ITY EUROPE! **RIES IMPROVING CAPACITIES OF**

RESPONSE TO HEALTH INEQUALITIES

WHEN THE PANDEMIC LANDED **ASSESSING THE IMPACTS AND LEARNING OF THE PANDEMIC IN TERMS OF HEALTH INEQUALITIES**

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Co-founded by the Health Program of the European Union - CHAFEA

JOINT A

Common sense on equity in the pandemic

- One of the ideas that took root most rapidly in public opinion, along with the spread of the Covid-19 epidemic, relies on the supposed "democratic nature" of the virus and on the perceived universality of the distance measures ("Dance macabre")
- "Except for age and gender differences, all individuals would have the same probability of contracting the disease and therefore should share equally the cost of a collective isolation aimed at achieving a "common scope"
- In fact the empathy produced by the persuasion to share a same problem and a same objective may have had important benefits in the regulation of individuals and in the effectiveness on compliance to the political management of the emergency
- Several studies confirm the existence of a clear association between socioeconomic status and influenza pandemics, suggesting a tighter link with more severe outcomes like in the case of Covid-19 (Mamelund 2019)

From a HIIA tool to the HEA of the policy response to the pandemic

- A conceptual framework that organizes the set of plausible mechanisms generating the different social distribution of health consequences during pandemic diseases (Quinn 2014), focusing on both differential exposure and differential vulnerability and resilience
- Health Inequalities Impact Assessment (HIIA) as a screening tool for prioritization of avoidable mechanisms of health inequalities (Douglas 2020)
- Health Equity Audit (HEA) as a process of recalibration of policies towards a more favourable and equitable distribution of the impact of the pandemic after phase 1
 - Preventing resurgence at community level
 - Tracing and isolating cases and contacts
 - Treating adequately Covid-19 cases
 - Avoiding foregone care out of Covid-19 pathways
 - Limiting unintended social and economic consequences of the pandemic

Direct mechanisms

- Differential exposure to risk of infection
 - Lower awareness (adherence) of the hygienic and behavioural norms
 - Less space for distancing in overcrowed houses
 - Segregation in more deprived (and polluted) areas with more contacts
 - Segregation in occupations not eligible for smart working
 - Segregation in nursing homes
- Differential health vulnerability to Covid-19
 - Differential prevalence of chronic diseases more susceptible to both infections and unfavourable health outcomes (such as diabetes...)
 - Differential exposure to behavioural risk factors associated with Covid-19 (such as tobacco)
 - Differential distribution of relational skills and resources to cope with isolation
- Differential exposure to barriers in access and use of good quality health responses to Covid-19
 - Timely tracing and testing
 - Home, hospital and follow up care

Indirect mechanisms in the health sector

- Differential impact of foregone care (displacement of not Covid-19 care)
 - Emergency and hospital care for time dependent disorders
 - Elective surgery
 - Out patient care for early diagnosis
 - Follow up of chronic diseases
- Differential impact of less demand of health and social care support (different perception of risk and anxiety caused by the pandemic)

Indirect mechanisms out of the health sector

- Differential impact of the lockdown on social determinants of health
 - More unemployment and job insecurity
 - Less income and increase in the share of the population at risk of poverty
 - More individuals unable to face basic needs at risk to fall in (legal and illegal) debt
- Differential capacities to face challenges and opportunities of isolation
 - Overcrowding
 - Less technological communication resources
 - Less control over unhealthy behaviours (such as poor diet and physical inactivity)
 - Less parenting skills towards children (reading aptitude or experimentation with new lifestyles)
 - More suffering from segregation in homes with less compensatory resources (dangerous behaviours such as family and gender violence)

Indirect mechanisms out of the health sector

- Differential impact on opportunities for education due to schools lock-down
 - Less families equipped for online education (absence of connections and devices or too many children in the same household)
 - Less families with adequate skills to accompany their children in the completion of lessons and homework
 - Segregation in poorer geographical areas with less skilled and equipped teachers and school
 - Less peer meetings and educational projects available in the school setting needed for relational and cognitive skills
 - Less school lunch, the main healthy meal of the day for children of poor families
- Differential impact of lock-down at the community level
 - More limited networks of proximity and family support often counterbalancing the shortcomings of national welfare
 - New opportunities for reciprocity (networks of help between condominiums and neighbours), possibly favouring the less disadvantaged micro contexts?

