

Health Inequalities

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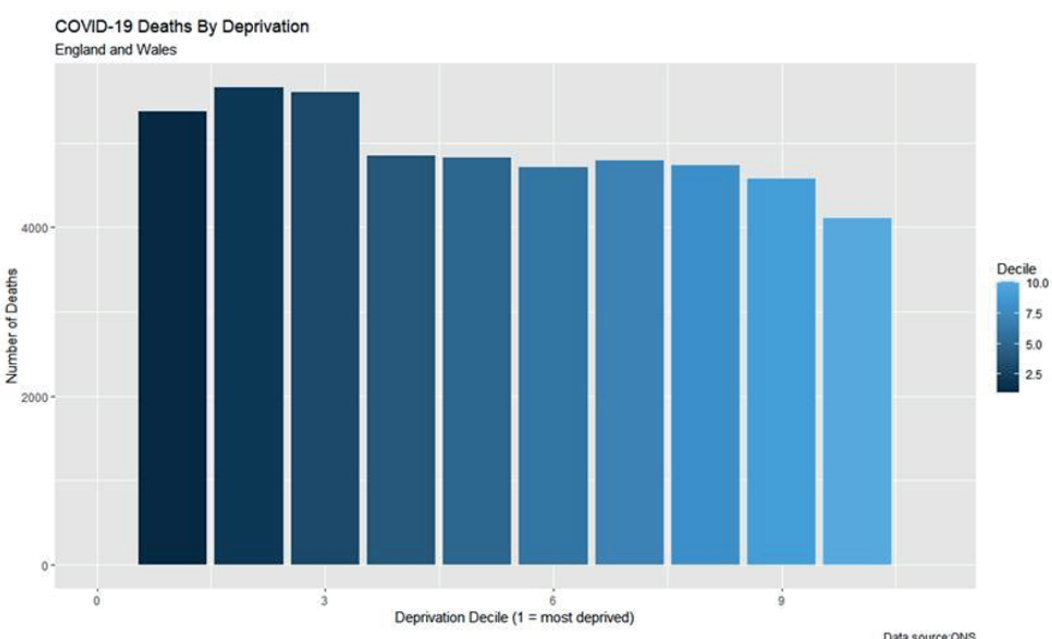
Overview of the Data Fellowship

I underwent my 8-week Q-step Internship with Policy@Manchester, the University's trailblazing and innovative policy engagement institute. Most of my work involved data visualisation - I made various graphs and charts to highlight the topics researched i.e., the impact of Covid-19 on healthcare services and food poverty.

Briefly, I worked on two projects for which I created supplementary policy briefings for - including extensive data analysis. My individual project, titled "Reducing Health Inequalities - The Impact of Covid-19" exposed the disproportionate and particularly detrimental impact on people who reside in high deprivation areas, from BAME communities, older generations, those with disabilities etc. In our joint project, "Poverty, Pollution and (In)Security", my co-intern Iulia and I investigated factors of neighbourhood disadvantage such as food and fuel poverty as well as the exposure to air pollution.

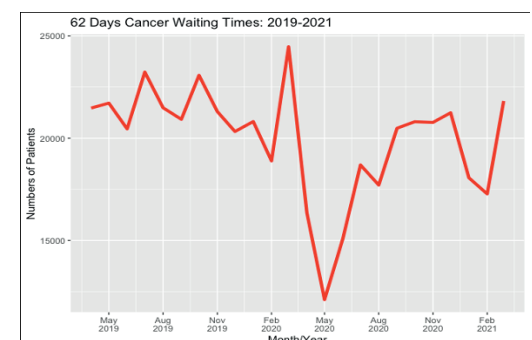
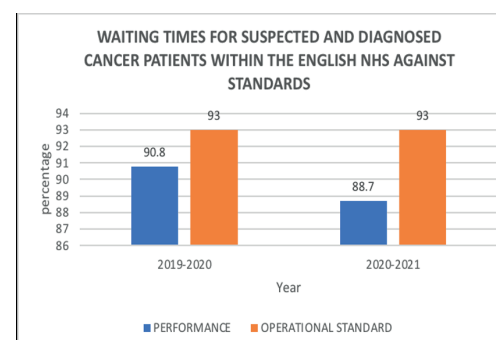
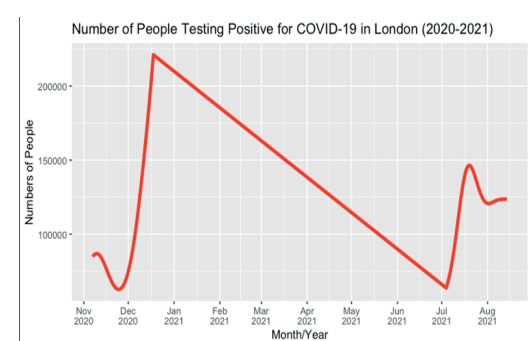
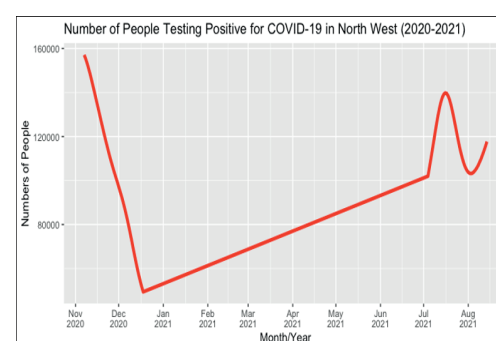
Data Analysis

I used a variety of datasets, all accessible online. For instance, by UK Government departments, or by private entities such as Google and even by charities/non-profit organisations too. For the analysis of the data, I used a combination of Excel (data cleaning, sorting and few simple comparison graphs) and R Studio (for more complex graphs with greater variables and data).



Findings

- Health inequalities such as deprivation, low income and poor housing have always equated to poorer health, reduced quality of life and early death for many people. Likewise, coronavirus has evidently showcased some of the health and wider inequalities that persist in our society
- Office for National Statistics (ONS) data shows that people who live in the most deprived areas of England and Wales are around twice as likely to die after contracting COVID-19
- In the early months of the pandemic, it was heavily urbanised areas such as London and the North-East that saw high levels of COVID-19 infections/mortality. As time went on, rates in areas of deprivation such as Leicester and Blackburn with Darwen still remained high
- The effects of Covid-19 have deeply affected those with chronic health conditions. For example, a key concern for cancer patients is that there has been delays or decreased diagnosis, tests and treatments.
- The number of patients starting cancer treatment after being diagnosed through screening in England was 42% lower in March 20- March 21 than pre-pandemic (NHS bowel, cervical and breast screening programmes)
- GP referrals for suspected cancer decreased sharply during the first wave of the pandemic, following a considerable fall in the number of GP appointments. In April 2020, referrals fell for all five cancers, but recovery has varied as seen below:



Key Skills Learnt

In terms of hard skills, I developed my knowledge of Excel and R studio software, both of which I had only some or limited experience with. A valuable lesson from my q-step internship was exploring new ways to visualise data and keeping organised when working with numerous types of data/files and software. Also, working in this professional environment for two months has helped me develop my communication, time management and presentation skills. I am positive that everything I have learned from the team at Policy@Manchester will prove beneficial in my development going further.