

## Recommendations from latest reports and reviews on how to address Ethnic disparities in COVID outcomes in the UK.

**July 2021**

In April, Bristol's Deputy Mayor Councillor Asher Craig, commissioned ARC West to produce a rapid review on the impact of Covid-19 on people from Black, Asian and minority ethnic backgrounds. One year on, we requested the ARC West evidence team to produce an updated list of recommendations from the latest reports and reviews on how to address ethnic disparities in Covid-19 outcomes in the UK.

### **Method**

We searched for Covid related ethnic disparities in both peer-reviewed and Grey systematic review and identified seven relevant reports from which we extracted the recommendations. We restricted to reports that either compared first (Spring- Summer 2020) and second wave (Autumn-Winter 2020-21) data or made recommendations based on second wave or later data as the situation has evolved from the first wave in many ways including but not limited to testing and vaccine availability.

Recommendations from these reports are summarised below under relevant headings and grouped where appropriate.

The following recommendations are from reports specifically talking about covid related disparities. For further details on general ethnic disparities in UK and how to tackle these please see data from two recent reports (Marmot, Allen et al. 2020, Patel, Thomas et al. 2021) in Appendix 1.

This paper presents the recommendations that are within the gift of the locality. Other recommendations have been made about improving ethnicity-based data, and whilst important, sit at national rather than local level.

### **Changes in COVID mortality from first to second wave (Autumn winter 2020-21)**

Strong reduction in the difference in COVID-19 mortality between people from Black ethnic background and people from the White British group (Nafilyan, Islam et al. 2021, Public Health England May 2021). The widespread dissemination of research findings and government reports published during the first wave of infection that highlighted that people from ethnic minority groups were disproportionately affected by COVID-19 may have helped raise the awareness of these disparities.

COVID-19 Vaccination – National data

Recommendation	Actions taken	Actions to take
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<p>There is [...]consistent sociodemographic patterning of vaccination intentions; being female, younger, of lower income or education level and belonging to an ethnic minority group are associated with a reduced likelihood of intending to be vaccinated when a vaccine become available. [...] Emerging evidence suggests that both exposure to misinformation about COVID-19 and public concerns over the safety of vaccines may be contributing to the observed declines in intentions to be vaccinated.</p>	<p>In January, the Race Equality Covid-19 Steering Group held a Covid Vaccine: Dispelling the Myths and Misinformation event. This event was attended by 500 people, 40% of whom are Black, Asian and minority ethnic. Of those people who strongly agreed that they were likely to get the vaccine, there was an increase of 99% from pre to post event.<sup>1</sup></p> <p>A vaccine communications Handbook was created by a team of scientists across the world which was used to challenge misinformation in the community The Race Equality Covid-19 Steering Group were referenced as good practice.<sup>2</sup></p>	<p>Work on the actions and impact of the work of the Race Equality Covid-19 group will be mapped as part of our Race Equality Covid-19 Steering Group Impact on Activities evaluation by University of Bristol.</p>
<p>[There is a] need for measures to address public acceptability, trust and concern over the safety and benefit of approved vaccines.(Robinson, Jones et al. 2021)</p> <p>...further investigate practical barriers to vaccine uptake by ethnicity to assess and address any intention-action gap.(Public Health England May 2021)</p> <p>Continue a programme of engagement in the next 3 months, focusing on promoting vaccine uptake and encouraging asymptomatic testing, particularly for those within higher risk occupations, as sectors reopen. (Public Health England May 2021)</p> <p>The key to reducing these disparities is reducing risk of infection and vaccination enables that. It is</p>	<p>Bristol City Council set up a Community Champions programme, built on existing strong relationships within communities. This was to build trust and support information sharing.</p> <p>As part of Bristol’s response to Covid, BNSSG lead a Mass Vaccination Increasing Uptake group who have worked to look at the local up take data and build engagement plans around this. The work of the group has been written up and has been shared with the group.</p> <p>1. Continue to strive for equity of health outcomes for the BNSSG population, using and developing on effective ways of working within the maximising uptake programme</p> <ul style="list-style-type: none"> <li>• Co-production with communities – giving them ownership to develop engagement and deliver outreach</li> <li>• Working across the BNSSG integrated care system, combining strategic oversight with professionals with</li> </ul>	<p>Ask Mohammed to share the presentation on Community Champions and how we work moving forward with the community champions and public health</p> <p><b>Options for further work</b></p> <p>Continuing the building of trust</p> <p>NHS Health Inequalities priorities – Adwoa Webber updating the Race Equality Covid-19 Steering Group in November to share progress</p> <p>Outline the current Engagement Plan for the vaccine and follow on work.</p>

