

# Black Thrive Lambeth COVID-19 Survey Analysis

## Preamble

Between 16th April and 3rd June 2020, Black Thrive Lambeth conducted an online survey focusing on the effects of COVID-19. In particular, the survey captures the health-related risk factors of respondents and the risk factors associated with those in their households. Additionally, we analyse the effects of COVID-19 and the concurrent lockdown on financial strain and well-being. Likewise, we collected qualitative responses from participants about the effects of the pandemic (although these are not analysed here).

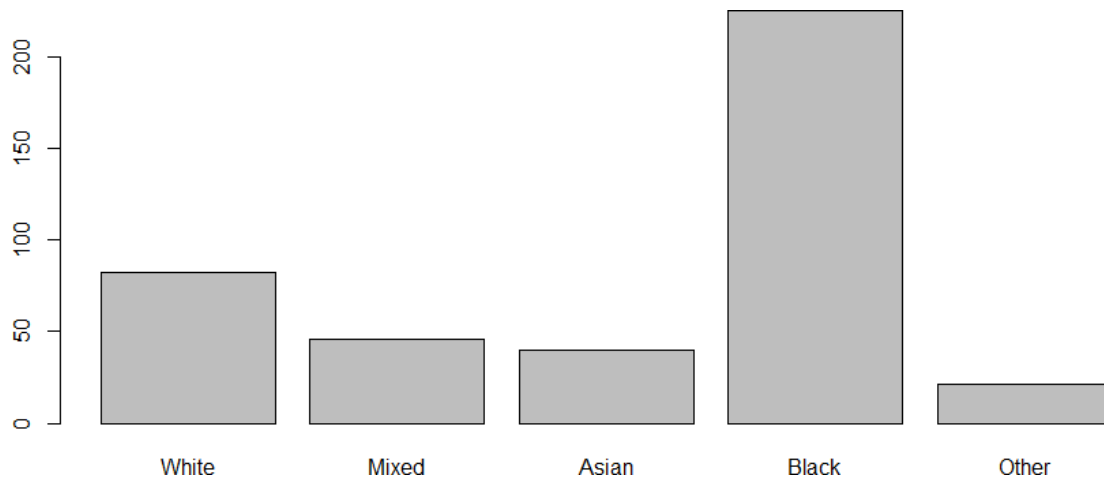
The survey data backs up much of what has already been published. In particular, Black respondents were significantly more likely to have a health condition which meant that they were especially at risk of COVID-19. However, we also asked participants about household risk, as far as we know, this is the first data to examine not just individual risk but household risk. Black households had significantly more risk factors for COVID-19 than White households – almost double the number of risk factors on average.

Despite these disproportionate effects on Black participants, their well-being was not significantly different from White participants. Indeed, it was slightly higher on average. However, this resilience should be viewed in light of the fact that both Black and White respondents showed markedly low well-being. Well-being was so low, that it may indicate a general clinical need. Attention should be paid to the speed of psychological recovery for different ethnic groups. Finally, Black and White respondents did not differ in the extent to which they felt financially strained. This is perhaps reflective of a largely public and charity sector cohort.

