SOAS COP Policy Briefings

To Inform Government and Parliamentary Debate

An Intersectional Approach during Covid-19: Disaggregating data to protect BAME communities (26th April 2020)

by Dr Hina J Shahid (General Practitioner, Chairperson of the Muslim Doctors Association and working with Prof Alison Scott-Baumann on discrimination in the NHS for SOAS)

It is clear that **Black and Minority Ethnic (BAME) communities are disproportionately affected by Covid-19**. A third of critically ill patients, 19% of deaths, and in some local authorities, more than 50% of deaths are among the BAME community, despite making up 15% of the population. The statistics for healthcare workers are even worse; 72% of all health and social care workers and 93% of doctors who have died have been from a BAME background, **amplifying concerns of institutional racism and longstanding intersecting inequalities**. It is well known that approximately **80% of health outcomes, and therefore inequalities, are socially determined**. The government's announcement to conduct an enquiry into BAME deaths is welcome, and it must go further. In order to fully understand the drivers of the excess burden of morbidity and mortality on BAME communities from Covid-19, **data must be collected and published on key determinants of health** which **includes protected characteristics** as enshrined in the Equality Act 2010. This requires expansion of the current ethnicity grouping and inclusion of data on age, gender, religion, income, employment, education, immigration status, language, disability and co-morbidities as well as local authority, household structure, population density, pollution and social deprivation indices.

Several factors contribute to the excess burden on BAME communities:

- **Social factors** such as unemployment, job insecurity and/or work in low paid jobs makes social distancing and self isolation difficult and contributes to unhealthy behaviour choices and lifestyle-related cardiometabolic disorders impacting outcomes from Covid-19
- **Mistrust of government advice** due to a long history of marginalisation and exclusion by politicians and policies contributing to xenophobia recently intensified through Grenfell, Windrush and Brexit
- **Barriers to accessing healthcare** resulting in delayed presentation with more advanced disease due to language, cultural and religious beliefs about illness and treatment, and reported discrimination by care professionals
- **Overcrowded housing** with multigenerational families and social and religious gatherings which contribute to community transmission
- **Increased prevalence of underlying disorders** known to worsen morbidity and mortality from Covid-19 including diabetes, high blood pressure, heart disease, obesity and vitamin D deficiency
- **Discrimination in the workplace** making it difficult for employees, including in care professions, to raise concerns about inadequate personal protective equipment

The current lack of transparency and action is risking lives and widening health and social inequalities. Reports of **faith communities struggling to cope** with excess deaths and burials also requires further investigation. **Parliament must make sure that the most vulnerable in society are protected and supported**. This can only be achieved if the correct data is collected, published and actioned using an **intersectional, multi-disciplinary and multi-sectoral approach** with stakeholders across public, academic, and third sector institutions including community and faith-based organisations.

Visit our website for further briefings (https://blogs.soas.ac.uk/cop/). If you would like a personal briefing or clarification on any of the issues raised here, please contact the author at chair@muslimdoctors.org. Do contact Professor Alison Scott-Baumann and her team for further briefings and access to other experts as150@soas.ac.uk