<sup>1</sup> Final Summary report and overview –16<sup>th</sup> February 2021, Prepared by BNSSG CCG Insights & Engagement team

<sup>2</sup> [838d94a9-2781-46fb-a0ce-acbc00ee403b \(clarity.co.uk\)](https://838d94a9-2781-46fb-a0ce-acbc00ee403b.clarity.co.uk)

<p>therefore essential to continue making every effort to increase vaccine confidence and uptake in ethnic minorities (particularly amongst the younger cohorts) to protect themselves, their elderly relatives, and the wider community.(CRED 2021 March).</p>	<p>indepth knowledge, experience and trusted relationships with underserved groups</p> <ul style="list-style-type: none"> <li>• Providing governance that supports flexible, innovative, rapid ways of working</li> <li>• Investing in insight work, communications expertise and use of population health management data tools</li> </ul> <p>2. We must continue to re-evaluate our maximising uptake strategy and processes with iterative use of Population Health Management tools (data) and insight work on:</p> <ul style="list-style-type: none"> <li>• Resources</li> <li>• Prioritisation of priority sub-groups</li> <li>• Methods of engaging with people or groups where we've had less success so far</li> <li>• Support for partners including PCNs</li> </ul> <p>3. Continue to develop the BNSSG “health inequalities” strategy, considering wider health and social care issues for different patient/population groups, and how we develop “inclusion health”</p> <p>4. Anticipate issues:</p> <ul style="list-style-type: none"> <li>• Potential lack of resilience in a rapidly developed programme reliant on committed individuals</li> <li>• Rising workload around other health and care issues</li> <li>• Combination of flu and covid vaccines – changing delivery models and uptake factors<sup>3</sup></li> </ul>	
<p>As the COVID-19 vaccine rollout continues, aim to inform, educate, and empower those aged 18 to 50 to take up their vaccine. Using the tagline ‘Every Vaccination Gives Us Hope’ content will take an optimistic tone, aiming to reach and persuade younger audiences, including ethnic minority groups.(Public Health England May 2021)</p>	<p>BNSSG CCG and BCC have led a young people COVID-19 vaccine campaign ‘Let’s get the jab done’ to encourage vaccine uptake. The artwork, featured on billboards across the city, in addition to lamppost wraps, posters, HD screens (including Millennium Square) and on the front of an empty shop unit in Cabot Circus. We have delivered a social media advertising campaign shortly after the launch</p>	

<sup>3</sup> Final Summary report and overview –16<sup>th</sup> February 2021, Prepared by BNSSG CCG Insights & Engagement team