Indirect mechanisms out of the health sector

- Differential impact of lock-down on social care
 - More unfavourable consequences of the stop or slowdown of the social care implemented in the local communities (public services, third sector and voluntary sector)
 - Special impact on vulnerable and fragile groups (disabled, elderly with severe functional limitations and multiple chronic diseases, drug addicts, homeless, undocumented migrants, minors in foster care, people in transition)
- Differential impact on social mobility of the experience of disease during the pandemic
 - Barriers to employment in precarious jobs due to quarantine
 - Social consequences of chronic functional limitations due to Covid-19 (pulmonary fibrosis post pneumonia)

BUILD BACK FAIRER: THE COVID-19 MARMOT REVIEW

The Pandemic, Socioeconomic and Health Inequalities in England

Executive summary

TITTIN (

Health

Foundation





Healing the pandemic by returning to more equal health

The pandemic under the lens of equity: Where did the virus land? Is the pandemic widening the social gap in mortality? Are contagion and infection unequal? Is access to tests unequal? Is the frequency of positive testing unequal? Are hospitalizations for COVID-19 unequal? Are ICU admissions unequal? Is mortality in COVID-19 unequal? Is the coexistence of chronic diseases among the victims of COVID-19 unequal? In conclusion: can access to treatment for COVID-19 be said to be unequal? And, is access to non-COVID-19 treatments unequal? Are the perception of risk and the impact on the emotional state unequal? Is access to prevention measures for COVID-19 unequal? Are unhealthy behaviors unequal? Are the environmental risks unequal36 Is the risk of impoverishment unequal? Are the risks of isolation and loneliness and help networks unequal? Is the impoverishment of educational opportunities unequal? Has descending social mobility worsened unevenly?

Piedmont / Inequalities in COVID-19

Poisson regression models with a robust error variance, by sex and age (35-64; 65+), adjusted for age

				MEN		WOMEN				
			Swab tests	Positivity	Mort C19		Course to sta	D:+::+V	Mort C19	Good
lr	nequa	alities raise if we	1.00	1.00	1.00		Occupational bias		1.00	correspondence
mo	ve to	severe outcomes	1.01	0.91	1.44				0.65	between access to
	as th	nese are clear	1.12	0.87	1.83		among adult men			swab tests and
expression of inequities in		1.19	1.10	1.58	die die	sadvantager	grouns	1.65	elderly and adult	
	the o	distribution of				(continued w	orking		women. Relevant
u	underlying risk factors		1.20	0.92	2.11			1.81	inequalities	
			Swab tests	Positivity	Mort C19		Swab tests	Positivity	Mort C19	
		0 social disadv.	1.00	1.00	1.00] (1.00	1.00	1.00	
	ם		1 20	4.42	1 1 2]	1 24	4 22	4.22	Strong inequalities in

	0 social disadv.	1.00	1.00	1.00	
bld	1 social disadv.	1.20	1.12	1.13	
Ans	2 social disadv.	1.54	1.37	1.53	
٩ ٩	3 o 4 social disadv.	1.78	1.89	1.79	
9 9					
	RII	1.82	1.62	1.78	
					<u>_</u>

Swah tests	Positivity	Mort C19	
1.00	1.00	1.00	
1.21	1.23	1.23	-
1.45	1.52	1.59	
1.63	1.79	1.94	
1.69	1.84	2.00	

COVID mortality.

They reflect

inequalities in

positivity rate

Piedmont/ Equity of health care system **Higher hospitalizations**



		WOM	EN
out of 🤆	18.1%	4.2%	
Posit	Hospit	ICU	Access to ICU is
1.00	1.00	1.00	relatively more
1.22	1.23	2.19	frequent among
1.43	1.53	3.78	working agod
1.66	1.92	2.25	wurking ageu
			people. Selection b
1.78	2.04	4.71	age?
1.69 🌔	1.75	3.85	While increasing
			inequalities emerge
out of 🧲	34 .%	4.3%	among adults and
Posit	Hinsolt	ICU	especially women,
1.00	1.00	1.00	they disappear
1.23	1.10	0.91	among older
1.52	1.19	1.34	people, even befor
1.79	1.60	0.79	adjustment for
			comorbiditios
1.84	1.49	1.22	
1.69	1.34	1.04	

Piedmont/ Equity of health care system

Out of hospit

Hospit

1.00

Posit

MEN

ICU

1.00

1.05

31.3%

ICII/rec

1.00

0.95

1.05

1.07

1.09

1.11

22.4%

1.00 1.00

0.81

0.91

0.80

0.81

11.7%

Mor/rec

1.00

1.07

1.33

1.05

1.31 0.93

46.1%

wort/ric

1.00

0.96

0.96

1.00

0.96

	1.11	1.06
	1 1 1	1 19
Nevertheless, in-hospital r	nortal	ity
seems to deny the prese	nce o	f
different access to therapy a	and pr	ove
health system equit	у.	
Protection could depend on	diffe	rent
capacity of home or out-of	-hosp	ital
care, especially in contexts	with l	OW
SES.		

