

IIMHL & IIDL Leadership Briefing XXIII

COVID-19: Equity issues and solutions

Janet Peters

7 August 2020

"A national programme, while necessary, will exacerbate health inequities. While things are being done for the general population, they don't have an equity lens, which is essential from the beginning."¹

Professor Papaarangi Reid, Aotearoa

Introduction

This Leadership Briefing outlines key issues with regard to equity in the COVID-19 environment. Some countries have come up with ways to support better equity solutions (for example the Centre for Mental Health in the UK has established a Commission for Equality). We have outlined these and hope it is helpful for both IIMHL and IIDL leaders.

Australia

COVID-19: Equity and ethics in a pandemic: Indigenous perspectives

Prof. Helen Milroy University of Western Australia

7 June 2020

The pandemic raises a number of significant issues relating to equity, equality and ethical decision making with many valuable lessons to be learnt along the way. We have already witnessed the quick action of many of our Indigenous organisations to support, educate and protect our Indigenous communities. Imagine what could be achieved if these issues of equity, ethical decision making, power sharing and funding were shared equally along with support for self-determination for Indigenous communities.

There have been many ethical challenges associated with the pandemic with difficult decisions made in order to safeguard the community. The COVID-19 pandemic has further exposed the many gaps that still exist and the tenuous nature of some services reliant on a mobile workforce without the infrastructure and capacity to sustain services once borders are closed. Given the continuing impact of our historical legacy, any ethical framework for decision making during this pandemic must consider equity and the plights of Indigenous communities during such difficult and life-threatening circumstances.

¹ <https://www.uruta.maori.nz/about>

What we have also seen, however, is a population that can act swiftly, mobilise resources and change models of care to maintain the health and wellbeing of the nation. We have also seen the great strengths of Indigenous organisations and communities coming together and acting quickly to protect their families. If we can do all of this, then surely we can solve the long-standing health crisis and disadvantage that impacts on our Indigenous Australians to ensure the future wellbeing of all our families.

<http://www.news.uwa.edu.au/2020061712163/indigenous/covid-19-equity-and-ethics-pandemic-indigenous-perspectives?page=show>

UK: Centre for Mental Health

This agency has developed the 'Commission for Equality' and has many resources on equity. Four of these are outlined below. They are followed by an article in BMJ.

1. Covid-19: understanding inequalities in mental health during the pandemic

June 2020

The Covid-19 pandemic has brought health inequalities into sharp focus. The unequal impacts of the virus are also extending inequalities in mental health.

This briefing paper, produced by Centre for Mental Health and supported by 13 other national mental health charities, explores the mental health inequalities that are associated with the pandemic in the UK. It finds that the virus and the lockdown are putting greater pressure on groups and communities whose mental health was already poorer and more precarious.

Groups of people whose mental health is at greatest risk include those with existing mental health problems, people with long-term physical conditions, women and children experiencing violence and abuse, and Black, Asian and minority ethnic (BAME) communities. The combination of existing structural inequalities and the unequal impacts of the pandemic mean that people whose mental health was at greatest risk prior to Covid-19 are likely to bear the brunt of the emergency longer term.

The briefing paper calls on the Government to take urgent action to address race inequality in mental health, including the urgent need for funding for organisations working in communities that have been affected most deeply by the pandemic. It calls for action to ensure people with mental health problems have access to food and medicine as well as continued financial safety-nets for those at greatest risk from the virus. And it calls for longer term action, including to build on the positive steps that have already been taken to prevent homelessness and improve the benefits system.

https://www.centreformentalhealth.org.uk/sites/default/files/2020-06/CentreforMentalHealth_CovidInequalities_0.pdf

2. 'Understanding inequalities in mental health during Covid-19': webinar

52 minutes led by Andy Bell.

The webinar discusses the key findings from the above-noted briefing paper, and explains how the virus and the lockdown are putting greater pressure on groups and communities whose mental health was already poorer and more precarious. It also covers issues for people with a disability.

