Public Health Priorities and COVID-19:
a very quick introduction

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Overview

1. How the COVID-19 pandemic is causing three concurrent PH crises (health protection, health improvement, healthcare public health).
2. What we know about the scale of harms from each and the inequalities in each.
3. How the next steps needs to balance these harms to minimise population health damage and inequalities.
Three public health crises…
Crisis 1: the direct impacts of COVID-19
• Ferguson/Imperial model
• Based on initial data from China
• Estimated the impact of different approaches to physical distancing on mortality and ICU demand at different points in the pandemic
• Crude deaths estimated at 20k (full mitigated) to 510k (no controls)
Crisis 2: the indirect impacts of COVID-19 on health/social care services
Early findings: percentage change in hospital admissions by sex
Early findings: change in hospital admissions by broad hospital specialty
Crisis 3: the indirect impacts of COVID-19 on the social determinants of health
Unintended consequences of physical distancing

• The ‘lockdown’ is likely to have widespread, unintended, impacts across the social determinants of health

• We undertook a rapid Health Impact Assessment (HIA) to identify the likely pathways, impacts and mitigation required

Source: Douglas et al, https://www.bmj.com/content/369/bmj.m1557
Unintended consequences of physical distancing

• Social distancing measures to control the spread of Covid-19 are likely to have large impacts on health and health inequalities.
• These include impacts arising through economic changes, social isolation, family relationships, health-related behaviours, disruption to essential services, disrupted education, transport and greenspace, social disorder and population psychosocial impacts.
• Across all countries, people on low incomes are most vulnerable to the adverse effects.
• Substantial mitigation measures are needed to reduce adverse health impacts.
The scale and inequalities of the harms
Source: NRS, [https://www.nrscotland.gov.uk/covid19stats](https://www.nrscotland.gov.uk/covid19stats)
Scale of the COVID-19 mortality challenge

- Age-standardised mortality and life expectancy impact of the Ferguson model scenarios
- Compared to other social causes (suicide, drugs, inequality attributable)

Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge?

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Source: McCartney et al, https://www.medrxiv.org/content/10.1101/2020.05.04.2009761v1
Scale of the COVID-19 mortality challenge

• The impact of a fully mitigated pandemic is predicted to drop life expectancy by 0.33 years, in a single year

• The impact of a completely unmitigated pandemic is predicted to drop life expectancy by 5.96 years, in a single year

• But, over a decade, the impact of inequality on life expectancy is six times greater than even a completely unmitigated pandemic (based on the worse case scenario modelled by Ferguson/Imperial)

• So, COVID-19 is potentially a massive mortality shock, but nowhere need as big as the inequality ‘long emergency’

• Crude deaths are not a good way to compare mortality shocks
Actual versus projected life expectancy (based on the 1990-2011 baseline)
Theory for the economic causes of the life expectancy trends

Public spending squeezed

• Wages squeezed
• Precarious work

Pressures on:
• Social care
• NHS
• Local government

Change to value and conditionality of social security benefits

• Decreased incomes
• Increased poverty
• Decreased security

• Poor housing
• Poor nutrition
• Less ability to maintain healthy behaviours
• Risk of rough sleeping
• Destructive coping mechanisms
• Poor mental health
• Social isolation

Stalling of most causes of death

Increased inequalities in mortality
What to do...
Implications

Short-run
• Need to ensure health and social care services are accessible and used
• Mitigation of unintended socioeconomic consequences

Long-run
• To improve population health and reduce health inequalities we need to address the inequalities in income, wealth and power
• We need to take this opportunity to build the economy back better: sustainable, equal, health
Further information on the causes of the inequalities in health in Scotland and what works to reduce them see: http://www.healthscotland.scot/media/1053/1-healthinequalitiespolicyreview.pdf

Further information on the causes of stalled life expectancy trends: https://www.scotpho.org.uk/population-dynamics/recent-mortality-trends/

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