

BME Communities and Covid-19

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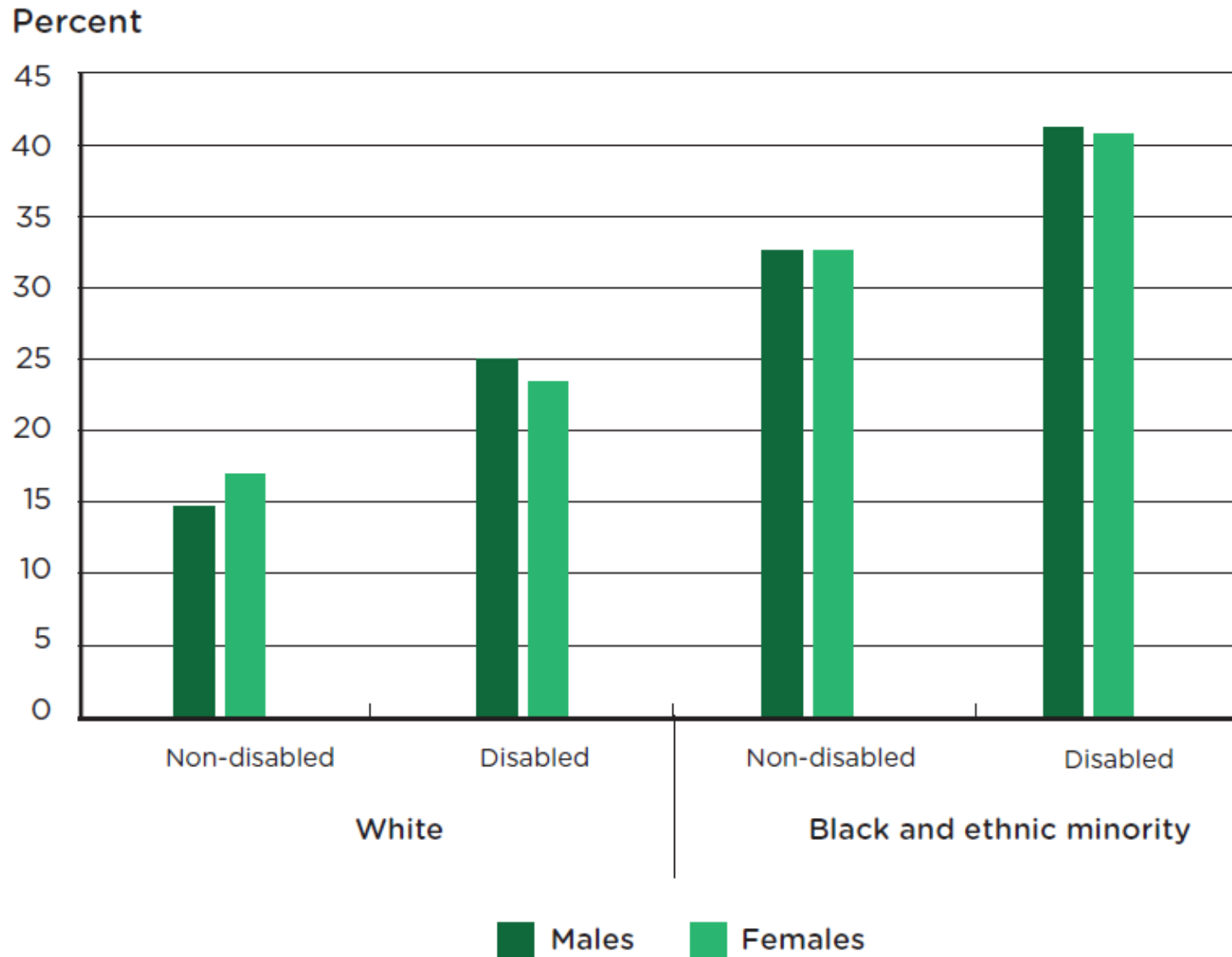
- According to Marmot et al (2020) *Health Equity in England*, poverty on its own does not account for growing health inequalities, discrimination plays its part
- The following tables shows high rates of poverty for Bangladeshi, Pakistani and Black people in particular, but all minority ethnic groups had higher rates of poverty than white, with housing costs raising poverty rates considerably.

