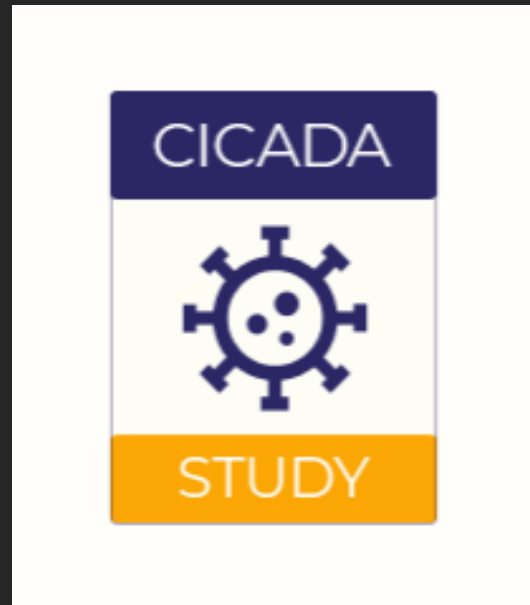


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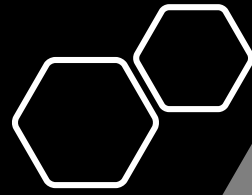


**Alison Fang-Wei Wu,
Kusha Anand,
Ozan Aksoy,
Carol Rivas**

**Our Experience of Using Disability
and Ethnicity Disaggregated Data:
Need for statistics and voices**



Objectives



- Every individual might experience impacts of the pandemic differently
- Suggesting the need of disaggregated data
- Providing insights for developing customised supports for different groups





Outline



Impact of COVID-19



Disaggregation



Research
design

Qualitative
Quantitative



Findings



Conclusion



The impact of COVID-19



Serafini, G., Parmigiani, B., Amerio, A., Aguglia, A., Sher, L., & Amore, M. (2020). The psychological impact of COVID-19 on the mental health in the general population. *QJM: An International Journal of Medicine*, 113(8), 531-537.



The risk and burden of COVID-19 are not equally distributed

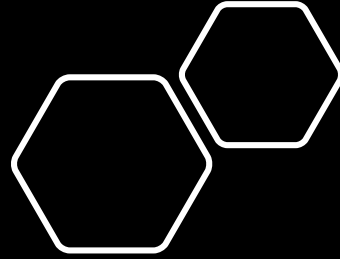
People from minoritised ethnic groups

People with disabilities/chronic health condition

Etowa, J., Hyman, I., Dabone, C., Mbagwu, I., Ghose, B., Sano, Y., ... & Mohamoud, H. (2021). Strengthening the collection and use of disaggregated data to understand and monitor the risk and burden of COVID-19 among racialized populations. *Canadian studies in population*, 48(2), 201-216.



Whether the
impact of the
pandemic differed
across different
health condition
and ethnic groups



To disaggregate the impacts
of the pandemic by using
qualitative interview and
quantitative survey



Method CICADA project

	Quantitative	Qualitative
Participants	<ul style="list-style-type: none">• > 18 years old• Spent 75% or above of their time in the UK during the pandemic• Both with and without health conditions	<ul style="list-style-type: none">• People with a chronic illness/disability, from a minoritised ethnic group• Lived in 5 hot-spots across England
Measures	health conditions, service access, social support, and mental well-being	
Procedure	<ul style="list-style-type: none">• 15th of August 2021 and 21st of January 2022• 4236 valid	<ul style="list-style-type: none">• 186 interview



Results

Different ethnic groups showed varying focuses of impacts

- Qualitative
 - European: mental health
 - Arab: quality of life and wellbeing
 - Mixed Race British Black: formal and informal supports
 - Southeast Asian: general impact and supports
 - South Asian: Racism, disablism, and labour market
 - Other mixed: behavioural response
 - North African: access to health care (white versus black)



