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COVID-19 and its impact on minority ethnic groups in the UK

Summary note of a workshop held on 8 July 2021

Background

This note provides a summary of discussions at an online workshop exploring the impact of the COVID-19 pandemic on minority ethnic groups in the UK, held on 8 July 2021. The workshop was jointly hosted by the Royal Society and the British Academy. It was chaired by the UK's National Statistician, Sir Ian Diamond FBA.

The discussions focused on translating lessons learned from the first phases of the pandemic into practice; and improving how research on this issue is framed and conducted. It builds on themes set out in the British Academy's report *The COVID Decade: understanding the long-term societal impacts of COVID-19*, and research led by Dr Gwenetta Curry, who was a member of the Data Evaluation and Learning for Viral Epidemics (DELVE) initiative hosted by the Royal Society.

This note summarises the discussions, highlights the key themes which arose in these discussions and presents suggestions for action and further research. References are included in order to provide illustration of points raised in the workshop. It is not intended as a verbatim of discussions and it does not represent the views or positions of any participants or organisations who took part. The note was drafted by staff at the Royal Society and the British Academy, taking into account comments, feedback, and references submitted by workshop participants.

The Royal Society

The Royal Society is a self-governing Fellowship of many of the world's most distinguished scientists drawn from all areas of science, engineering, and medicine. The Society's fundamental purpose, as it has been since its foundation in 1660, is to recognise, promote, and support excellence in science and to encourage the development and use of science for the benefit of humanity. The Society's strategic priorities emphasise its commitment to the highest quality science, to curiosity-driven research, and to the development and use of science for the benefit of society.

These priorities are:

- Promoting excellence in science
- Supporting international collaboration
- Demonstrating the importance of science to everyone.

The British Academy

The British Academy is the UK's national academy for the humanities and social sciences. The Academy mobilises these disciplines to understand the world and shape a brighter future. From artificial intelligence to climate change, from building prosperity to improving well-being – today's complex challenges can only be resolved by deepening our insight into people, cultures and societies. The Academy invests in researchers and projects across the UK and overseas, engages the public with fresh thinking and debates, and brings together scholars, government, business and civil society to influence policy for the benefit of everyone.

Introduction

Work by the British Academy[1] has shown that COVID-19 has generated a series of social, economic and cultural effects which will have long-term impacts; exposing, exacerbating and solidifying existing inequalities in society.

Evidence has demonstrated a strong connection between an individual's socioeconomic circumstance and their likelihood to be affected by the virus. Due to housing conditions, income levels, and employment nature, many people have been unable to socially distance during the pandemic and have been at greater risk of harm. The disproportionate representation of people from minority ethnic groups in these categories[2], coupled with a global conversation on racism following the murder of George Floyd[3], has brought significant attention to the impact of COVID-19 on minority ethnic groups.

During the first phase of the pandemic, people from all minority ethnic groups (except for women in the Chinese or White Other ethnic groups) had higher rates of death involving COVID-19 compared with the White British population[4]. 61% of healthcare workers who died from COVID-19 were from a minority ethnic background despite only 1 in 5 having this background[5]. In the second wave, mortality rates increased for people of Bangladeshi and Pakistani ethnic backgrounds and decreased for people of Black African and Black Caribbean backgrounds[6].

Following these reports, UK-wide pandemic responses began to include a focus on ensuring that support is targeted to minority ethnic communities who are most at risk[7, 8, 9].

More than 12 months on from the start of the pandemic, our workshop sought to understand the effectiveness of these responses and to explore how research in this area can be improved. The workshop highlighted the problematic ways in which communities are racialised. For the purposes of our workshop, we used the term 'minority ethnic groups' to discuss the unequal impacts of the pandemic on people in the UK.