## Descriptive Statistics

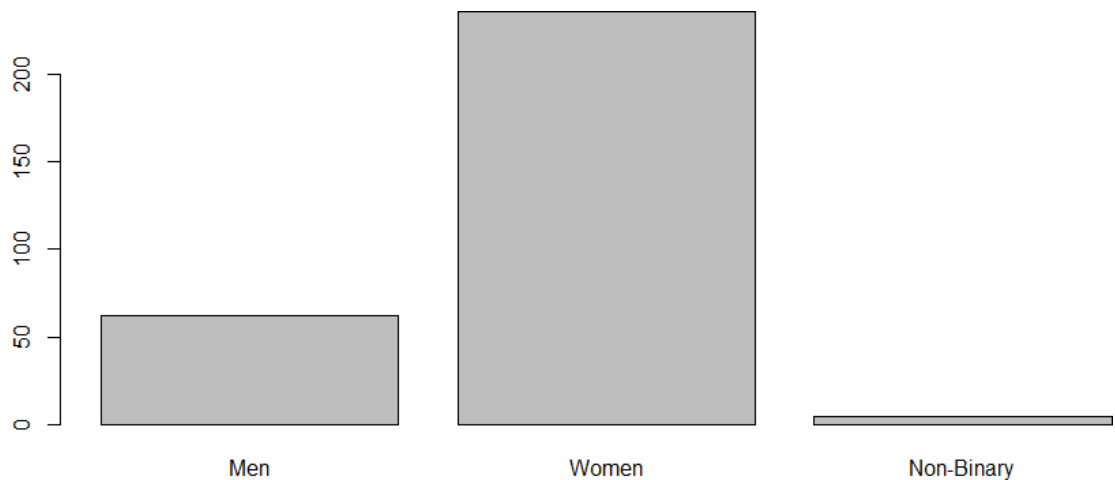
### 1. Ethnicity

Of the 441 respondents – 225 define themselves as Black, 82 self-defined as White. All other ethnic groups (Asian, Mixed, Other) had less than 50 responses. They were therefore excluded from further analysis. The final analysed dataset had 307 participants. Also note that participants did not have to answer all questions in the survey, therefore sample size varies across variables.



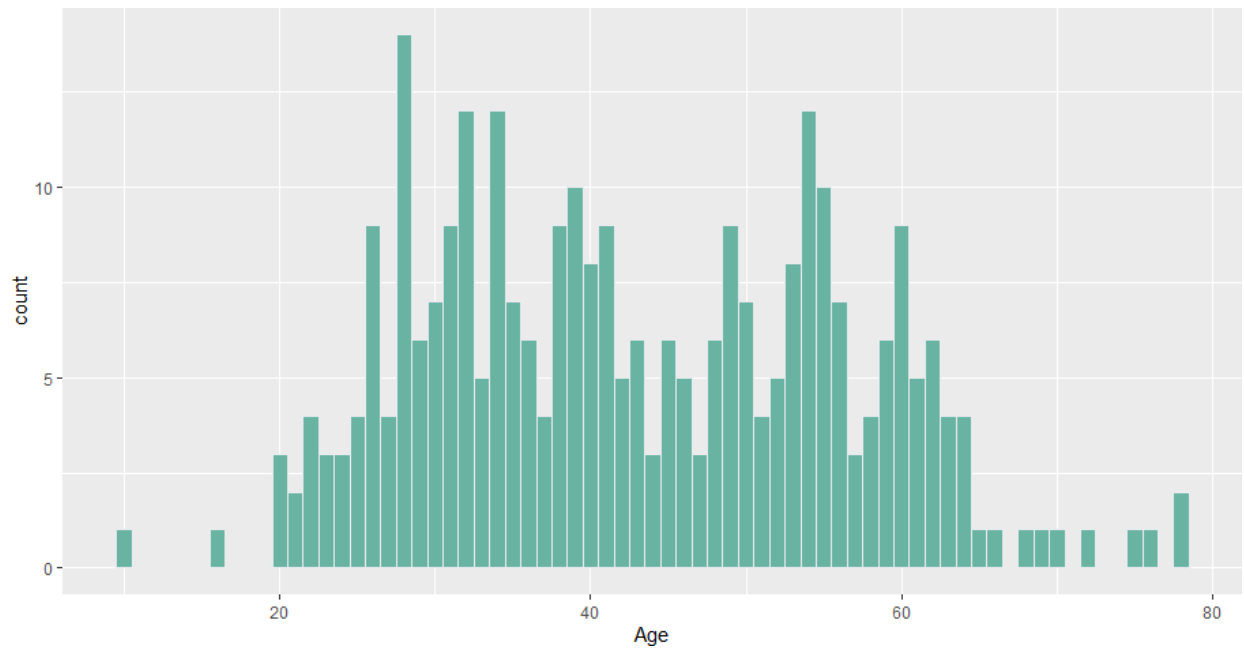
## 2. Gender

The final sample is heavily skewed towards women. For each man (62) that took the survey, there were 3.8 women (236). A small number self-defined as non-binary (4).



