



# Government Equalities Office

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## **First progress report on addressing COVID-19 health disparities**

You asked me to lead work across government following the Public Health England (PHE) review into disparities in the risks and outcomes of COVID-19. Attached to this letter is the first of my quarterly updates under the [terms of reference](#) for this work.

The PHE review 'COVID-19: review of disparities in risks and outcomes', published in June, summarised some of what was then known about COVID-19 and ethnicity. It told us what the disparities in risks and outcomes were, but not why they had arisen and therefore did not make any recommendations. You asked me to lead the work to plug that gap. It is absolutely imperative that we understand the key drivers of the disparities and the relationships between the different risk factors. That way we can ensure that our response is evidence-driven and targeted appropriately.

I commissioned the Race Disparity Unit (RDU) to explore the relationship between different risk factors, including comorbidities (such as obesity and diabetes), occupation, lifestyle, geography, housing and household characteristics, air pollution, and the higher rates of ethnic minority deaths. This has involved collaboration across government, the Office for National Statistics, and with universities and researchers.

We now know much more about the impact of the virus than we did in June and the evidence base is growing fast.

The current evidence clearly shows that a range of socioeconomic and geographical factors such as occupational exposure, population density, household composition and pre-existing health conditions contribute to the higher infection and mortality rates for ethnic minority groups, but a part of the excess risk remains unexplained for some groups. Each successive publication of results is filling the gaps in the evidence base and refining our previous understanding of the impact of different risk factors: this is set to continue over the months ahead.

The government did not, however, simply wait for new data to emerge before acting. For example, over 95% of frontline NHS workers from an ethnic minority background have had a risk assessment to ensure good understanding of the necessary mitigating interventions in place.

I have reviewed, and will continue to review, the actions that government departments and their agencies have put in place to mitigate the impacts of COVID-19. It is clear that there is much good work underway, but I believe departments need to do more, and be more innovative, in their work to address the disparities. People from ethnic minority backgrounds were at the forefront of the national effort in fighting the virus, in the NHS and in social care but also in the transport and retail sectors and we must do what we can to protect them and to reduce the risks they face.

In the report I make a number of recommendations including:

- The recording of ethnicity data as part of the death certification process should become mandatory, as this is the only way we will be able to establish a complete picture of the impact of the virus on ethnic minorities. I know that there is good work underway across government to develop a solution to this, and this must be a priority for the coming months. I understand that legislative changes will be required and these should be brought forward at the earliest opportunity by DHSC.
- Ensuring that new evidence uncovered during my review relating to the clinically extremely vulnerable is incorporated into health policy.
- Ethnic minorities are grossly under-represented on the national vaccine register, which is voluntary. We must reduce fear and build confidence among ethnic minority people, tackling misinformation and anti-vaccination messages which have been directed at them, and rebuilding trust in government messaging.
- We must support the deployment of a risk model to understand individual risk that is being developed from research commissioned by the Chief Medical Officer. This work is being led by an expert subgroup of academic, scientific and clinical experts and the University of Oxford.
- Anecdotally, we know there is much good work being done by local authorities and Directors of Public Health so that we can learn the lessons of what works at a local level. There should be a rapid, light-touch review of local authority action to support ethnic minority and hard-to-reach communities.

My other main focus in this first quarter has been to explore how we can improve the reach of our communications about the impact of COVID-19 on ethnic minority communities. In particular, I convened a cross-government effort to develop an ethnic minority engagement communications plan in time for the Eid Al Adha holiday at the end of July; conducted media interviews supporting government guidance to ethnic minority communities around local lockdowns; and reached out to the 23 embassies and high commissions of those nationalities most likely to be impacted by COVID-19 for their help in communicating through their diaspora networks.

We must continue to be as innovative as we can in targeting our communications to hard-to-reach groups, especially those at greatest risk in areas of local lockdown and rising concern. We must also raise awareness of particular risks that may be impacting on ethnic minority communities. Housing, for example, is a risk factor especially where we have multi-generational households and we must ensure that advice on what can be done within homes to minimise transmission is widely available and translated into a range of languages.

Throughout this work, I have reinforced the need to avoid stigmatising people from ethnic minority communities. Whilst the PHE's rapid literature review and stakeholder engagement work 'Beyond the Data' provided valuable insight, we must also acknowledge the paper's limitations, and build on it. I want to know what impact COVID-19 has had on the day to day lives of those from ethnic minority communities, drawing on their direct experiences. The RDU has therefore commissioned

qualitative research to gain a deeper insight on this issue and is working with academics on other relevant projects that are underway.

Looking forward, I have appointed two expert advisers on COVID-19 and ethnicity - Dr Raghieb Ali and Professor Keith Neal. They will bring unique insights and medical expertise, and will play a crucial role as critical friends in shaping my work over the coming months. I am also working closely with the government's senior responsible officer for the impacts of COVID-19 on disproportionately impacted groups, Dr Emran Mian, and the new SAGE ethnicity sub-group.

This package of measures I have set out above will give us a better insight into how the virus is impacting ethnic minority communities, how we can best protect those who may be most at risk and how we can address longstanding public health inequalities.

COVID-19 has taught us more about health inequalities and how they can affect people from an ethnic minority background. I intend to commission further work on this issue after the current crisis has abated, taking account of recommendations from the Commission on Race and Ethnic Disparities.

I shall report back to you again on progress at the end of the next quarter.

A handwritten signature in black ink that reads "Kemi Badenoch". The signature is written in a cursive, flowing style.

**Kemi Badenoch MP  
Exchequer Secretary to the Treasury &  
Minister for Equalities**