		WOM							
Out of h	ospit		23.1%	7.1%					
Posit	Hospit	ICU	ICU/rec	Mor/red					
1.00	1.00	1.00	1.00	1.00					
1.22	1.23	2.19	1.78	0.78					
1.43	1.53	3.78	2.48	2.51					
1.66	1.92	2.25	1.17	2.05					
1.78	2.04	4.71	2.08	4.47					
1.69 1.75		3.85	2.05	4.37					
Su +:	34.5%	4.3%	12.5%	39.0%					
Posit	H ðsip it	ICU	iuumec	ivior/ric					
1.00	1.00	1.00	1.00	1.00					
1.23	1.10	0.91	0.82	1.11					
1.52	1.19	1.34	1.07	1.21					
1.79	1.60	0.79	0.49	1.08					
1.84	1.49	1.49 1.22 0.		1.22					
1.69	1.34	1.04	0.83	1.19					

| KII adj for comor | 1.45 | 1.45

Landed on unequal epidemic of chronic diseases +++

Unequal exposure to infection and equal access to test

+

Landed on unequal epidemic of chronic diseases

+++









Unequal recovery from displacement of non Covid care

Knee prosthesis surgery by education during the first wave of the pandemic in three regions (N-C-S)











Implications for setting policy and research priorities

Global voices for social justice

Focuses on millions of people around the world who bore the brunt of poverty and inequality before COVID-19

There is a need for their knowledge and experience to be centre stage and for them to tell their stories in their own way. COFL journalist/bloggers drawn from the groups and communities already hardest hit Working with a co-journalist from organisations in the COFL network. To ensure confidentiality they do not use their own names.

Documenting how the pandemic is changing the lives of people and communities Stories of risk, solidarity and resistance include written letters/blogs; images (videos, vlogs); audio reports and photographs or artwork

There are 58 stories on the website (includes 17 introductory stories).

https://www.otherfrontline.org/

My story, like that of many other friends...

After finishing my course of study, despite my efforts, I was unable to find a stable position. Always precarious jobs, with fixed-term contracts. For some time I also worked as a welder in a mechanical workshop in Turin. I learned the job when I was a boy, from my father in Cameroon.

I was also sent to work in France because I know the language well. But always with fixed-term, underpaid contracts. If I protested, my boss would say to me: "*Look, Kamite, these are the contracts for your job and also the salaries… you don't have to complain. If you don't want to, there are many others like you who are willing to work for less*". In the end I left.

Surely the fact of being a foreigner, with temporary residence permits does not help. Here in Italy it is very complicated to have citizenship. In addition to long periods of time, you have to prove that you have sufficient income to support yourself and your family.

To foreign students, when we meet, I always say: "You know you have a great opportunity, you can't waste it. To come here to study, your family makes sacrifices, you have to try hard, because it is not easy".

Care must be taken not to lose your scholarship. Sometimes it's true, the money from the scholarship is not enough, so you start looking for a job, to make ends meet, and you neglect your studies. Then it's a cascade effect: you lose your scholarship, you try to work even harder and you are late for exams. Then you lose university accommodation, if you were entitled to it, and you have to look for accommodation with other students, but the costs increase. Finally, if you are no longer able to follow your studies, you lose your residence permit. [...]

What the children think

Marco and Sara talk of their experience of the confinement from COVID-19 in 2020. The twins' parents are of Albanian origin, and arrived in Turin in the 1990s.

Marco, 11 years old

We are twins, but nobody believes us. I, Marco am a little smaller and more delicate than my sister Sara. I dress as a 10-year-old boy (!!!) ... my sister when she grows up, she wears my mother's shoes. How ugly and heartbreaking when they told us we couldn't go to school! During the covid we were locked in the house with no chance to go to school. My parents were very worried, because both of them had lost their jobs, so we had a lot of trouble getting on.

"Daddy I'm worried about you! Watch out for work" but after a few days daddy went home too... one day, two, three and I said to Sara "Daddy is sad". You know he doesn't work and mum's at home too!

At the end of March the video lessons started and I did my best to get good grades. For our birthday we won't be able to have a party if we are at home alone, nobody will remember the 15th of May! Three times a week we connect with the class and the teachers...

"Mom, do we have to make the connection this morning too? It's our party! And no one will wish us good luck like other years!" "Patience Marco, you know we have to defeat the coronavirus!"

The teacher greets everyone, she calls us all! Then he says again *"Marco are you there?" "Yes, here I am, Teacher"*, my heart is beating, I haven't studied as much if you ask me! *"Marco, we want to congratulate you, today is your birthday!"* And so the whole class sings "TANTI AUGURI" and claps their hands! I was moved. How did the teacher remember my birthday? It was a big surprise that I didn't expect.

After all those video lessons and at the end of the school year I met with the teachers and classmates for the last time, we had fun and played. It was a very hard experience and very different from what I imagined. [...]