## 3. Age

Age spread was generally good at representing the working age population. The mean age was 42.31 years (SD = 13.10). There were no significant age differences in the sample between Black and White participants.

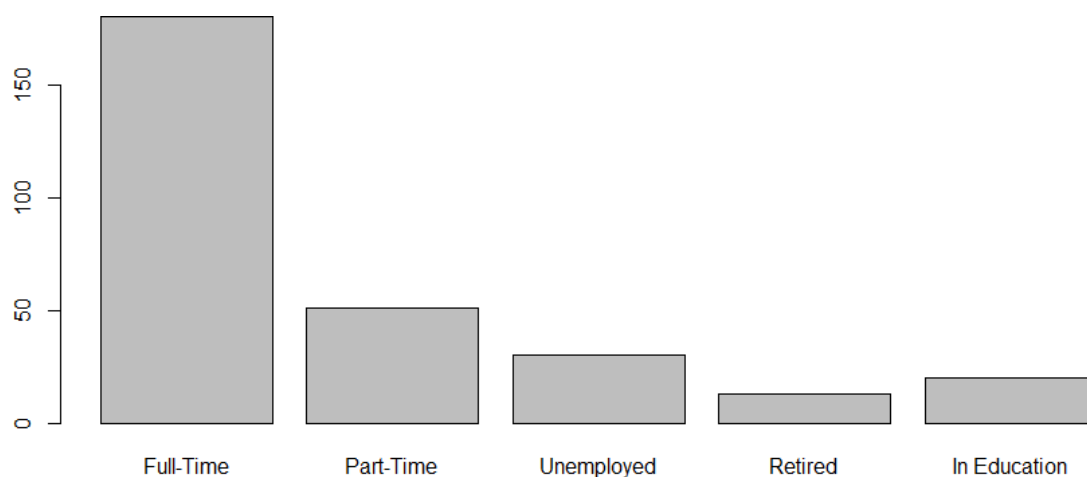


#### 4. Connection to Lambeth

Approximately half of all respondents (145) were connected to Lambeth. A small but significant number were connected to Southwark (63).

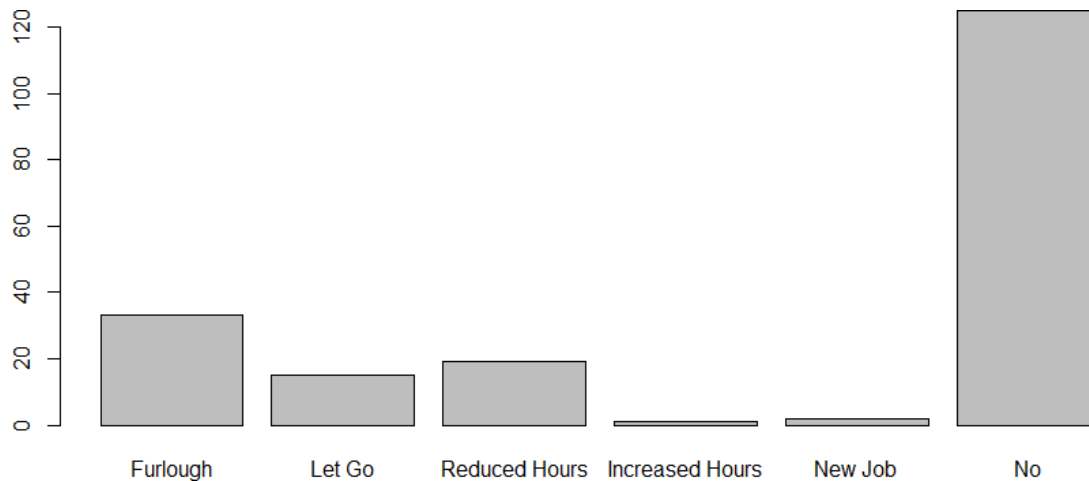
#### 5. Employment status

More than half of respondents were employed full-time before the COVID-19 lockdown (180). Still, many had other employment statuses, including 30 who were unemployed. For the vast majority, employment status has not changed since the lockdown. Though it is to be noted that when most participants took part in the survey furlough has only just come online.