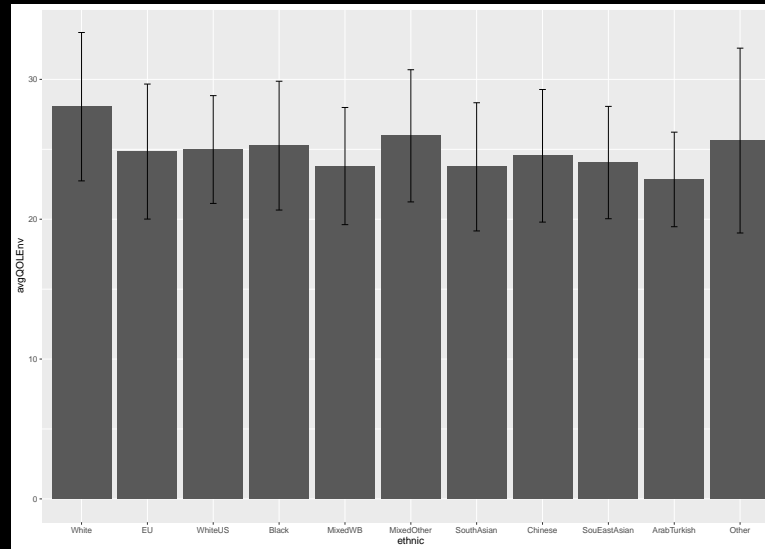
Results

Different ethnic groups showed varying focuses of impacts

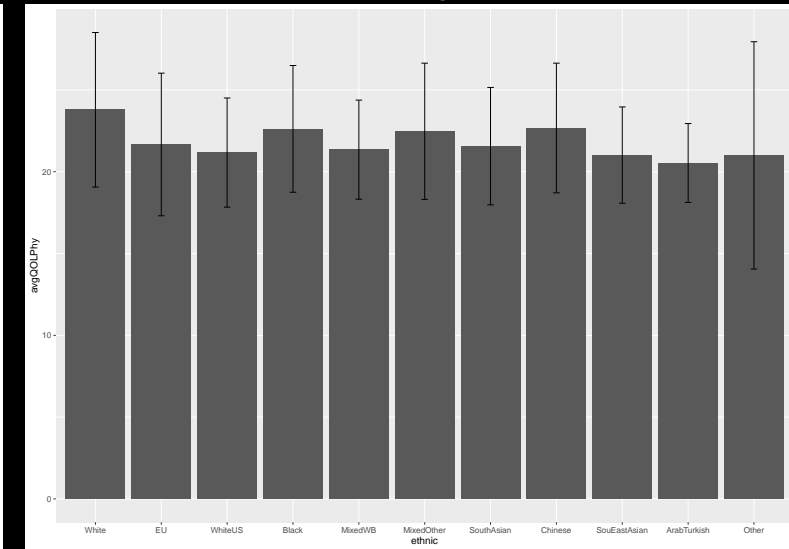
- Qualitative

- European: mental health
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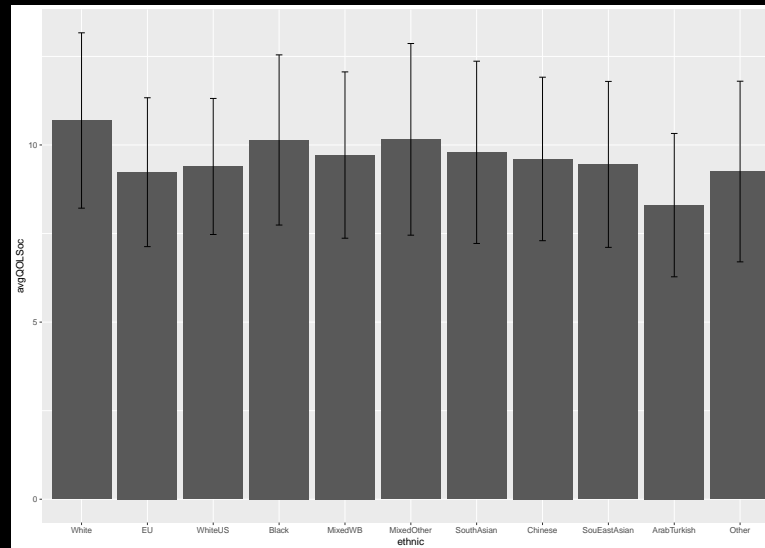
Environment