JAHEE-WHO/Euro survey on COVID impact on health inequalities

Survey submitted in September 2020 to 24 European countries participating in JAHEE to explore:

- **1.** Inequalities related to the impact of COVID-19 disease
- 2. Inequalities related to NOT COVID-19 health impact of the pandemic
- 3. Inequalities due to the physical and mental health impact of social distancing measures
- 4. Current and potential future inequalities because of social distancing measures acting on the distribution of the social determinants of health

For each of these entry points survey aimed:

- to evaluate how the specific entry point has been put in the political agenda;
- if mitigation policies have been implemented to address inequalities;
- whether the Ministry of Health has been involved in this process and with which role they had;
- and, finally, if data to evaluate these potential effects on inequalities are available in their country.

JAHEE-WHO/Euro survey on COVID impact **Overall European response to equity challenges**

Score

Ministries of health have been directly and quite strongly involved in the governance of the pandemic and in the attempts to defend equity in health. This is quite expected for actions aimed at directly tackling the unfair impact of the disease and of the reorganization of health care systems, it seems even more relevant for the other entry points. And this is also more true after checking the roles acted by the Ministries of Health: implementation Finally, data availability has been less encouraging during the first epidemic wave, but Score meanwhile new analyses have been realized, as they require some more time to collect the needed data.

pandemic. There is no evaluation on effectiveness, but measures have been taken, Scor in particular to mitigate the impact on vulnerable groups coming from the effects on the social determinants of health recession and the lockdown measures (16 Scor $\mathbf{J}\mathbf{U}\mathbf{U}$ respondents agree or strongly agree on that). Positive perceptions have been the c observed for all entry points

JAHEE-WHO/Euro survey on COVID impact **Country specific responses to equity challenges**

			Agenda				Actions implemented				Role of the MoH			
Countries with better reaction are the ones where HI have been included since a while in the national political	Country	Agg without Belgium	COVID (1-5)	Not COVID (1-5)	Isolation (1-5)	SDH (1-5)	COVID (1-5)	Not COVID (1- 5)	Isolation (1-5)	SDH (1-5)	COVID (1-3)	Not COVID (1- 3)	Isolation (1-3)	SDH (1-3)
	Bosnia	47.1%	3	3	3	3	3	3	3	3	2	2	2	Nd
agendas (Wales, Sweden,	Bulgaria	68.5%	5	4	2	4	5	4	4	4	3	2	1	2
Netherlands) or that have	Croatia	77.8%	4	4	5	4	4	4	4	4	3	3	3	3
done recent steps in the	Czech Republic	46.3%	4	3	2	3	3	3	3	3	2	2	1	1
governance of	Estonia	69.2%	4	4	4	4	4	4	4	4	2	2	2	3
	Finland	63.0%	4	4	4	4	4	4	3	4	2	2	2	2
inequalities (as Spain and	Greece	27.8%	5	2	2	2	2	2	2	2	1	1	1	2
Croatia).	Italy	51.9%	3	2	3	4	2	3	3	4	2	2	2	1
On the other side, Czech	Netherlands	74.1%	4	4	4	5	4	4	4	5	3	3	2	3
Republic, Greece, Bosnia	Polanu	53.7%	4	3	4	4	4	3	4	4	2	2	2	2
and Slovakia are the	Portugal	62.0%	4	4	5	5	4	4	5	5	J Nd	<u> </u>	3 Nd	Nd
	Sorbia	C3.0%	5	4	4	5	<u> </u>	4	4	4	2		2	Nd
countries with the least	Slovakia	52.9%	4	4	4	4	4	4	4	4	1	3	3	2
reactive approach to	Slovenia	62.7%	<u> </u>	3	2	4	<u> </u>	3 1	<u> </u>	4	Nd	3	2	2
reduce the unfair impact	Spain	79.6%	4	4	4	5	4	4	4	5	3	2	3	3
of COVID-19 pandemic	Śweden	82.4%	5	3	5	5	5	3	5	5	3	Nd	3	3
	Wales	88.9%	5	5	5	4	5	5	5	4	3	3	3	3

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From a check list of mechanisms to the policy response (importance and measurability)

- Operationalisation of the mechanism in a measurable proxy
 - Observability and measurability of the mechanism: a) monitoring system in place; b) type, availability
 and promptness of the data needed; c) delay time for the mechanism to have an impact on the
 population; d) indicators to be used to measure the impact; e) groups in vulnerable conditions that
 deserve ad hoc assessment
 - Latency needed to show the effect of the mechanism (short, medium or long term perspective)
- Policies that plausibly intercept the mechanism: description, feasibility, implications for equity
 - Expected effects on the mechanism of policies currently active or in the process of being activated in conjunction with the pandemic;
 - Possible policy domains concerned for the implementation of law enforcement actions (responsibilities);
 - Level of impact and/or policy (national, regional or local level);
- Supporting literature on the impact of the mechanism on health or on the effectiveness of law enforcement policies that have been activated or can be activated;

To priority and target setting