Poverty and ethnicity – Marmot et al
(2020)

Table 3.3. Percentage of individuals living with less than 60 percent of contemporary median household income, by ethnic background of household head, UK, 2018 (three year average)

	Before housing costs	After housing costs
White	15	20
Asian/Asian British	26	36
Indian	17	23
Pakistani	39	46
Bangladeshi	33	50
Chinese	26	33
Black/African/Caribbean/Black British	27	42

Poverty and ethnicity – Marmot et al
(2020)



**Ethnicity, disability and poverty, 2015-2017 –
Marmot et al 2020**

- Intersections between socioeconomic status, ethnicity and racism intensify inequalities in health for ethnic groups.
- Some groups, notably individuals identifying as Gypsy or Irish Traveller, and to a lesser extent those identifying as Bangladeshi, Pakistani or Irish, stand out as having poor health across a range of indicators.
- From rising child poverty ... to ignored communities with poor conditions and little reason for hope. And these outcomes, on the whole, are even worse for minority ethnic population groups and people with disabilities

Ethnicity	Actual deaths	Expected deaths	Difference	Relative Likelihood
White British	11,354	14,283	- 2,929	0.8
Irish	161	252	- 91	0.6
Other white	544	319	225	1.7
Mixed	115	44	71	2.6
Indian	492	199	293	2.5
Pakistani	332	87	245	3.8
Bangladeshi	100	26	74	3.8
Chinese	57	38	19	1.5
Other Asian	245	75	170	3.3
Black African	290	53	237	5.5
Black Caribbean	460	131	329	3.5
Other black	146	17	129	8.6
Other ethnic group	439	51	388	8.6

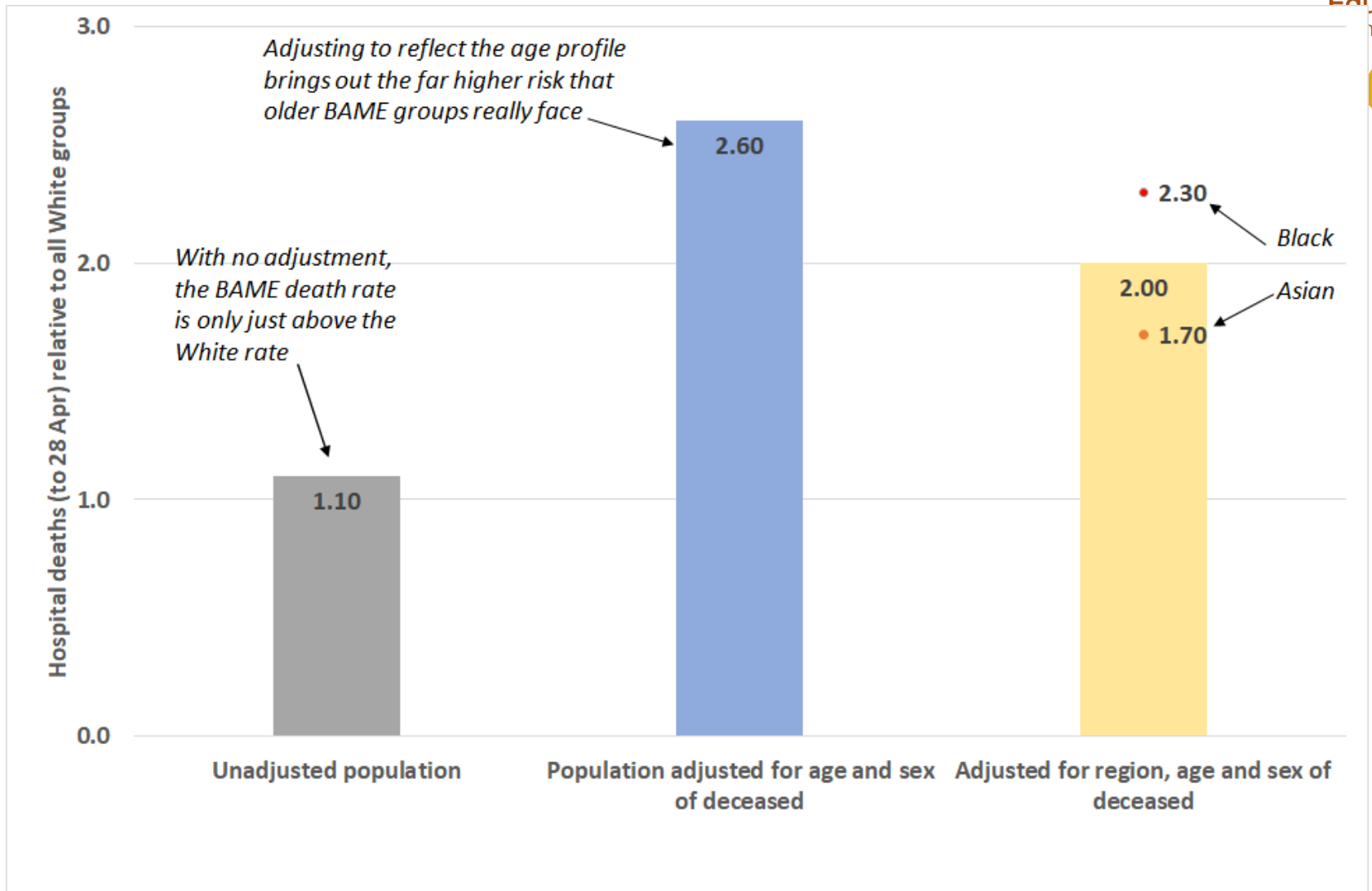
Covid-19 deaths in hospital by ethnic group based on 2011 – De Noronha (2020)