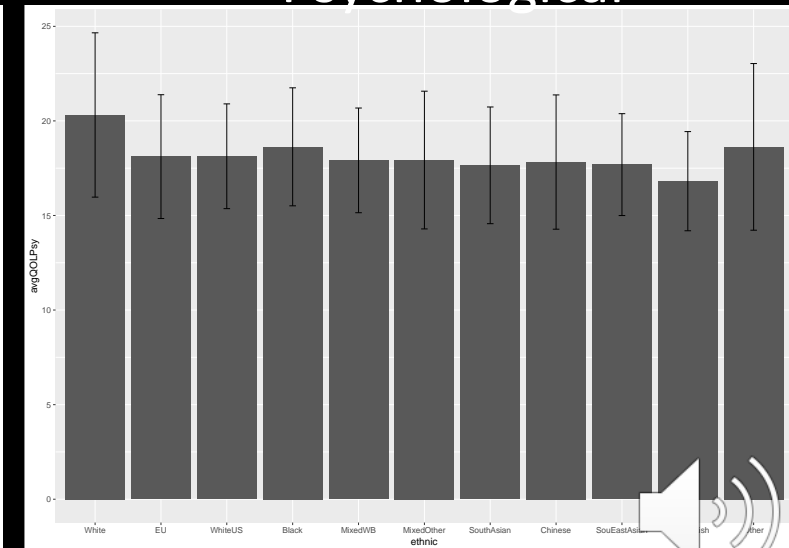
Physical



Social



Psychological



- Qualitative

European: mental health

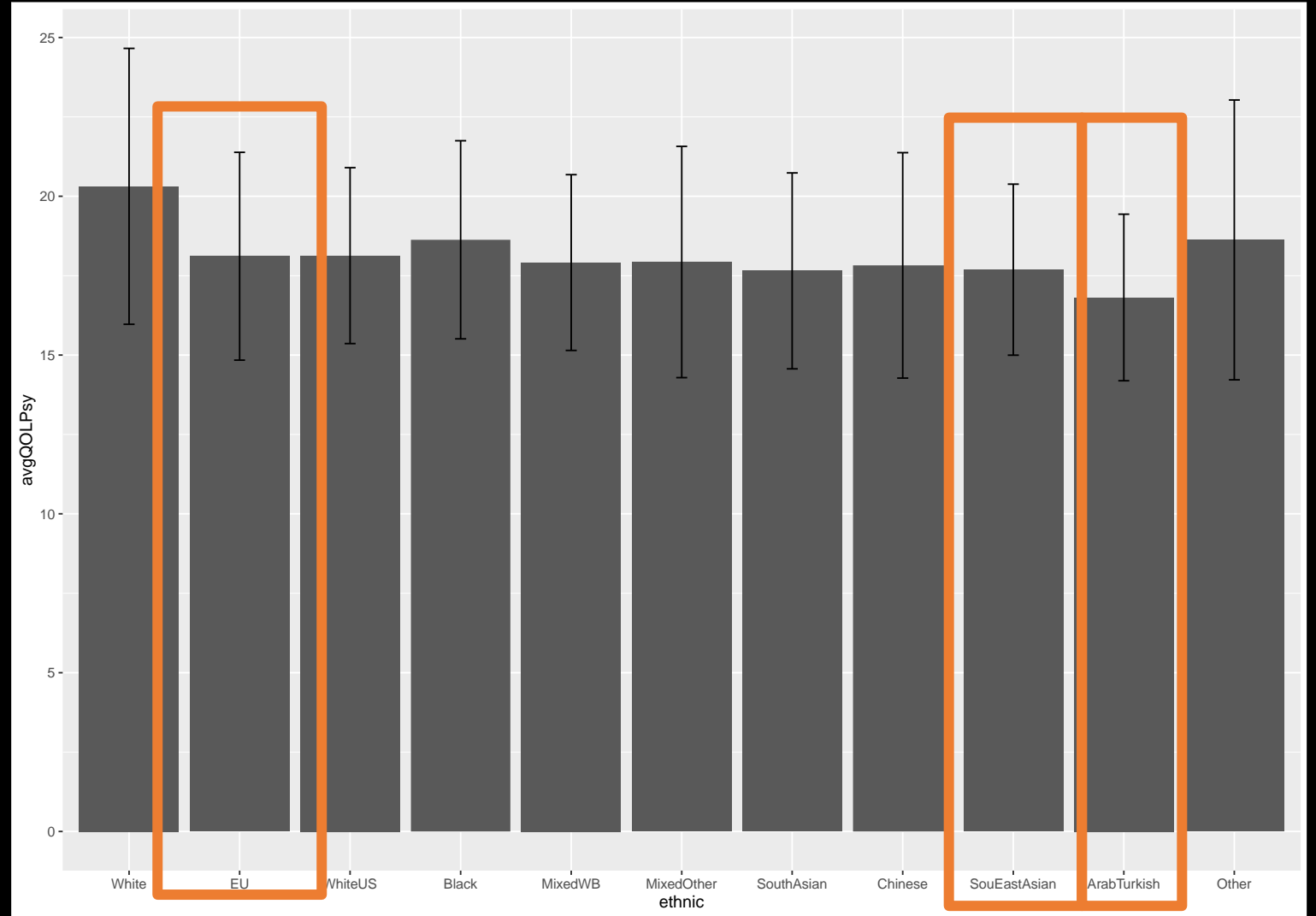
Arab: quality of life and wellbeing

- Mixed Race British Black: formal and informal supports

Southeast Asian: general impact and supports

- South Asian: Racism, disablism, and labour market
- Other mixed: behavioural response
- North African: access to health care (white versus black)

Psychological



Results

People with certain disabilities would experience greater impact than those without

	B	SD	p<.05
(Intercept)	24.28	-0.08***	
diabetes	0.03	-0.21	
eatingDis	0.02	-0.24	
macas	0.15	-0.34	
cysticFibrosis	-0.07	-0.34	
ibs	-0.53	-0.28	
foodAllerg	0.04	-0.23	
otherFood	-0.61	-0.50	
multiSclerosis	-0.40	-0.41	
eds	-2.38	-0.37***	
fibromyalgia	-0.50	-0.31	
chroFatigue	-0.50	-0.29	
dystrophy	-0.33	-0.29	
parkinson	0.52	-0.40	
als	0.07	-0.43	
paralysis	0.05	-0.26	

longCovid	-0.93	-0.42*
arthritis	-0.72	-0.24**
otherMob	-1.51	-0.45***
alzheimer	-0.60	-0.61
epilepsy	0.40	-0.42
addiction	-0.83	-0.50
depAnx	-1.33	-0.28***
schizo	-0.25	-0.40
ptsd	-1.51	-0.34***
otherMental	-0.87	-0.34*
asd	0.22	-0.37