[https://www.youtube.com/watch?v=xUEV_LKaIDA&t&utm_source=Centre+for+Mental+Health+E-bulletin&utm_campaign=e43717fadf-EMAIL_CAMPAIGN_2020_JUNE&utm_medium=email&utm_term=0_1b1a504c55-e43717fadf-212017465&ct=t\(EMAIL_CAMPAIGN_2020_JUNE\)](https://www.youtube.com/watch?v=xUEV_LKaIDA&t&utm_source=Centre+for+Mental+Health+E-bulletin&utm_campaign=e43717fadf-EMAIL_CAMPAIGN_2020_JUNE&utm_medium=email&utm_term=0_1b1a504c55-e43717fadf-212017465&ct=t(EMAIL_CAMPAIGN_2020_JUNE))

3. Nothing can be changed until it is faced: Facing up to inequalities in COVID-19

Peter Molyneux 26 June 2020 Blog

That will mean creating the space to discuss uncomfortable issues. If we truly want to understand what is happening in our communities then we need to look at issues like racism, homophobia and misogyny. We need to trust people as experts in their own lives. We need to transform their experience by transferring power to them and involving them in decision making processes.

The danger is that we continue to accept that BAME communities have the poorest health outcomes, because to address these issues is simply too complicated

[https://www.centreformentalhealth.org.uk/blog/commission-equality/nothing-can-be-changed-until-it-faced-facing-inequalities-covid-19?utm_source=Centre+for+Mental+Health+E-bulletin&utm_campaign=e43717fadf-EMAIL_CAMPAIGN_2020_JUNE&utm_medium=email&utm_term=0_1b1a504c55-e43717fadf-212017465&ct=t\(EMAIL_CAMPAIGN_2020_JUNE\)](https://www.centreformentalhealth.org.uk/blog/commission-equality/nothing-can-be-changed-until-it-faced-facing-inequalities-covid-19?utm_source=Centre+for+Mental+Health+E-bulletin&utm_campaign=e43717fadf-EMAIL_CAMPAIGN_2020_JUNE&utm_medium=email&utm_term=0_1b1a504c55-e43717fadf-212017465&ct=t(EMAIL_CAMPAIGN_2020_JUNE))

4. After the election: why mental health equality must be at the heart of the new Government's agenda.

Liz Sayce, 2019

The Conservative Party manifesto made a number of important pledges. They include a promise to focus on preventing poor health as well as investing in the NHS; a pledge to develop a funding settlement for social care; and a promise to produce a cross-government disability strategy (where disabled people include those living with long-term mental health challenges, who could benefit from a strategy that 'joins up' areas like housing, education and health). All of these important developments must be undertaken with mental health in mind for people of all ages. Preventing mental health inequalities must be at the heart of plans to create better health for all.

<https://www.centreformentalhealth.org.uk/blog/commission-equality/after-election-mental-health-equality>

The COVID-19 pandemic and health inequalities British Medical Journal

2020

The COVID-19 pandemic is occurring against a backdrop of social and economic inequalities in existing non-communicable diseases (NCDs) as well as inequalities in the social determinants of health. Inequalities in COVID-19 infection and mortality rates are therefore arising as a result of a syndemic of COVID-19, inequalities in chronic diseases and the social determinants of health. The prevalence and severity of the COVID-19 pandemic is magnified because of the pre-existing epidemics of chronic disease—which are themselves socially patterned and associated with the social determinants of health.

The concept of a syndemic was originally developed by Merrill Singer to help understand the relationships between HIV/AIDS, substance use and violence in the USA in the 1990s.²³ A syndemic exists when risk factors or comorbidities are intertwined, interactive and cumulative—adversely exacerbating the disease burden and additively increasing its negative effects: ‘A syndemic is a set of closely intertwined and mutual enhancing health problems that significantly affect the overall health status of a population within the context of a perpetuating configuration of noxious social conditions’ [24 p13].