## 6. Changes in Household Employment Status

Though few respondents' employment status has changed – they reported higher levels of employment change in their households. 80 of the 240 who answered this question are likely to have reduced household income either because of furlough, becoming unemployed or having reduced hours.



## 7. Other notes

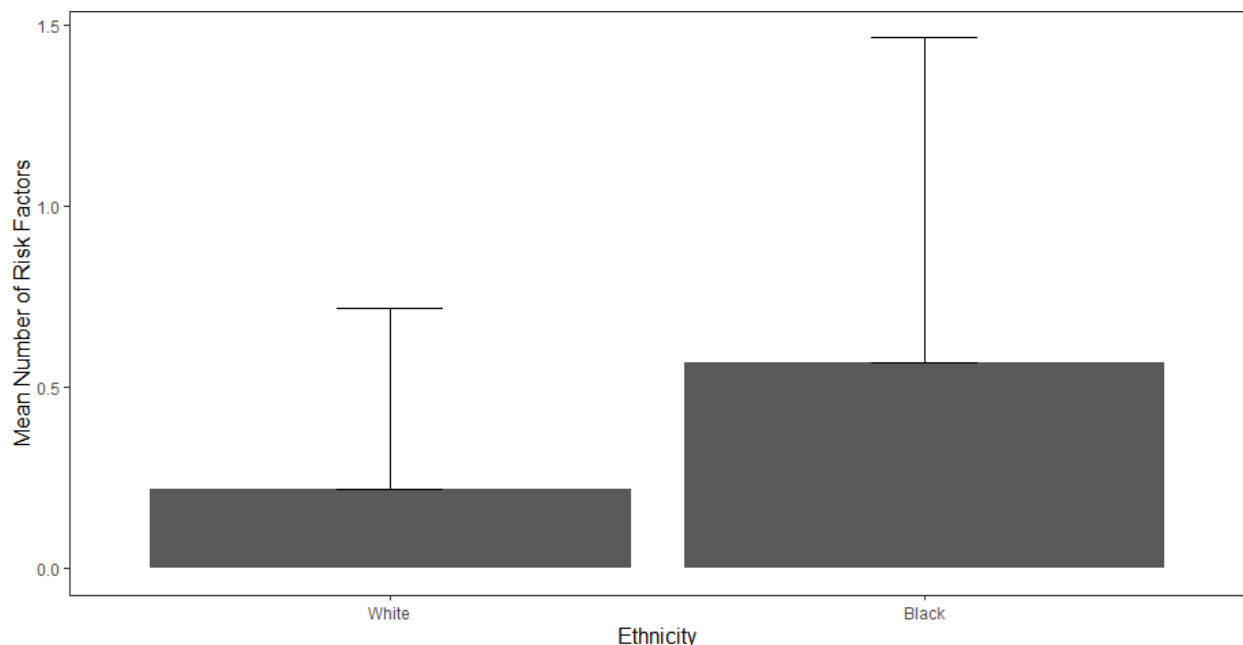
- a) Although our question about industry were not effective in capturing where respondents work, it is evident that a high number work in the public sector, particularly local authorities, the medical profession and charities. This is already quite well known, i.e., that Black people are more likely to work in the public sector or in charities. It probably also reflects our own networks.
- b) Again, our question relating to sick pay is uninterpretable because the categories are not mutually exclusive. Still, most said they *would get paid* if they had to take time off sick (164). Again, this would be reflective of a largely public sector workforce.

