Using official data to understand the impact of the COVID-19 pandemic on minority groups
A case study from England

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6th September 2022
Presented at the Second Expert Forum for Producers and Users of Disaster-related Statistics
Beirut, Lebanon
BAME groups hit harder by Covid-19 than white people, UK study suggests

Research indicates virus has disproportionate impact on non-white critically ill patients

The unequal impact of COVID-19: investigating the effect on people with certain protected characteristics

How health and care systems are devising innovative approaches to mitigate the direct effects of COVID-19.

15 June 2022

Higher Covid deaths among BAME people ‘not driven by health issues’

ONS says greater risk for those in England and Wales is largely due to life circumstances

Why a gene found in South Asians may not fully explain susceptibility to COVID-19

The following op-ed was written by Winston Morgan, B.S., Ph.D., FHEA, FRSB, professor of applied toxicology, equity, and inclusive practice at the School of Health, Sport and Bioscience at the University of East London in the United Kingdom.

People from BAME and deprived groups more affected by Covid hospital disruption

By Laura Singleton
06 December 2021
What happened?

- Public Health England (now UKHSA) undertook a disparities review of the risk and outcomes of COVID-19 (PHE;2020)

- Rapid literature review, epidemiological analysis and stakeholder engagement

“Although our understanding is evolving rapidly, it is difficult at this stage to provide a full explanation of the observed differences. Ethnic inequalities in health and wellbeing in the UK existed before COVID-19 and the pandemic has made these disparities more apparent and undoubtedly exacerbated them”

1. Mandate comprehensive and quality **ethnicity data collection and recording** as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.

2. Support **community participatory research**, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.
Patterns in rates of deaths involving COVID-19 between ethnic groups have changed over the course of the coronavirus (COVID-19) pandemic.

• Between 10 January 2022 and 16 February 2022 (when Omicron was the main variant), rates of deaths involving COVID-19 were higher for many ethnic minority groups compared with the White British group.

• Similar to patterns observed earlier in the third wave of the pandemic, before Omicron became the main variant.

• Since the start of the period when Omicron was the main variant, males in the Bangladeshi ethnic group had the highest rate of death involving COVID-19, 2.7 times higher than males in the White British ethnic group; Pakistani males (2.2 times) and Black Caribbean males (1.6 times);

• Females in the Pakistani ethnic group had the highest rate of death involving COVID-19, 2.5 times higher than females in the White British ethnic group, followed by Bangladeshi females (1.9 times) and females in the Mixed ethnic group (1.4 times).

Source: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccont rastsindeathsinvolvingthecoronaviruscovid19englandandwales/10january2022to16february2022
All-cause mortality rates for the entire period since the coronavirus pandemic began (24 January 2020 to 16 February 2022) were higher for males and females in the Bangladeshi ethnic group and males in the Black Caribbean and Pakistani ethnic groups compared with the White British ethnic group; this differs from pre-coronavirus (COVID-19) pandemic all-cause mortality rates, which were highest for the White British and Mixed ethnic groups compared with all other ethnic minority groups.

Although the low number of deaths in this short study period since Omicron became the main variant makes it difficult to assess the statistical significance of comparisons between groups, several main patterns are similar to those observed earlier in the third wave of the pandemic before Omicron became the main variant; in the future analyses over longer time periods with more data should allow for more precise estimates.

Source: [https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/10january2022to16february2022](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/10january2022to16february2022)
Conclusion

To better understand the impact of COVID-19 on sub-sections of the population, it is necessary to not only consider health statistics but wider statistics (housing, education, occupation etc).

However, a key challenge is how to synthesise this information (especially when data is held across different organisations/departments!)

Need to consider the role of qualitative information in relation to official statistics, especially in a pandemic where data may not be readily available.
We would like to thank all the stakeholders who contributed their time, knowledge and insights to the development of the report.
Thank You