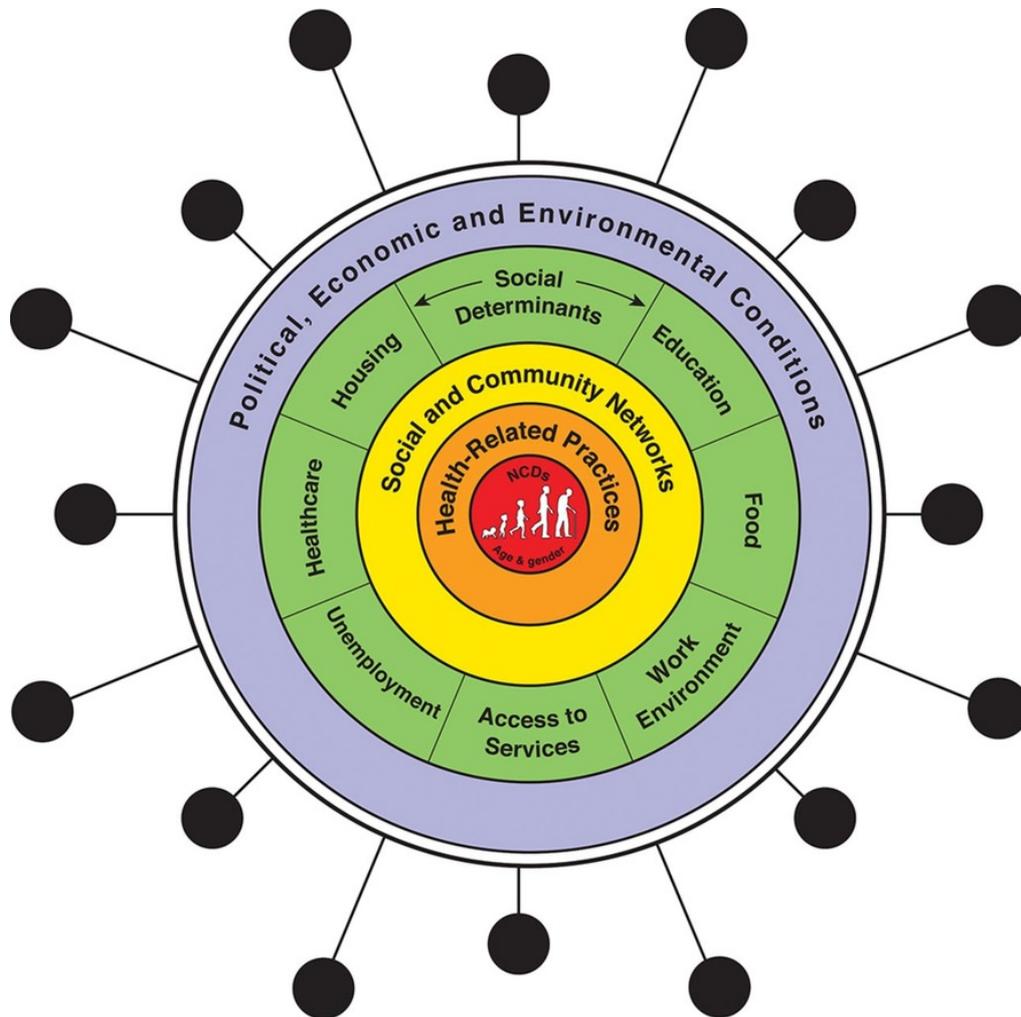
We argue that for the most disadvantaged communities, COVID-19 is experienced as a syndemic—a co-occurring, synergistic pandemic that interacts with and exacerbates their existing NCDs and social conditions. See *Figure 1 below*.

So this essay makes for grim reading for researchers, practitioners and policymakers concerned with health inequalities. Historically, pandemics have been experienced unequally with higher rates of infection and mortality among the most disadvantaged communities—particularly in more socially unequal countries.^{8,9} Emerging evidence from a variety of countries suggests that these inequalities are being mirrored today in the COVID-19 pandemic.

Both then and now, these inequalities have emerged through the syndemic nature of COVID-19—as it interacts with and exacerbates existing social inequalities in chronic disease and the social determinants of health. COVID-19 has laid bare our longstanding social, economic and political inequalities - even before the COVID-19 pandemic, life expectancy amongst the poorest groups was already declining in the UK and the USA and health inequalities in some European countries have been increasing over the last decade.⁵⁰ It seems likely that there will be a post-COVID-19 global economic slump—which could make the health equity situation even worse, particularly if health-damaging policies of austerity are implemented again. It is vital that this time, the right public policy responses (such as expanding social protection and public services and pursuing green inclusive growth strategies) are undertaken so that the COVID-19 pandemic does not increase health inequalities for future generations.

Public health must ‘win the peace’ as well as the ‘war’.

Figure 1



<https://jech.bmj.com/content/early/2020/06/13/jech-2020-214401#F1>

Aotearoa/New Zealand

COVID-19 and Māori health – when equity is more than a word

Public Health Expert, University of Otago, 2020

Overseas, marked inequities are already being reported for population groups who experience marginalisation and oppression. Information from the United States has

highlighted that Black/African Americans are already disproportionately impacted by COVID-19 infections, severe illnesses and deaths.

In the context of a COVID-19 pandemic within Aotearoa me Te Waipounamu, we have identified some of the factors that are likely to reproduce the existing and significant health inequities for Māori and other peoples who are marginalised by oppressive systems.

These include increased risk of infection for Māori, greater risk of negative COVID-19 health impacts, and worsening of the current inequities in access to high quality healthcare for Māori negatively impacting on Māori health outcomes from both COVID-19 and non-COVID-19 conditions.

