



# Race Disparity Unit

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## **Second quarterly report on addressing COVID-19 health disparities**

I am writing to you with the second of my quarterly reports on progress to address COVID-19 health disparities among ethnic minority groups.

Based on the findings of my first report, which was published on 22 October, I concluded that ethnicity in its own right did not appear to be a factor in the disproportionately higher infection and mortality rates from COVID-19 for ethnic minority groups. Rather, the evidence at that time showed that a range of socioeconomic and geographical factors such as occupational exposure, population density and household composition, coupled with pre-existing health conditions, appeared to be driving these disparities.

That conclusion has been reinforced by subsequent studies over this quarter. First, the Race Disparity Unit commissioned Public Health England to analyse the relationship between ethnicity, pre-existing health and COVID-19 infection and mortality. One of the key findings from this analysis, which was published in December, is that while Black African and Black Caribbean ethnic groups have a higher risk of infection from COVID-19, they are at no greater risk of dying from COVID-19 than the White ethnic group, once infected.

More recent studies have shown that the direct impacts of COVID-19 have improved for ethnic minorities as a whole during the early part of the second wave. For example, in the first wave, Black African people were 4.5 times more likely to die from COVID-19 than White British people, but in the early part of the second wave the risk of death was the same for both groups.

At the same time, however, the second wave has had a much greater impact on some South Asian groups. A recent Office for National Statistics study concludes that these

inequalities are primarily driven by differences in exposure and infection. Those from Pakistani and Bangladeshi backgrounds are more likely to reside in deprived areas, in larger households and in multigenerational families, while a higher proportion of Pakistani and Bangladeshi men works as taxi drivers, security guards and shopkeepers and therefore have a greater level of exposure.

While the news that outcomes for Black ethnic groups have improved is very welcome, the picture in relation to Pakistani and Bangladeshi groups is more concerning. Our response to the pandemic - and to the disproportionate impact it has had - must continue to be driven by the latest evidence. Departments must continue to consider policy interventions to address COVID-19 disparities, with a particular focus on those groups most disproportionately impacted by the second wave.

The other major development since my first report is, of course, the approval of three COVID-19 vaccines and the subsequent roll out of the vaccination programme. We should be enormously proud of our world-leading programme, which has already vaccinated over 18 million of those most at risk from COVID-19. We must continue to make every effort to ensure that those from ethnic minority groups who are eligible for a vaccine have the confidence to come forward and be vaccinated. Evidence suggests that those from an ethnic minority background may be more reluctant to be vaccinated. This will require careful monitoring of the data we are now collecting on vaccination by ethnicity, and targeted action if this data does indeed show lower uptake among particular ethnic groups.

We must also continue our efforts to tackle the misinformation about vaccination that is putting lives at risk. My report summarises our communications efforts over the last quarter and sets out where our efforts are best concentrated going forward, including use of the new Community Champions as trusted voices in local communities. We must also ensure that we do not stigmatise particular ethnic groups by suggesting they are 'vaccine hesitant' and are somehow to blame for lower rates of uptake.

I have continued to review the actions that Government departments and their agencies have put in place to mitigate the disproportionate impacts of COVID-19. Some good examples over the last quarter include:

- Releasing £23.75m in funding to local authorities in January under the Community Champions scheme, which I announced in my first report.
- Running successful pilots of community-led, localised, asymptomatic testing at places of worship in ethnically diverse areas.
- Using places of worship, such as the Al-Abbas Islamic Centre in Balsall Heath, as vaccination centres to build trust within the local community and encourage vaccine uptake among at-risk groups.
- Including transportation workers, a significant proportion of whom are from an ethnic minority background, in mass testing pilots covering the Christmas travel period. These are now being rolled out more widely.
- Investing a further £4.5m in funding for four new research projects looking at the health, social, cultural and economic impacts of COVID-19 on ethnic minority groups.

One of the recommendations from my first report was a light-touch review of local authority actions. This took place last month and found that there are considerable efforts underway at a local level to address COVID-19 disparities for ethnic minority groups, led by local authorities and local Directors of Public Health and using trusted voices in the community. Examples of good practice will be drawn from this review and shared with other local authorities, along with emerging findings from the Community Champions scheme. This underlines the importance of effective local initiatives, driven by local evidence and knowledge, alongside the work of the National Health Service and central government.

In addition to the next steps I have outlined above, I will continue a programme of engagement with those groups and communities most disproportionately affected by COVID-19.

My work over the next quarter will also take account of any relevant recommendations from the Commission on Race and Ethnic Disparities, which is due to report to you (Prime Minister) very shortly.

We will also need to begin to consider how we address the longer-term impacts of the pandemic on ethnic minorities and other disproportionately impacted groups, as part of our future, post-Covid recovery strategy.

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**