dyslexia	0.83	-0.39*
learningDis	0.64	-0.45
migraine	0.91	-0.25***
strokeDemantia	0.44	-0.58
phobia	-2.44	-0.64***
otherNonDiagnose	-1.03	-0.43*
blind	-0.24	-0.35
deaf	-1.39	-0.35***
CurCancer	-0.74	-0.38
RemissCancer	-0.67	-0.47
heart	-0.20	-0.30
stroke	-0.06	-0.55
lungFibro	0.24	-0.39
breathe	0.17	-0.27
circulation	1.17	-0.40**
otherHeartLung	-0.89	-0.46
endometriosis	-0.50	-0.36
aids	1.60	-0.66*
liver	0.39	-0.33
kidney	1.01	-0.41*
N	4286	
R2	0.10	



Conclusion

The interviews showed different focuses on the impacts across ethnic groups

- This was reflected by the quantitative survey, showing a poor outcome on those aspects
- It's hard to know the casual relationships between the focus and poor outcome

The interview participants suggested the varying impacts due to their health conditions

- Hard to disentangle the impacts due to co-morbidity
- Quantitative analysis could help
- More research could help to find the causes of the differences



Thank you for your listening

- Contact information:
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 - CICADA facebook: https://www.facebook.com/cicadastudy?locale=zh_TW
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