Summary of key discussion points

- Policymakers and members of the scientific community should ensure they have an informed understanding of race and racism prior to designing and implementing health interventions targeted at minority ethnic groups.
- When designing strategies for the next phases of the pandemic (or for future pandemics), policymakers should consider recommendations on health inequalities which have already been proposed over recent decades but have yet to be implemented.
- To help close data gaps and minimise health risks faced by minority ethnic groups, the potential of community-led research must be given serious consideration and supported with accessible, long-term funding. Long-term funding should also be extended to grassroots organisations who provide active support to communities during the pandemic.
- Policymakers should take into account the indirect health impacts caused by income shocks, educational setbacks, and disruption to healthcare which have occurred during the pandemic. Furthermore, they should work to combat the broad social and economic inequalities which underlie poor health outcomes for minority ethnic groups.

1. The British Academy. 2021 The COVID Decade: Understanding the long-term societal impacts of COVID-19. See https://www.thebritishacademy.ac.uk/publications/covid-decade-understanding-the-long-term-societal-impacts-of-covid-19/ (accessed 26 January 2022).
2. Institute of Race Relations. BME statistics on poverty and housing and employment. See https://irr.org.uk/research/statistics/poverty (accessed 26 January 2022).
3. McKie R. 2020 Fury at Floyd's death 'fuelled by impact of Covid-19 on black communities'. *The Guardian*. 6 June 2020. See https://www.theguardian.com/us-news/2020/jun/06/fury-at-floyds-death-fuelled-by-impact-of-covid-19-on-black-communities (accessed 26 January 2022).
4. Office for National Statistics. Updating ethnic contrasts in deaths involving the coronavirus (COVID-19), England: 24 January 2020 to 31 March 2021. See https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/24january2020to31march2021 (accessed 26 January 2022).
5. Marsh S., McIntyre N. Six in 10 UK health workers killed by Covid-19 are BAME. *The Guardian*. 25 May 2020. See https://www.theguardian.com/world/2020/may/25/six-in-10-uk-health-workers-killed-by-covid-19-are-bame (accessed 26 January 2022).
6. *Ibid*.
7. Public Health England. 2020 COVID-19: understanding the impact on BAME communities. 16 June 2020. See https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities (accessed 26 January 2022).
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9. Welsh Government. 2020 Black, Asian and Minority Ethnic (BAME) COVID-19 Socioeconomic Subgroup: report. See https://gov.wales/black-asian-and-minority-ethnic-bame-covid-19-socioeconomic-subgroup-report (accessed 26 January 2022).

The long-term evidence on health inequalities

As highlighted in presentations by Dr Gwenetta Curry and Dr Saffron Karlsen at the workshop, there is now a large body of work demonstrating that several minority ethnic groups in the UK are at increased risk of poor outcomes from COVID-19.

A likely cause for this is both the increased risk of infection and increased risk of poor outcomes once infected. These may be driven by a combination of structural inequalities (eg neighbourhood deprivation, overcrowded housing) and individual-level health inequalities (eg higher prevalence of coronary heart disease)[10].

In addition, there is an increased likelihood amongst minority ethnic groups for people to live in multigenerational households[11]. This can make interventions such as self-isolation and social distancing difficult to achieve, and is a particular risk when elderly or vulnerable individuals live in the same property as key workers with shared kitchen and bathroom spaces.

However, evidence of minority ethnic groups experiencing health inequalities pre-dates the COVID-19 pandemic[12]. Some participants highlighted that social researchers have known about and published studies[13] on these inequalities for years but that the recommendations from these had not been actioned. Examples of social inequalities affecting health outcomes include living in polluted areas[14] and overcrowded housing[15], employment in insecure, low-paid work[16], and the existence of institutional discrimination[17]. Furthermore, data from the UK Government's Race Disparity Unit show that health-related quality of life scores for minority ethnic groups are generally lower than the national average[18].

In the context of the pandemic, data was already available showing that minority ethnic groups were more likely to be working in frontline, public facing jobs such as minicab drivers[19], medical staff[20], and hospitality[21]. Analysis from the Health Foundation (based on pre-pandemic data) found that minority ethnic people make up a disproportionately large share of 'key workers' in London[22].

