

Lower-income and Black, Asian, and minority ethnic people more affected by COVID hospital disruption

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People from lower-income areas or from Black, Asian and Minority Ethnic (BAME) backgrounds were less likely to access non-COVID-

related hospital care during the pandemic.

This is according to a new paper published this month in the *British Medical Journal: Quality and Safety*, by researchers from Imperial College London, the Institute for Fiscal Studies and Harvard University. It shows how the [disruption](#) of non-COVID emergency care and elective admissions in England during the first ten months of the pandemic was more likely to affect people on lower incomes as well as those from Black, Asian and Minority Ethnic backgrounds.

The paper shows the pandemic disrupted hospital care for millions of people in England, resulting in the cancelation of non-urgent treatment by hospitals. This has led to rising waiting lists for routine care and concerns over the consequences of missed treatment. The findings highlight how the direct health impacts of the pandemic have not been spread evenly across population groups.

Highlighting existing health inequalities

Between March and December 2020, there were 35.5% fewer elective admissions and 22.0% fewer emergency admissions with a non-COVID-19 primary diagnosis than in 2019. But these falls were not shared equally. People living in areas with the largest share of people from BAME backgrounds experienced a 36.7% larger reduction in non-COVID emergency admissions compared with those with the smallest proportion of people from BAME backgrounds.

People living in the most deprived areas of the UK (of any ethnicity) experienced a larger fall in elective admissions.

Professor Dame Carol Propper, Professor of Economics at Imperial College Business School and one of the authors of the paper, said, "This is the first analysis to show how people from BAME backgrounds and

people living in [lower-income](#) areas have experienced the most disruption from canceled and delayed hospital appointments during the pandemic.

"Our research cannot yet conclusively show the reasons behind these differences. One explanation is that areas with higher numbers of people from BAME backgrounds or areas featuring more people on lower incomes, had higher rates of COVID-19 infections or hospitalization rates. As a result, people from those groups were more likely to stay away (or were told to stay away) from hospitals."

The paper shows that the results did not change when the researchers looked at different measures of local COVID-19 rates, suggesting that differences in infection or hospitalization rates were not the driving factor behind differences in care loss.

Professor Propper said, "Regardless of whether the differences in care are due to people staying away from hospitals to avoid getting COVID, or to avoid overwhelming the health service, or because they felt discouraged for another reason from going to [hospital](#), the effects of the pandemic have not been shared equally. It has disproportionately hit people on lower incomes and those from [minority](#) backgrounds and this risks further exacerbating existing health inequalities."

More information: Max Warner et al, Socioeconomic deprivation and ethnicity inequalities in disruption to NHS hospital admissions during the COVID-19 pandemic: a national observational study, *BMJ Quality & Safety* (2021). [DOI: 10.1136/bmjqs-2021-013942](https://doi.org/10.1136/bmjqs-2021-013942)

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