## Inferential Statistics

### 1. Do Black people have more risk factors for COVID -19 on average than White people? – Yes

Black people had significantly more health conditions than White people. The difference was large, such that in a room with 100 Black people, 56 of them would have a risk factor for COVID-19, in an equivalent White room, the number would be 22.

*Black people (M = 0.56, SD = 0.89) reported significantly more risk factors  $t(255.84) = -4.31, p = <.001^1, d = .43 [.17-.69]$ , than White people (M = 0.22, SD = 0.89)*



### 2. Do other people in Black households have more risk factors for COVID-19 than in other households? – Yes

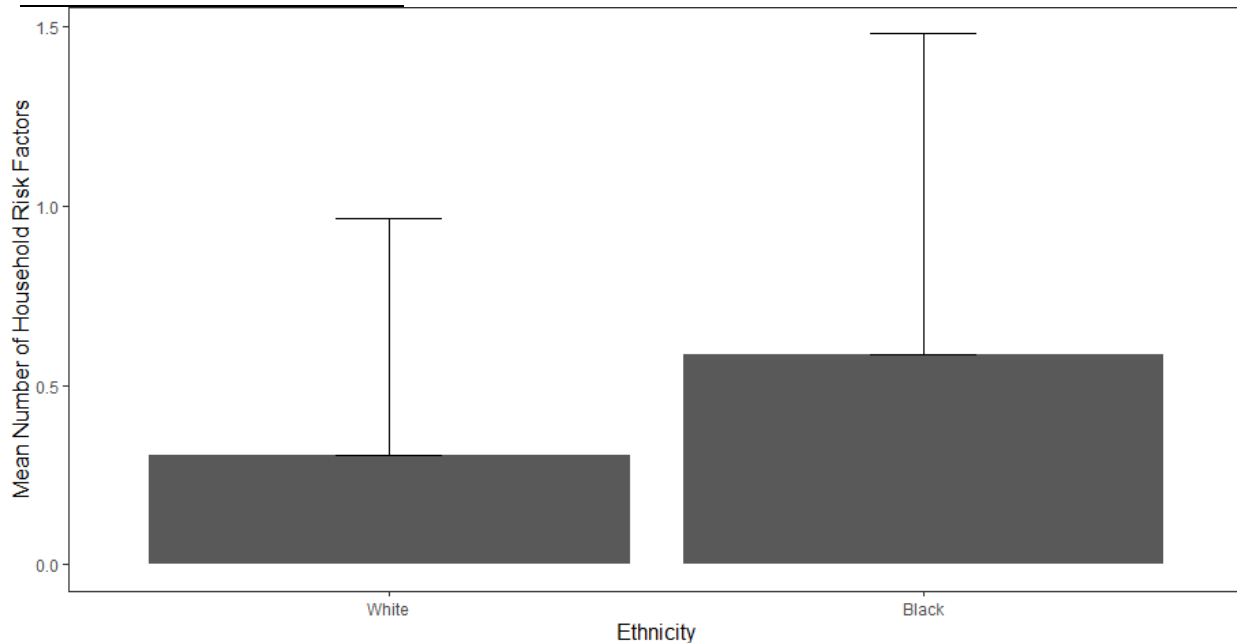
In addition, Black households more broadly (i.e. other people living in the households of Black respondents) had equivalently higher risk factors than White households. The differences were stark, Black households had almost double the number of risk factors compared to White households. Overall, the data suggests not only that Black people are at a higher risk of COVID-19 but also, that should one member of a household contract the virus, that other members are at high risk of needing hospitalisation and, ultimately death.