	<p>targeting 18-30 year olds living in Bristol for a week and a half. In that time it has reached around 34,000 people and saw nearly 800 click throughs to <a href="http://www.grabajab.net">www.grabajab.net</a>.</p> <p>Community development team has been doing outreach to increase vaccine uptake.</p> <p>The marshals have been an important tool in Bristol's efforts to combat Coronavirus. In just over 9 months the marshals have provided an extremely responsive service:</p> <ul style="list-style-type: none"><li>• Completed over 17,000 Covid related inspections whilst patrolling across the whole city, including the 47 shopping areas and the city's parks and green spaces, and helped to rectify problems in over 2,800 instances</li><li>• They have provided support to GP Vaccination Centres at over 100 vaccination clinic days helping tens of thousands of residents to be vaccinated safely starting with the first clinic held in the city on 16 December 2020 at the Greenway Centre</li><li>• Marshals have put up advisory posters in every ward of the city, and in times of high infection rates. This work also includes</li><li>• They have distributed 86,000 face masks to members of the public and businesses as well as thousands of lateral flow tests</li></ul>	
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Recommendation	Actions taken	Actions to take
<p>Understanding the need of these ethnic groups, through engagement with local communities, public health and healthcare teams, must be at the core of any public health response.(Nafilyan, Islam et al. 2021)</p> <p>Ensure rapid quality translation and more effective dissemination of public health messaging and directives into common migrant languages.(Hayward, Deal et al. 2021)</p> <p>Engagement of diverse high-risk migrant communities, through localised support and community champions, in defining how best to deliver credible information and support on COVID-19 testing, reducing their exposure, social support, and facilitating vaccine roll out, alongside exploring mechanisms to build trust in health systems and tackle misinformation. (Hayward, Deal et al. 2021)</p>	<p>Bristol City Council have invested in an engagement plan including recruiting specific people to lead on Black, Asian and minority ethnic and disabled people’s engagement in relation the outbreak management plan. This is led by our Communities team. Community Champions were specifically chosen for their links with local communities, representing the Somali, Polish, Romanian, Afro Caribbean, Sudanese, Arabic, Pakistani communities. The Champions offered fast translations and direct messaging to communities.</p> <p>When Bristol took part in two weeks of community surge testing, the focus was driven on inclusive comms for Black, Asian and minority ethnic communities.</p> <p>The Maximising Uptake Team took a number of actions to engage diverse communities in the vaccine roll out including:</p> <ul style="list-style-type: none"> <li>• Community leads designed focus groups and informal conversations led by trusted healthcare colleagues, to encourage healthcare colleagues, to encourage uptake.</li> <li>• Co--designed with Community Champions (local leaders and influencers) several designed with Community Champions (local leaders and influencers) several COVID-19 vaccine “mobile” clinics in community centres, local mosques and gurdwaras with the capacity to vaccinate up to 500 people per session.</li> <li>• Enabled Community Champions to manage clinics, for example by creating a simple booking system.<sup>4</sup></li> </ul>	<p>See presentation on Community Champions by Mohammed ElSharif</p> <p>To develop organisation internal policies and processes to build in the learnings from the pandemic response into all public health communications.</p>

<sup>4</sup> Maximising COVID--19 19 Vaccinations in Ethnic Minority Vaccinations in Ethnic Minority Groups, Using a Quality Improvement Approach, Dr Seema Srivastava, Clare Cook, on behalf of the Maximising Uptake Group, Healthier Together BNSSG Mass Vaccination Programme

	<p>Work on the Maximising Uptake Learning and Quality Improvement has been presented to the Steering Group</p> <p>We have held an event as part of Race and the City 2 to discuss our work and what we have done</p>	
<p>At each step of the government's roadmap out of lockdown, tailored guidance and communications will continue to be shared through community and media channels to maximise reach and impact.(Public Health England May 2021)</p>	<p>When the government introduced a tier system at the end of 2020, and for the following, two lockdowns we created translated talking head videos outlining what the restrictions were.</p> <p>Translated video messages for our Somali, Polish, Bengali, Arabic, Punjabi and Urdu communities on the guidance for the month-long lockdown in November. The first three published, Polish, Somali and Arabic, received over 1000 views.</p> <p>Social media messaging and application form about the test &amp; trace support payment scheme pushed out to at least 9 Black, Asian and minority ethnic groups in Bristol including Somali Resource Centre, Talo, Black South West Network, Refugee women of Bristol, Voscur, Pakistani organisation, Sudanese organisation, Zimbabwean organisation, Faith groups</p> <p>Bristol City Council created SharePoint folder which holds all available translated government-owned posters, leaflets and social media images for community groups to access and share with residents.</p>	<p>Our Race Equality Covid-19 Steering Group Impact on Activities evaluation by University of Bristol will speak to this and map actions across time.</p>
<p>Co-produce carefully researched messaging on COVID-19 prevention, testing and treatment, contact tracing, and self-isolation with affected communities, tailored to different cultural and social realities and that considers the unique risk factors and vulnerabilities of migrant populations and offers them meaningful solutions and support</p>	<p>The Mass vaccination working group set Migrants, Asylum Seekers and Refugees as one of 5 priority groups and worked with leaders and influencers in those communities. Engagement work significantly increased the vaccine uptake, along with drop in clinic options.</p> <ul style="list-style-type: none"> <li>Supported diverse communities using Sirona Health Links workers to help overcome cultural</li> </ul>	