10. Nazroo J, Becares L. 2020 Evidence for ethnic inequalities in mortality related to COVID-19 infections: findings from an ecological analysis of England. *BMJ Open 2020* 10; e041750. (http://dx.doi.org/10.1136/bmjopen-2020-041750)
11. For example, 25% of White households are multigenerational vs 46% of Black African households and 73% of Bangladeshi households. Office for National Statistics. Households by age composition and ethnicity, UK, 2018. See https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/adhocs/12005householdsbyagecompositionandethnicityuk2018 (accessed 26 January 2022).
12. Cosford P., Toleikyte L. 2018 Local action on health inequalities amongst ethnic minorities. *UK Health Security Agency*. 6 August 2018. See https://ukhsa.blog.gov.uk/2018/08/06/local-action-on-health-inequalities-amongst-ethnic-minorities/ (accessed 26 January 2022).
13. The Marmot Review. 2010 Fair Society Healthy Lives. February 2010. See https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review (accessed 26 January 2022).
14. Wong S. 2015 Ethnic minorities and deprived communities hardest hit by air pollution. *Imperial College London*. 26 January 2015. See https://www.imperial.ac.uk/news/163408/ethnic-minorities-deprived-communities-hardest-pollution/ (accessed 26 January 2022).
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17. Karlsen S, Nazroo J. 2002 Relation Between Racial Discrimination, Social Class, and Health Among Ethnic Minority Groups. *American Journal of Public Health*. 92, 624-631. (https://dx.doi.org/10.2105%2Fajph.92.4.624)
18. Ethnicity facts and figures. Health-related quality of life for people aged 65 and over. See https://www.ethnicity-facts-figures.service.gov.uk/health/physical-health/health-related-quality-of-life-for-people-aged-65-and-over/latest (accessed 26 January 2022).
19. Department for Transport. Taxi and private hire vehicle statistics, England: 2018. See https://www.gov.uk/government/statistics/taxi-and-private-hire-vehicle-statistics-england-2018 (accessed 26 January 2022).
20. Ethnicity facts and figures. NHS workforce. See https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest (accessed 26 January 2022).
21. Resolution Foundation. 2020 Ethnic minorities in the hospitality sector. 30 December 2020. See https://www.resolutionfoundation.org/publications/ethnic-minorities-in-the-hospitality-sector/ (accessed 26 January 2022).
22. The Health Foundation. 2020 Black and minority ethnic workers make up a disproportionately large share of key worker sectors in London. 7 May 2020. See https://www.health.org.uk/chart/black-and-minority-ethnic-workers-make-up-a-disproportionately-large-share-of-key-worker (accessed 26 January 2022).

The increased awareness in the early stages of the pandemic that minority ethnic groups were at particular risk[23] of exposure to, and death from, COVID-19 led to calls[24] for them to be prioritised in the vaccine deployments. The decision not to do so was subsequently criticised by groups including the Royal College of GPs[25] and the Royal Society of Medicine[26]. This critique was echoed during our discussions with some participants questioning the purpose of data collection without subsequent action.

Although data quality can be improved for analysis of how the pandemic is affecting minority ethnic groups, it is clear that there is not a knowledge gap in why these groups are being disproportionately harmed. Participants spoke of the need to look back at previous research, consider the recommendations, and focus on a strategy for tackling racial inequalities across the board (eg in employment and education).

The workshop highlighted that, when designing strategies for the next phases of the pandemic (or for future pandemics), policymakers should consider recommendations on health inequalities which have already been proposed over recent decades but have yet to be implemented.

23. Public Health England. 2020 COVID 19: Understanding the impact on BAME communities. 16 June 2020. See https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities (accessed 26 January 2022).
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25. RCGP asks Health Secretary to explain rationale for not including BAME patients in Covid-19 vaccination priority list. *Royal College of GPs*. 2 December 2020. See https://www.rcgp.org.uk/about-us/news/2020/december/rcgp-asks-health-secretary-to-explain-rationale-for-not-including-bame-patients.aspx (accessed 26 January 2022).
26. COVID-19: UK's colour-blind vaccine allocation strategy is putting ethnic minorities at higher risk of illness and death. *The Royal Society of Medicine*. 10 March 2021. See https://www.rsm.ac.uk/media-releases/2021/covid-19-uk-s-colour-blind-vaccine-allocation-strategy-putting-ethnic-minorities-at-higher-risk-of-illness-and-death/ (accessed 26 January 2022).