*Black people (M = 0.58, SD = 0.89) reported significantly more risk factors associated with other*

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<sup>1</sup> T-tests use welch-correction and p-values are adjusted using Holm-Bonferroni method throughout

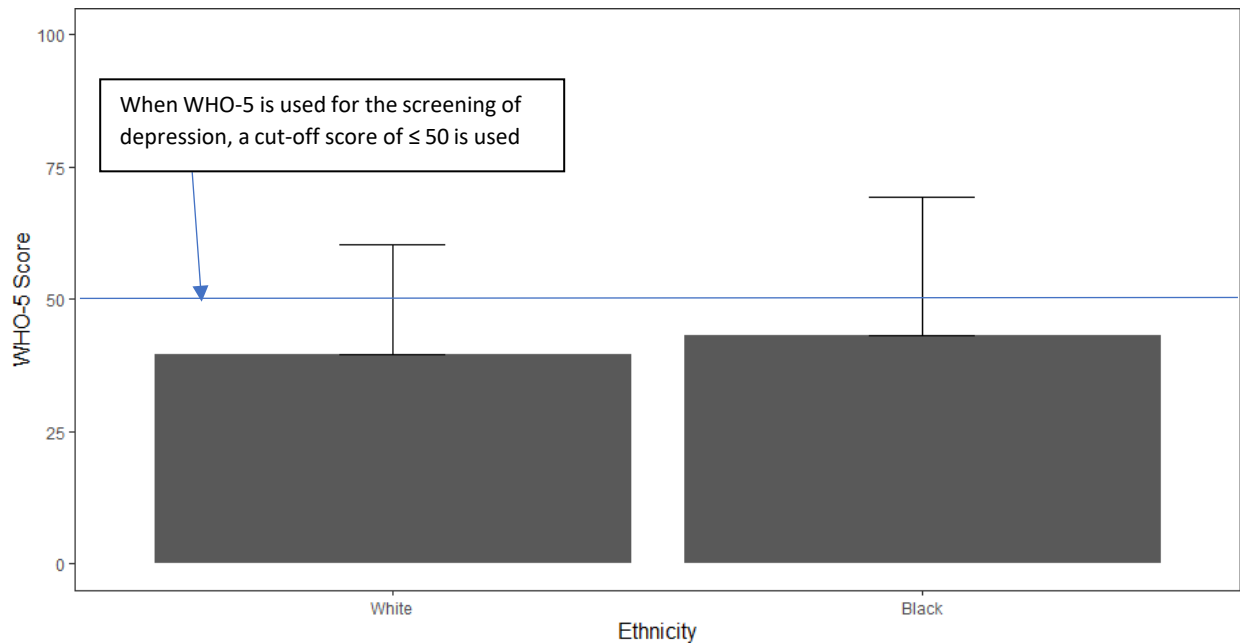
people in their households  $t(193.62) = -2.99, p = .009, d = .34 [.08-.59]$ , than White people ( $M = 0.30, SD = 0.66$ )



### 3. Is Black people's well-being lower than other groups? - No

Despite our own assumptions to the contrary, and the prevailing evidence, including from our own survey, that Black people are disproportionately affected by COVID-19 this has not impacted their mental health *more* than others. However, respondents in the survey, at the height of the lockdown, were all typically showing signs of depression. Specifically, the WHO-5 measures well-being and scores below 50 are thought to be indicative of clinical need.

*There was a no significant effect of Ethnicity on well-being ( $t(148.9) = -1.204, p = .231$ ). The overall mean for the well-being scale (WHO-5) was 41.48 (on a scale from 0-100). When WHO-5 is used as a clinical screening tool for depression the cut off is  $\leq 50$  (Topp, Østergaard, Søndergaard, & Bech, 2015).*



#### 4. Are Black people experiencing greater financial strain? – No

Again, contrary to our expectations, Black participants were not more likely to be suffering from heightened financial strain. However, this may reflect the nature of the sample i.e. mainly public sector workers. Indeed, for those who have remained employed and on full-time wages throughout the lockdown it is likely that they are financially better off on average than they would have been normally. Of course, this is due to spending less on non-essential items.

*There was a no significant effect of Ethnicity on financial strain ( $t(158.43) = -0.69, p = .487$ ).*

