COVID-19 and the social determinants of health and health equity

Evidence brief key results

https://apps.who.int/iris/bitstream/handle/10665/348333/9789240038387-eng.pdf
https://bit.ly/31AwUkf
7 December 2021, Dr Nicole Valentine, PhD
Key conclusion I

- There have been profound inequities in COVID-19 health outcomes between population groups for infection, hospitalization and mortality, with those worse off in society more affected.

These differences are moderated by vaccination, but vaccine coverage has also been profoundly inequitable, both between and within countries.
The COVID-19 pandemic has exposed and exacerbated pre-existing health inequities arising through inequalities in the social determinants of health and these inequities have been a key driver of inequities in the overall COVID-19 pandemic health impacts.

Inequalities in the conditions in which people live and work increase health comorbidities that increase susceptibility to SARS-CoV-2 virus and exposures to COVID-19; decrease ability to adhere to public health and social measures and to access health services, and negatively impact general health and well-being consequences arising from the pandemic.
Key conclusion III

• A social determinants approach, that prioritizes a focus on equity and marginalized populations to support all communities to have resources to promote health, to adhere to public health and social measures while minimizing negative impacts of these measures, should be integrated into pandemic prevention, preparedness, response and recovery.

• This requires better recognition of how health is generated and stronger multisectoral collaborations that seek synergies across social, environmental, agricultural, and economic policies to increase positive outcomes for health, equity, sustainability and well-being.
Evidence review questions

• Which population groups are at higher risk?

• Why is this happening? Which social determinants of health (SDH) are impacting inequities in COVID-19 infection, severity and mortality?

• How is the COVID-19 pandemic affecting other (non-COVID-19) health inequities directly and indirectly?
Adapted Commission on Social Determinants of Health framework

Historical conditions and context
- Poor health
  - Early life adversity, psychosocial stress, infection
- Exclusionary, regressive social, economic and environmental policies and services
- Unresponsive governance
- Discrimination and gender inequality norms
- Lower levels of resources and power

Disadvantaged populations groups experiencing pre-existing health inequities
- Gender discrimination, racism, elitism
- Poor, low wage, informal sector
- Excluded, marginalised
- Ethnic group / minority

Adverse health and social conditions including social and labour rights
- Increased exposure risk (incl. under COVID-19 and its response measures)
  - Poverty, deprivation
  - Crowded housing
  - Imposed mobility of low-paid workers
  - Poor work safety
  - Lack of social protection
  - Inaccessible public health communication
  - Lack of affordable health services

Pandemic evolution, bias in testing and contract tracing, inequity in vaccination and difficulty in adherence to public health and social measures increase adverse impacts
- Higher COVID-19 infection, hospitalisation, mortality, sequelae
- Other immediate health impacts from public health, social measures
- Worsened social determinants and longer-term negative health impacts
- High adverse, unfair COVID-19 impacts

Unfavourable social norms and unscientific health beliefs
- Hand washing
- Masks
- Social or physical distancing
- Confinement/quarantine
- School and non-essential workplace closure
- Stay-at-home/telework
- Restrictions on gatherings
- Area curfew
- Travel ban

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Which population groups are at higher risk?

Higher rates: COVID-19 hospitalization, morbidity, mortality:
- marginalised racial or ethnic minorities, including Indigenous Peoples
- low-paid essential workers
- migrants and populations affected by emergencies, including conflicts
- older populations in residential care homes
- incarcerated populations
- homeless people.
Examples of inequities in COVID-19 outcomes

- Poorer populations have higher rates of infection with SARS-CoV-2 and higher COVID-19 mortality in: Chile, England, France, India, Mexico, Peru, Sweden and the United States of America (USA)
Why? Inequitable living and working conditions mediated through lesser ability to adhere to public health and social measures

- Poverty and deprivation: crowded areas, smaller dwellings, little food security, fewer services and amenities
- Crowded housing
- Imposed mobility of low-paid workers in precarious employment
- Poor work safety for essential workers
- Lack of social protection
- Inaccessible public health communication and stigmatising beliefs
- Inequitable access to affordable health care treatment, prevention and vaccination
Examples of other health impacts from overloaded health services

- Studies showed decreased mental health, immunization and screening services and e.g. in the UK, decreased diagnoses of diabetes
- Female, front-line health / social care workers have worsened mental health
Examples of other health impacts from physical distancing and stay-at-home measures

• Families with prior mental health problems or unemployed increased drug-taking and child abuse
• Disrupted physical exercise rates 5 times higher among low educated
• Younger people from ethnic minorities had higher loneliness rates
How the COVID-19 pandemic affects health inequities indirectly

- Millions driven into poverty and social protection systems struggling
- Job losses disproportionately impact women/low paid workers
- Disrupted education, compromising futures
- Compromised food security
- Exacerbated gender inequality
- Increased discrimination, stigmatization
COVID-19 health impacts have been worse for the worse-off in society: higher - infection, severity (hospitalization), death.

The COVID-19 pandemic has exposed and exacerbated pre-existing health inequities arising through inequalities in the social determinants of health. These inequities have been a key driver of inequities in COVID-19 pandemic health impacts.

A social determinants approach that prioritizes equity and marginalized populations, and works across sectors, should be integrated into pandemic prevention, preparedness, response and recovery.
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