

Position Statement

Managing the COVID-19 Pandemic:

Social inequalities of health risks during and after the pandemic

For almost 50 years medical sociologists have been studying and interpreting the close links between social factors and health. The covid-19 pandemic is a classic example of the existence of such links. There are connections on all levels between the social position of a person, and that person's prospects for emerging healthy from this current crisis. The risk of infection is already unequal for different social groups; for instance, people in specific occupations — healthcare or retail — face a much higher risk of exposure and infection. Social inequalities are also seen in how the disease progresses in infected people. The presence of pre-existing illnesses worsens a patient's prognosis. Here, it must be made clear that underlying health conditions are socially not equally distributed, because poorer people and people with a lower level of education suffer from chronic conditions such as diabetes and coronary heart disease two to three times more frequently (Lampert and Kroll 2010; Lampert et al. 2018).

The social dimension of indirect health consequences arising from nonpharmaceutical public health interventions should also be considered. There is a real threat of an increase in social inequality and respective health consequences, both in the short- and in the long-term. In the short term, a strain on health as a result of social isolation, acute financial problems, fears about future financial and employment situation, and domestic stress arise; such implications can already be observed now. All these changes affect people with few resources much more than those who are financially secure and socially well-connected. This is by no means to say that people with high incomes cannot be negatively affected by the quarantine; however, the probability of being negatively affected is disproportionately higher when living quarters are cramped, jobs precarious, and single parents have to provide childcare without external support.

Long-term consequences are much harder to estimate because it has not yet been possible to make any precise statements regarding economic developments. Lessons from earlier economic crises teach us that severe economic downturns have measurable effects on health, and that these effects are not distributed equally across a population. These inequalities arise because the living situations of many people worsen (e.g. by unemployment), and the resulting psychological distress and urgent financial need then take a negative toll on mental and physical health. This was seen in countries which were hit particularly hard by the 2008 financial and debt crisis (Karanikolos et al. 2016).

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In response to the present situation, members of the German Society of Medical Sociology will examine the social dimension of the medical crisis we now find ourselves in. We also wish to point out that the consequences for health caused by social inequality are not just a problem of equity, but also a health care problem. We will be pursuing our research in an interdisciplinary manner in collaboration with specialists in other fields and occupations, for one instance as part of the initiative www.public-health-covid19.de.

Since, at this moment, the recommendations being given to decision-makers are based on limited evidence, we will just roughly outline what we believe should be done:

In the short term, people who are particularly affected by the crisis because they have few financial and social resources must be especially protected and supported.

Over the medium term, health effects connected with an intensification of the income gap, poverty and deprivation must be considered when evaluating further actions and measures.

In the long term, all means should be used to reduce existing social inequalities in health and illnesses by decreasing gaps in income and education. Presently, poor people in Germany die about 10 years earlier than their wealthy counterparts, any worsening of these inequality skews must absolutely be prevented.

Executive Board of the Deutsche Gesellschaft für Medizinische Soziologie (German Society of Medical Sociology)

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References

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