Language, framing, and understanding 'race' as a social construct

Setting out the evidence of the differential impacts of the pandemic on minority communities in the UK highlighted that understanding what race is, and how to discuss it, is essential to policymaking.

The idea of different 'races' of people is not a biological reality but a contentious social construct[27, 28]. There is no scientific evidence to support the existence of biological human races[29, 30]. Instead, the evidence suggests that most genetic variation exists within racial groupings, not between them[31].

However, when discussing the impact of COVID-19 on minority ethnic groups (itself a contested term[32]), it is important to note that we are looking at the impact of the virus on groups of people who have been racialised by society during recent centuries. To be racialised is to be categorised by society as belonging to a race for the purpose of marginalisation. This process of racialisation is a core part of what we refer to as 'racism'. Over time, these categories have been adopted as social identities or used to analyse the impact of racism.

Recognising race as a social construct can support the development of good policy by concentrating analysis, funding, and support on the underlying societal factors which cause health problems across all 'races' rather than biological factors which do not apply consistently within or across different racial groups. Furthermore, the definitions of races are globally, and historically, inconsistent which makes comparative analysis difficult to achieve. The process of racialisation and racism, on the other hand, is generally consistent.

The terms 'race' and 'ethnicity' are often used interchangeably. Ethnicity is a term used to categorise groups of people based on a combination of common 'racial' characteristics, national identity, cultural expression, or religious affiliation. Examples of these categories in the UK include 'Black African'; 'Black Caribbean'; 'Asian-Bangladeshi'; 'Arab'; and 'Irish Traveller'[33].

27. Gannon, M. 2016 Race Is a Social Construct, Scientists Argue. *Scientific American*. 5 February 2016. See https://www.scientificamerican.com/article/race-is-a-social-construct-scientists-argue/ (accessed 26 January 2022).
28. DuBois, W.E.B. 1940 *Dusk of Dawn: An Essay Toward an Autobiography of a Race Concept*. New York, USA: Harcourt, Brace & Co.
29. Templeton, A.R. 2013 Biological races in humans. *Studies in history and philosophy of biological and biomedical sciences*. 44, 262-271. (https://dx.doi.org/10.1016%2Fj.shpsc.2013.04.010)
30. Saini A. 2029 *Superior: The Return of Race Science*. Boston, US: Beacon Press.
31. American Anthropological Association. 1998 AAA Statement on Race. See https://www.americananthro.org/ConnectWithAAA/Content.aspx?ItemNumber=2583 (accessed 26 January 2022).
32. Khunti, K., Routen, A., Pareek, M., Treweek, S., and Platt, L. 2020 The language of ethnicity. *British Medical Journal*. 23 November 2020. See https://doi.org/10.1136/bmj.m4493 (accessed 26 January 2022).
33. Ethnicity facts and figures. List of ethnic groups. See https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups (accessed 26 January 2022).

The workshop highlighted the complexity and flawed framing of how minority ethnic groups have experienced the COVID-19 pandemic. Some participants stressed the need for there to be more heterogeneity in how we view the experiences of minority ethnic groups (eg by analysing the specific factors affecting different minority ethnic groups and considering the role of other burdens[34] such as ableism). Others warned that minority ethnic people would be blamed for the spread of the virus[35]. For example, during the first phases of pandemic, mainstream discourse included headlines about 'BAME vaccine hesitancy'[36], political leaders using the label 'Chinese virus'[37], and news reporters adopting the term 'the Indian variant'[38]. This framing has risked perpetuating racism and poor outcomes for minority ethnic groups.

