and amenable to change. The persistent COVID-19 impact in South Asians, particularly Pakistanis and Bangladeshis, is alarming and needs targeted research and bold public health and policy action. This important work has begun, but there is much more to do, and the report sets out a roadmap.”

Dr Vanessa Apea, Consultant Physician at the Barts Health NHS Trust and Honorary Senior Lecturer, Queen Mary University of London, said:

“It is promising to see the progress made in response to the first report’s recommendations, but the work does not end there. The positive impact of community based organisations is made clear in this report. It is crucial that they continue to be engaged and resourced to support all communities.

“Capturing the lived experience of affected communities to inform change is imperative, so I am pleased to see ethnographic research in this report. Our own ongoing community based research in East London is providing insights into local need, with a focus on co-creating solutions to move towards achieving health equity. This approach helps address the structural factors that have exacerbated the pandemic’s impact on some ethnic minorities and should inform the government’s strategy on health.”

Dr Krishnan Bhaskaran, Professor of Statistical Epidemiology, London School of Hygiene and Tropical Medicine, and joint statistical lead for OpenSAFELY, said:

“This report brings together a range of work being done to monitor and tackle ethnic disparities that have emerged during the pandemic, and outlines important progress made to date.

“In the coming months it will be vital to continue and extend this work to address continuing raised risks of poor COVID-19 outcomes in some ethnic minority groups, and emerging evidence of ethnic differences in vaccine uptake.”

Further Information:

To date, the government has taken unprecedented measures to combat the impact of the COVID-19 pandemic on Black and ethnic minority individuals, this includes:

- Working with 50+ ethnic minority titles across 10 different languages, and partnering with 43 ethnic minority TV channels within a combined reach of 9 million and 14 community radio stations that broadcast in 13

- different languages and reach 881,000 ethnic minority people every week.
- Working with the BBC World Service who support COVID-19 communications by producing videos on key questions from South Asian communities in Urdu, Punjabi, Tamil, Gujarati, and Sylheti.
  - £23.75m in funding to local authorities under the Community Champions scheme, which provides funding to enhance existing communication strategies in the most at risk places, and funds work with grassroots advocates from impacted communities. The scheme also provides funding for voluntary and community groups who specialise in working with communities most at risk from COVID-19.
  - £8.8m total funding from UK Research and Innovation to invest in research projects looking at the health, social, cultural and economic impacts of COVID-19 on ethnic minority groups.
  - Unprecedented levels of economic support worth over £280 billion has provided a much-needed lifeline for those working in closed sectors such as retail and hospitality, the workforces in which are disproportionately young, female and from an ethnic minority background.
  - Including transportation workers, a significant proportion of whom are from an ethnic minority background, in mass testing pilots which are now being rolled out more widely.
  - New guidance issued to private hire vehicle and taxi drivers on how to protect themselves from COVID-19. 53% of such drivers are from an ethnic minority group and 98% are men.
  - Providing additional funding to the Public Health England Better Health Campaign in order to target Black African, Black Caribbean, Indian, Bangladeshi and Pakistani groups. This campaign, which will run until March, aims to reduce obesity and other comorbidities within these groups, which are associated with worse COVID-19 outcomes.
  - Improving outcomes for pregnant women from ethnic minority backgrounds during COVID-19.
  - A rapid review of key actions taken by local authorities – including targeted communications, data mapping, and working with faith and voluntary organisations – to be shared across the country as best practice.
  - Pilots of community-led, localised, asymptomatic testing at places of worship in areas such as Brent and Wolverhampton, with the aim of removing some of the key identified barriers to engaging with Test & Trace, including trust and access. For example the pilot at a Gurdwara in Wolverhampton overcame mistrust in the local community through the use of local volunteers. This drove up testing rates.
  - Birmingham City Council establishing 645 Champions across the 69 wards in the City, and establishing a system of 19 community partners to support wider dissemination of accessible information and engagement with specific minority communities. The government will share with local authorities examples of good practice.

The report sets out the following next steps:

#### Central and local government interventions

- Departments to consider further policy interventions to address COVID-19

disparities, with a particular focus on those groups most disproportionately impacted by the second wave.

- MHCLG to share with local authorities examples of good practice from the review of local authority activity.
- MHCLG to share with local authorities the findings from the initial, one-month review of returns from Community Champions.

### Vaccination programme

- Minister for Equalities to write to the JCVI summarising the latest data and evidence set out in this report, to inform vaccine roll out.
- The government will continue to monitor data on vaccine uptake among ethnic minority groups and, if necessary, take further steps to address any barriers and vaccine hesitancy among these groups.

### Data and evidence

- The RDU will continue to share the findings from the qualitative research into people's personal experiences of COVID-19 across government, particularly in relation to the stigmatisation felt by a number of participants in relation to being singled out as 'BAME'.
- Departments and other agencies should publish a statement on GOV.UK outlining their plans to move their data collections to the Government Statistical Service's (GSS) harmonised standard. Harmonisation is hugely important as it allows analysts to gain deeper insight and value from data.
- DHSC and others should publish a quarterly report on progress in improving the recording of ethnicity in health care records.
- Departments should provide updates to datasets on COVID-19 risk factors and secondary impacts for publication on the Ethnicity facts and figures website. This provides transparency of process to users – promoting trust and authority – as well as informing them when the most up-to-date data will be made available.

### Engagement

- The Minister for Equalities, the government advisers on COVID-19 and ethnicity, and the RDU will continue a programme of engagement over the

next quarter. This will include work to promote vaccine uptake, alongside the engagement led by the Minister for COVID-19 Vaccine Deployment.

## Communications

- The government will continue to tailor its communications strategy on vaccine roll out to reflect the latest evidence on vaccine uptake among ethnic minority groups.
- The government will work closely with the new Community Champions to disseminate key public health messages, promote uptake of vaccine and tackle misinformation.
- Government communications will reflect the findings of the qualitative research into people's personal experiences of COVID-19 and will ensure that ethnic minorities are not treated as a single group and that public health messaging is not stigmatising.