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COVID-19 and deprivation: levelling upstream

15th June 2021

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In England in the decade before the COVID-19 pandemic, health was deteriorating, life expectancy stalling and health inequalities widening (Marmot *et al*, 2020). However, policies aimed at addressing the structural determinants of these adverse health conditions were largely absent from the government's policy agenda (Calnan, 2020). The pandemic has brought this neglect into sharp focus.

The greater risk of serious illness and death experienced by poorer and marginalised socio-economic groups have been reflected and exacerbated directly by COVID-19. Indeed, the more deprived a local authority is, the higher the mortality rate has been during the COVID-19 pandemic (Marmot *et al*, 2020). COVID-19 and the lockdown policies which accompanied it have also been experienced unequally – with a significant impact, for example, on the public's mental health which varied in its intensity by social position. For example, younger people, women, and people living in precarious economic circumstances were more likely to experience symptoms of depression as a result of COVID-19 (ONS, 2020).

Possible Explanations

One explanation for the social inequalities in the risk of serious illness and death from COVID-19 might be best explained in terms of vulnerability to infection. Some underlying health conditions significantly raise the risk of mortality from COVID-19 (Marmot *et al*, 2020) leading some authors (Horton, 2020b) to argue that COVID-19 should be reframed from a pandemic to a *syndemic* because the risk of death is dramatically increased by non-communicable diseases/conditions such as diabetes and obesity. These conditions are also socially determined with higher prevalence rates in areas with greater material deprivation. Other analysis has put emphasis on the social resources and living and working circumstances which enable or stand in the way of managing the illness.

Survey evidence (Haque *et al*, 2020) shows that black and minority ethnic (BAME) people face greater barriers in shielding from COVID-19 as a result of the types of employment they hold (BAME men and women are overrepresented in key worker roles); having to use public transport more; living in overcrowded and multigenerational households more; and not being given appropriate PPE (personal protective equipment) at work. In all of these areas, BAME groups are more likely to be over-exposed and under-protected compared with their white British counterparts. This might explain the relatively higher death rate amongst BAME ethnic groups reflecting systemic injustice (Marmot *et al*, 2020).

Socio-economic impacts

The impact of the lockdown on people's social and economic lives has varied according to socio-economic position. The hardest hit, both in the short and longer term from the disruption to the economy, are the increasing number of people living in precarious social and economic circumstances. The workers who have been most affected by the crisis are low

earners and younger workers, who are disproportionately likely to work in sectors fully or partly shut down. Those with the least power in the labour market have also been more likely to have experienced job loss or a fall in earnings (Bell and Brewer, 2021).

In addition, a range of factors – such as the various stay-at-home lockdowns, having children at home for a greater proportion of time, the closure of in-person support services, and changes to major supermarkets’ pricing strategies have made it even harder to live on a low-income through the pandemic (Bell and Brewer, 2021). There is also a divide in access to digital resources and infrastructure with those lacking adequate access, for example, to broadband and smartphones being more likely to come from households with the lowest incomes (less than £20,000 p.a.) (Ada Lovelace Institute, 2021).

Vaccination uptake

One of the central planks of government policy to fight COVID-19 (Calnan and Douglass, forthcoming) has been the national rollout of a safe and effective vaccination programme. However, there is evidence of social inequalities in take-up of vaccines for COVID-19 with younger people, people from deprived backgrounds and some ethnic minorities (ONS, 2021) being less likely to participate in vaccination (all of which were arguably predictable problems, see Douglass and Calnan, 2020).

This might be explained by the inter-relationship between social circumstances and cultural beliefs although the lack of clarity and transparency in government policy and communication may have provided the opportunity for social media fuelled conspiracy theories and misinformation about the vaccines encouraging distrust and vaccine hesitancy (Calnan and Douglass, 2020).

Levelling upstream

COVID-19 and its socio-economic and public health impact has provided the opportunity for the government to seriously pursue its stated political aim of levelling up (All Party Parliamentary Group for Longevity, 2021).

However, as COVID-19 has reflected and exacerbated existing inequalities there is a clear need to refocus policies further upstream digging deeper into the structural causes of absolute and relative deprivation.

Also by Michael Calnan

- *Open Research article:* [Health policy and controlling Covid-19 in England: sociological insights](#)
- *Book:* [Health Policy, Power and Politics: Sociological Insights](#)

Coming soon for 2022: Michael Calnan & Tom Douglass are currently working on their new book, *The Covid-19 Pandemic: A sociological analysis of the policy response in England*.

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