<https://blogs.otago.ac.nz/pubhealthexpert/2020/04/10/covid-19-and-maori-health-when-equity-is-more-than-a-word/>

Why equity for Māori must be prioritised during the COVID-19 response

Dr Rhys Jones (Ngāti Kahungunu) University of Auckland, 2020

First and foremost, there must be Māori governance and leadership at all levels of the pandemic response – nationally and within DHBs, as well as across all other sectors. Iwi, hapū, whānau and Māori communities are mobilising, but this needs to be supported and linked to the appropriate information, resources and infrastructure. Critically, every aspect of the pandemic response needs to have equity at its centre. It must ensure that all our communities have the resources to be able to carry out public health measures to prevent spread of the virus.

Every decision must be reviewed with respect to its impact on equity for Māori and adjusted accordingly. For example, what measures are in place to ensure essential supplies are available in the most vulnerable communities? As health care resources are diverted to manage COVID-19 cases, what existing services will be cut? Will Māori and Pacific peoples, once again, be hardest hit? If it comes to the point of hospitals having to prioritise people for intensive care beds or ventilators, how do we ensure that Māori are not disadvantaged?

It may seem like these are luxury considerations when we're in the middle of a crisis. But if these issues are not addressed the process will default, once again, to inequity.

<https://www.auckland.ac.nz/en/news/2020/03/20/equity-maori-prioritised-covid-19-response.html>

Prof Papaarangi Reid (Te Rarara) University of Auckland

2020

In this one minute video Prof Reid, Māori medical doctor and academic, is clear that the pandemic strategy must be developed in partnership with Māori and through an equity lens. Addressing COVID-19 through a lens of equity means thinking about vulnerability in ways that aren't necessarily limited to age. As she says,

“So I think, while we are very worried about our elderly, we are also worried about our precariat, those who are homeless. We are worried about those who are impoverished, the working poor, those who are in prisons and institutions.”

<https://twitter.com/i/status/1239696884085616641>

US

The Fullest Look Yet at the Racial Inequity of Coronavirus

New York Times, 5th July 2020

Early numbers had shown that Black and Latino people were being harmed by the virus at higher rates. But the new federal data from the Centers for Disease Control and Prevention — reveals a clearer and more complete picture: Black and Latino people have been disproportionately affected by the coronavirus in a widespread manner that spans the country, throughout hundreds of counties in urban, suburban and rural areas, and across all age groups.

Coronavirus cases per 10,000 people, CDC

White 23%

Black 62%

Latino 73%

Latino and African-American residents of the United States have been three times as likely to become infected as their white neighbors, according to the new data, which provides detailed characteristics of 640,000 infections detected in nearly 1,000 U.S. counties. And Black and Latino people have been nearly twice as likely to die from the virus as white people, the data shows.

The new federal data, which is a major component of the agency's disease surveillance efforts, is far from complete. Not only is race and ethnicity information missing from more than half the cases, but so are other epidemiologically important clues — such as how the person might have become infected.

And because it includes only cases through the end of May, it doesn't reflect the recent surge in infections that has gripped parts of the nation.

The higher rate in deaths from the virus among Black and Latino people has been explained, in part, by a higher prevalence of underlying health problems, including diabetes and obesity. But the new C.D.C. data reveals a significant imbalance in the number of virus cases, not just deaths — a fact that scientists say underscores inequities unrelated to other health issues.

The focus on comorbidities “makes me angry, because this really is about who still has to leave their home to work, who has to leave a crowded apartment, get on crowded transport, and go to a crowded workplace, and we just haven't acknowledged that those of us who have the privilege of continuing to work from our

homes aren't facing those risks," said Dr. Mary Bassett, the Director of the FXB Center for Health and Human Rights at Harvard University.

<https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-data.html>

Racial Equity Tools

This website is designed to support individuals and groups working to achieve racial equity, with several resources for Indigenous peoples.

This site offers tools, research, tips, curricula and ideas for people who want to increase their own understanding and to help those working toward justice at every level – in systems, organizations, communities and the culture at large.

<https://www.racialequitytools.org/home>

COVID-19 Racial Equity & Social Justice list includes information that is intended to help communities and activists as they work to understand and respond to the moment and for the long haul. There are 100 resources on COVID-19 up to June 1, 2020, arranged in categories for ease of sifting through the material.

<https://www.racialequitytools.org/search/results/eyJyZXN1bHRfcGFnZSI6InNIYXJjaFwvcmVzdWx0cyIsImtleXdvcmRzIjojQ09WSUQtMTkifQ>