Workshop participants highlighted the importance of policymakers and members of the scientific community ensuring that they have an informed understanding of race and racism prior to designing and implementing health interventions targeted at minority ethnic groups.

34. Hanvinsky, O., Kapilashrami, A. 2020 Intersectionality offers a radical rethinking of covid-19. *The British Medical Journal*. 15 May 2020. See https://blogs.bmj.com/bmj/2020/05/15/intersectionality-offers-a-radical-rethinking-of-covid-19/ (accessed 26 January 2022)
35. Vandrevala, T., Alidu, L., Hendy, J., Shafi, S., and Ala, A. 2022 'It's possibly made us feel a little more alienated': How people from ethnic communities conceptualise COVID-19 and its influence on engagement with testing. *Journal of Health Services Research & Policy*. (https://doi.org/10.1177%2F13558196211054961)
36. Gallagher, P. 2021 NHS reveals blueprint for tackling BAME vaccine hesitancy. *The i*. 17 February 2021. See https://inews.co.uk/news/health/revealed-nhs-blueprint-tackling-bame-vaccine-hesitancy-875604 (accessed 26 January 2022).
37. Rogers, K., Jakes, L., Swanson, A. 2020 Trump Defends Using 'Chinese Virus' Label, Ignoring Growing Criticism. *The New York Times*. 18 March 2020. See https://www.nytimes.com/2020/03/18/us/politics/china-virus.html (accessed 26 January 2022).
38. Covid: WHO renames UK and other variants with Greek letters. *BBC News*. 31 May 2021. See https://www.bbc.co.uk/news/world-57308592 (accessed 26 January 2022).

Funding community-led research

The role of minority ethnic groups in highlighting the unequal impact of the pandemic and working to mitigate the harms is one that should be recognised and appreciated.

From global Black Lives Matter protests[39] to local welfare initiatives[40], minority ethnic communities have played a critical role in leading the response to the harmful effects of COVID-19 by raising awareness of the unequal impact and delivering vital services.

Participants at our workshop made the case for community-based organisers being best placed to carry out research, collecting quantitative and qualitative data on the lived experiences of minority ethnic groups during the pandemic – including through personal narrative and testimony. One advantage of a community-led approach is that it would help close the time lag between individuals on the ground knowing, anecdotally, of rising COVID infections and the policymakers in local and central government making decisions on health interventions. Furthermore, it was noted that there are still gaps in data which are preventing a comprehensive understanding of the impact of the pandemic on minority ethnic groups. Initiatives such as the Evidence for Equality National Survey[41] (EVENS) are working to address this.

To support the development of a community-led approach, some in attendance proposed that an accessible fund[42] be set up to enable community organisations to conduct research and develop long-term solutions which can address the environmental, social, financial, and cultural challenges putting the health of minority ethnic groups at risk. In addition, disparities in funding allocated by UK Research and Innovation (UKRI) were highlighted as something which needs to be addressed. An open letter published in August 2020 criticised UKRI for not awarding funding to Black academic leads in a programme exploring the disproportionate impact of COVID-19 on minority ethnic groups[43].

To help close data gaps and minimise health risks faced by minority ethnic groups, it was argued that the potential of community-led research must be given serious consideration and supported with accessible, long-term funding. Long-term funding should also be extended to grassroots organisations who provide active support to communities during the pandemic.

39. Nakhaie, R., Nakhaie, F.S. 2020 Black Lives Matter movement finds new urgency and allies because of COVID-19. 5 July 2020. See https://theconversation.com/black-lives-matter-movement-finds-new-urgency-and-allies-because-of-covid-19-141500 (accessed 26 January 2022).
40. Resourcing Racial Justice. Awardees announcement. See http://resourcingracialjustice.org/news (accessed 26 January 2022).
41. Centre on the Dynamics of Ethnicity. Evidence for Equality National Survey. See https://www.ethnicity.ac.uk/research/projects/evens/ (accessed 26 January 2022).
42. Ochu, E. and Reason, M. 2021 Transcript: The Social Contract of Research – Emerging from the Ruins of Empire. *Institute for Social Justice*. See https://blog.yorksj.ac.uk/isj/transcript-the-social-contract-of-research-emerging-fromt-the-ruins-of-empire/ (accessed 26 January 2022).
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Interlinked inequalities

Although important, discussions on the long-term effects of COVID-19 should not be limited to a focus on direct physical health impacts, commonly referred to as 'long COVID'.

