Health equity and COVID-19: the lessons we can learn from the pandemic

Researchers have been studying the impact of the COVID-19 pandemic on socially disadvantaged groups on behalf of the Federal Office of Public Health (FOPH). The studies show that the pandemic hit socially disadvantaged people particularly hard. Important lessons for the future can be learned here. This fact-sheet offers a summary of the studies' key findings.

THE UNEQUAL IMPACT OF THE PANDEMIC IN FIGURES

Individuals who had only completed **compulsory education** had an **80%** higher risk of being hospitalised due to COVID-19, while individuals who had completed only **Secondary Level II** had a **30%** higher risk of such hospitalisation, compared in both cases to individuals who had completed tertiary education.[i]

Individuals with a migration background were hit especially hard by COVID-19. **First-generation foreign nationals** had a **33%** higher risk and **Swiss nationals with a migration background** and **second- and third-generation foreign nationals** had a **44%** higher risk of being hospitalised through COVID-19, compared in both cases to Swiss nationals with no migration background.[i]

THE PANDEMIC HIT SOCIALLY DISADVANTAGED GROUPS DISPROPORTIONATELY HARD.

- **People living in socially and economically disadvantaged conditions** were particularly likely to contract COVID-19 and experience severe symptoms. Individuals living in socially disadvantaged neighbourhoods in Switzerland were tested less frequently for the coronavirus, even though they were at substantially higher risk of contracting COVID-19, of being hospitalised and of dying as a result than individuals living in more privileged areas.
- Switzerland's **migrant population** was at particular risk of developing severe COVID-19. Non-Swiss nationals and Swiss nationals with a migration background had a higher-than-average risk of being hospitalised following coronavirus infection. Mortality rates also showed higher increases during the pandemic among non-Swiss nationals than among Swiss nationals.
- **People with low incomes and low education levels** were particularly prone to suffering from mental health issues and experiencing income losses. The pandemic exacerbated social inequalities: low-income households were hit hardest by the financial losses caused by short-time working and workforce reductions.

WHY DID WE HAVE THESE HEALTH DISPARITIES?

- A person's **living and working situation** has an influence on their risk of infection and of suffering a severe case of the disease. Various factors interact with and reinforce each other. People with low incomes are more likely to already be suffering from pre-existing conditions. They are also more likely to be living in more confined spaces, and to be engaged in occupations in which they cannot work from home.
- **Difficulties finding, understanding, evaluating and acting on healthcare information** also increased the risk of COVID-19. People with low school education and/or with language barriers were particularly prone to developing severe COVID-19.
- **Barriers to accessing healthcare**, especially as a result of communication difficulties, discrimination, financial hardship and/or inadequate social support, were further contributing factors. Young adults, women, individuals with low education levels and individuals with chronic health conditions were especially likely to forego healthcare during the pandemic.

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Major differences were also seen within Switzerland's migrant population. **Temporarily admitted foreign nationals and asylum seekers** were at a particularly striking **80%** higher risk of being hospitalised due to COVID-19 compared to Swiss nationals.[i]

Irrespective of migration background, **language barriers** played an important role: individuals who spoke neither an official language of Switzerland nor English ran a **57%** higher risk of being hospitalised due to COVID-19 than individuals with such language skills.[i]

- People with a low school education, low incomes and low health literacy[1] were **relatively rarely vaccinated**. Among the migrant population, the risk of being hospitalised through COVID-19 was also related to vaccination levels in their country of origin. This could be because people with a migration background were also aligning themselves and their behaviour to the norms and the recommendations in their country of origin.

WHAT WORKED WELL IN HANDLING THE CRISIS?

The FOPH took a range of actions during the pandemic, including supporting projects that were designed to help give the migrant population and socially disadvantaged groups easier access to the information, support and services available. Examples of good practice here include:

- A **working group** was formed to ensure that the actions taken to handle the crisis were geared as closely as possible to socially disadvantaged groups and their needs.
- **Information on COVID-19** was made available in numerous languages, and was also specifically adapted for certain target groups. This information was also disseminated via target group-specific communication channels, such as the media for migrant communities. Existing channels and collaborations were also utilised.
- External partners organised **outreach support and advice services** on behalf of the Swiss Confederation for persons in precarious situations and those with few language skills in any Swiss official language. These services offered extensive information that was tailored to its target groups on vaccinations and other protective measures, and were provided by specialist personnel with physicians' support.
- Government-financed **discussion sessions** hosted by members of the migrant population were held on the topic of COVID-19 **in various languages**.
- **Recommendations** were drawn up with government support on how testing and vaccination centres could make their services as accessible as possible to socially disadvantaged population groups.

WHAT LESSONS CAN BE LEARNED FOR FUTURE CRISES?

Surveys of the organisations and specialists involved, along with the findings from the associated research, offer the following lessons for future crises:

- **Low-barrier services and advice** must be provided for socially disadvantaged groups to help them meet and master the challenges posed by health crises of this kind. These actions should include in particular ax- that engage with people at eye level in their daily lives. Existing services could also be activated particularly swiftly as and where required.
- Health information must be **devised and disseminated specifically** for its target group(s). Such information should also be made available in as many of its recipients' first languages as possible, should pay due and full regard to socially disadvantaged groups and their various needs, and should be disseminated via the appropriate communication channels.
- Disadvantaged individuals and the organisations that work with them should be **involved as directly as possible** in the development and the provision of support services and in the implementation of the actions devised, to help ensure that the socially disadvantaged groups for whom they are intended are adequately reached.

[1] Health literacy is a bundle of competences to proactively deal with health-related information, services, and challenges and, thereby, empowers people to manage their and other's health and well-being.

- Interventions should be prompt. In this regard, existing networks between authorities and specialist entities play a key role because they can be swiftly and easily activated in times of crisis.
- Decision-makers in the crisis management field must be sensitised early to the needs and concerns of socially disadvantaged population groups. Success in mastering a crisis does not depend solely on reaching as many people as possible as quickly as possible: it is also a matter of ensuring that **no one is left behind**.

STUDIES

[i] Bachmann, N. et al. (2024). Soziale Ungleichheit und schwere COVID-19-Verläufe in der Migrationsbevölkerung. A study by the University of Applied Sciences and Arts Northwestern Switzerland (FHNW) on behalf of the Federal Office of Public Health. Bern: FOPH

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