

Correspondence

Emerging public health challenge in the UK: Perception and belief on increased COVID19 death among BAME healthcare workers

Dear editor,

We read with interest the cross-sectional study ‘Emerging public health challenge in UK: perception and belief on increased COVID19 death among BAME healthcare workers’.¹ An unexpected outcome of the Coronavirus disease-19 (COVID19) pandemic has been an insight into health inequalities existing in our society, and the way in which COVID19 has exacerbated these inequalities especially within the health workforce. As future healthcare professionals within the BAME group, we reflect on this study and consider where progress can be made.

The review identified some potential causes for the inequalities found. Statistically, BAME workers are more likely to be found working front line roles, which unlike many other jobs continued full time during government-imposed lockdowns. Anxiety and stress resulted with more than 70% reporting some mental health impact. While this finding is key for observing the larger health inequality in the context of COVID19, it would have been helpful to discuss the potentially protective impact of being a key worker during the pandemic. Employment is an important contributor to good mental and physical health, as illustrated by Dahlgren and Whitehead’s framework of the determinants of health.² Conversely, unemployment contributes to illness, health harming behaviors and poor mental health.³ Moreover, job insecurity, which was experienced more widely among non-frontline workers, could be worse for mental health than unemployment.⁴

We were interested to see the respondents’ perception on what the most prominent reason for inequalities is. Most reported was pre-existing co-morbidity (67.5%) and least was socio-economic status (29.5%). It is possible that the effect of social and economic factors is underestimated. It can be argued that poor quality housing, psychological stress due to material deprivation, and living in a poorer neighborhood are

important predisposing factors to morbidity associated with COVID19. An example is damp housing being more likely to lead to respiratory diseases and higher population densities in poor areas causing an increased spread of infection.⁵ While the BAME health workforce is diverse, social determinants are bound to have affected the unequal impact of COVID19. To address this, a multisectoral government approach should be developed to work toward reducing inequalities in housing and environment.

Conflict of interest

The author reports no conflicts of interest in this work.

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