Attention should also be paid to the cumulative long-term impact of educational setbacks, missed hospital appointments, and income shocks which have occurred due to the pandemic. Taken together, these impacts are likely to exacerbate the factors which put the health of minority ethnic groups at risk. These long-term impacts may not relate to respiratory problems but could appear as other illnesses induced by an increased allostatic load[44].

There was a general consensus amongst participants for a much broader approach to analysing the unequal impact of the pandemic on minority ethnic groups. This includes understanding the equalities impact of economic policies, housing issues, and poor air quality. For example, the removal of the £20 universal credit uplift[45] was raised as a policy which should not be viewed as separate and unrelated to the issue of poor health outcomes for minority ethnic groups.

Several participants argued that a key challenge facing minority ethnic groups is the reluctance of government and others to engage with the concepts of structural and institutional racism which shape these interlinked inequalities. The report published by the Commission on Race and Ethnic Disparities (the 'Sewell Report') was highlighted as an example of this reluctance. The report argued that there is no proof of institutional racism in the UK[46]. This conclusion was widely criticised by various organisations including the Royal College of GPs[47]; the British Medical Association[48]; the Runnymede Trust[49]; the Centre on the Dynamics of Ethnicity[50]; and the Institute of Race Relations[51].

The workshop highlighted the importance of policymaking to take into account the indirect health impacts caused by income shocks, educational setbacks, and disruption to healthcare which have occurred during the pandemic. Furthermore, it should seek to combat the broad social and economic inequalities which underlie poor health outcomes for minority ethnic groups.

THANKS

The Society would like to express its thanks to all those who participated in discussions.

44. Duru, O., Harawa, N., Kermah, D., and Norris, K. 2012 Allostatic load burden and racial disparities in mortality. *Journal of the National Medical Association*. 104, 89-95. (https://dx.doi.org/10.1016%2Fs0027-9684(15)30120-6)

45. Evans, A. 2021 Universal credit £20 drop: 'I'm used to hunger pains'. *BBC News*. 2 September 2021. See https://www.bbc.co.uk/news/newsbeat-58186978 (accessed 26 January 2022).

46. Commission on Race and Ethnic Disparities. 2021 The report of the Commission on Race and Ethnic Disparities. 31 March 2021. See https://www.gov.uk/government/publications/the-report-of-the-commission-on-race-and-ethnic-disparities (accessed 26 January 2022).

47. RCGP response to Commission on Race and Ethnic Disparities report. *Royal College of GPs*. 1 April 2021. See https://www.rcgp.org.uk/about-us/news/2021/april/rcgp-response-to-commission-on-race-and-ethnic-disparities-report.aspx (accessed 26 January 2022).

48. Sewell report ignores 'well-documented' evidence of structural racism in the NHS, says BMA. *British Medical Association*. 1 July 2021. See https://www.bma.org.uk/bma-media-centre/sewell-report-ignores-well-documented-evidence-of-structural-racism-in-the-nhs-says-bma (accessed 26 January 2022).

49. Cameron-Chileshe, J. 2021 Inequality report is not strong enough, campaigners say. *The Financial Times*. 31 March 2021. See https://www.ft.com/content/8038b6e1-df25-4c21-a751-bfc2307d0055 (accessed 26 January 2022).

50. Centre on the Dynamics of Ethnicity. Response to the Government's Commission on Race and Ethnic Disparities Report 2021. See https://www.ethnicity.ac.uk/discover/briefings/sewell-report-response/ (accessed 26 January 2022).

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