Ethnicity	Actual deaths	Expected deaths	Difference	Relative likelihood
White British	11,354	14,702	- 3,348	0.8
Other White	705	648	57	1.1
Mixed	115	56	59	2.05
Asian	1,226	453	773	2.71
Black	896	213	683	4.21
Other	439	96	343	4.57

Covid-19 deaths in hospital by ethnic group based on 2019 population forecast – De Noronha (2020)

- For all ethnic groups other than white British and white Irish the number of deaths exceeded what would be expected based on their age profile. The mixed and Indian ethnic groups were more than twice as likely to die in hospital; Pakistani, Bangladeshi and black Caribbean nearly three times as likely, black African more than four times more likely and other black and other ethnic group nearly eight times more likely.
- The results are similar with mixed ethnic groups twice as likely, Asian people nearly three times as likely to die from Covid-19 in hospital, black and other ethnic groups more than four times more likely

Covid-19 deaths in hospital by ethnic group based on 2019 population forecast – De Noronha (2020)



Overall, the model suggests there have been 43,941 excess deaths among the White group, 2,301 Black, 3,083 Asian, 385 Mixed and 1,038 in the Other ethnic group. Deaths in Black males were 3.9 times higher than expected in this period, compared with 2.9 times higher in Asian males and 1.7 times higher in White males. Among females, deaths were between 2.7-2.8 times higher in Black, Mixed and Other ethnic groups in this period, compared with 2.4 in Asian and 1.6 in White females.

There is some variation as to how many of these excess deaths have Covid-19 identified as a cause, for example for black males 73.2% have Covid identified, whilst for Asian males this is the case for 80.9% of excess deaths. However this also means that for black males around 394 excess deaths do not have covid 19 identified and for Asian males this figure is 374. These are deaths over what is the 'average' expected in the period being analysed.

- Understanding your tenants needs
- Connecting with resilience forums
- Managing rent arrears
- Understand what Track and Trace (and isolate) means
- Risk assessing your workers

What next?

De Noronha, N (2020). *Why are more black and minority ethnic people dying from Covid-19 in hospital?* Race Equality Foundation. Available at:

<https://raceequalityfoundation.org.uk/health-care/why-are-more-black-and-minority-ethnic-people-dying-from-covid-19-in-hospital/>

Marmot M, Allen, J, Boyce, T, Goldblatt, P and Morrison, J (2020). *Health Equity in England: The Marmot Review 10 Years On*. The Institute of Health Equity and The Health Foundation.

Public Health England (2020) **Disparities in the risk and outcomes of COVID-19**, PHE.

Holden, J and Kenway, P (2020) The PHE report on why BAME groups are hit harder by Covid has been badly misunderstood, New Policy Institute, <https://www.npi.org.uk/blog/health/phe-report-why-bame-groups-are-hit-harder-covid-has-been-badly-misunderstood/>