<p>mechanisms to reduce their exposure. (Hayward, Deal et al. 2021)</p>	<p>and language barriers and improve trust in COVID vaccination within migrant communities including black and ethnic minority communities. Also, through inequality funding the Mass Vaccination Programme was able to build and amplify this work through additional of Vaccination Coaches.</p> <p>Summary Evaluation Learning Maximising Uptake July 2021 was presented to the steering group in September 2021</p>	
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#### Inclusivity, equality, and cultural sensitivity

Recommendations	Actions taken	Actions to take
<p>Studying cultural modifications made in response to an outbreak and how cultures experience an outbreak differently will provide an important perspective on the epidemics. (Yu, Park et al. 2021)</p>	<p><u><a href="https://evensurvey.co.uk">EVENS   Evidence for Equality National Survey (evensurvey.co.uk)</a></u> - data will be released at the end of the year and may be available at regional level. Saffron Karlsen will follow up</p>	
<p>Facilitate more inclusive and culturally competent health systems, now and beyond this pandemic.(Hayward, Deal et al. 2021)</p>	<p>Race Equality Covid-19 Steering Group have proposed an Independent Advisory Group to support health systems going forward.</p> <p>We will talk about understanding people’s cultures rather than ‘culturally competent health systems’.</p>	<p>Independent Advisory Group will be discussed at the Healthier Together Partnership Board in November.</p> <p>Healthier Together are working on a health Inequalities priorities, focusing on those required by the NHSEI.</p>
<p>Develop evidence-based inter-sectoral policies and strategies designed to improve the overall health and social conditions of migrants and respect the rights of migrants to basic human security in host countries.(Hayward, Deal et al. 2021)</p>	<p>Sharing of hotel accommodation for initial accommodation in Bristol – there is an expectation from the home office for people sharing, but in Bristol we have pushed for people to understand their rights around sharing room</p>	<p>This needs to be picked up in BCC migrant work stream. Share with Head of Equalities and Migration Inclusion Officer</p>
<p>Create a guide as a resource that describes how health inequities should be considered in public</p>		<p>To be picked up by BCC Public health Communications team and BNSSG</p>

health interventions, from design to evaluation.(Mathevet, Ost et al. 2021)		Communications teams to create a guide for use with public health initiatives moving forward. Share with Head of Communications, Public Health Comms officers and Head of Communication at BNSSG.
<p>Collate and conduct ongoing analysis of data on COVID-19 vaccine uptake by migrants when vaccine roll out starts, to identify disparities early on so they can be addressed. (Hayward, Deal et al. 2021)</p> <p>Create more empirical evidence on the link between risk factors identified in migrants and the role they play in driving disparities in clinical outcomes.(Hayward, Deal et al. 2021)</p>	Immigration status and history is not linked with medical records so no way to clearly understand this.	A study in Bristol is being carried out to look at “What is the perceived access, uptake, and attitude towards the COVID-19 vaccination amongst the refugee population in Bristol?”. Whilst this will not reflect the whole migrant population, it will support with refugees.

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