

When You Are Not The Norm

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Objectives

- Recognize which population subgroups are at higher risk of severe illness
- Discuss ethical reasons WHY we should target those who are not the norm
- Propose strategies to meet the needs of high risk population subgroups

Who is at Higher Risk of Severe Illness?

- Pregnant women
- Women
- First Nations women
- People with underlying conditions
- Age cohorts 20+
- Indigenous people (per WHO 4-5x rate of severe illness)
- People who live in remote/ isolated areas

Whose Risk Don't We Know?

- Low income people
- People who live in poor neighborhoods
- Street-involved people
- Recent immigrants and refugees
- Disabled

Why Target These Groups?

- Economic and health care utilization reasons
- Fairness/ equity and the right to the highest attainable standard of health
 - Underlying social and health inequalities
 - Structural disadvantage
 - Different context requires different approach to achieve an equitable outcome

Indigenous Peoples

- Historic and current economic and social disadvantage
- More likely to live in rural and remote areas
- Higher rates of diagnosed and undiagnosed chronic disease
- Younger population
- Higher rates of tobacco use

Indigenous Peoples

- Higher fertility rates
- Lower education levels
- Unique political context
- Multi-jurisdiction delivery of health care
- Mortality rates during Spanish flu 4-7x higher
- Seasonal influenza hospitalization rates 4x general population

Practical Considerations for Planning and Response

- Equitable participation in the decision-making process
 - Recommended in WHO ethical considerations in developing public health response to pandemic influenza, CSDOH, UNDRIP
 - Key for transparency, but also to obtain feedback/knowledge from priority populations
 - In MB: Equity and Ethics Advisory Group and Tripartite Table

Practical Considerations for Planning and Response

- Equity is everyone's responsibility
 - Tools for screening for equity impacts in all aspects of planning and response
 - Building organizational capacity/ infrastructure
 - Resources

Modified Health Equity Assessment Tool

- What inequalities exist in relation to the health issue under consideration?
- What are the mechanisms by which the inequalities were created, maintained, or increased?
- How could the proposed intervention affect health inequalities?

(From New Zealand Ministry of Health, Healthy Equity Assessment Tool)

Practical Considerations for Planning and Response

- “Hard to Reach”
- Where have we reached?
 - Prenatal clinics for early surveillance
 - Alternative immunization sites:
 - Shelters
 - Food banks
 - Community organizations

Practical Considerations for Planning and Response

- Where have we reached?
 - Communications:
 - Build on existing networks/ mechanisms (e.g. Disability Networks, PTOs to First Nations communities)
 - Language and literacy considerations
 - Multiple media (community radio not just websites)
 - Flu clinics:
 - Target areas with known poor access to primary care and in trusted sites

Practical Considerations for Planning and Response

- Who is doing what (roles)?
 - Clear and transparent
 - Includes both jurisdictions (e.g. federal and provincial roles in FN health care) and sectors/ departments (e.g. health and family services)
 - Think broader than health care to other basics necessary for health and quality of life: shelter, food, employment, child care

Practical Considerations for Planning and Response

- Roles:
 - Changing role of First Nations communities, tribal councils and PTOs
 - Requires good communication, development of trust, and review of rules:
 - E.g. rights of representative FN organizations to access FN-specific surveillance data, be involved in analysis and response

Practical Considerations for Planning and Response

- **Public perception:**
 - Recognizing risk may inappropriately stigmatize populations
 - May provoke greater fear/ stress in high risk groups
 - Ensure mechanisms are in place to detect this
 - Proactively and reactively target communications

Practical Considerations for Planning and Response

- Measuring the impacts of our efforts:
 - Distribution of illness, severe illness, outcomes by:
 - Race/ ethnicity
 - Gender
 - Socioeconomic status (perhaps by neighborhood level indicators)
 - Ability status
 - Process evaluation

Practical Considerations for Planning and Response

- Short term versus long term mitigation of risk:
 - Vaccine prioritization and early anti-virals may help to mitigate risk
 - Cannot lose sight of the long term structural issues leading to underlying social and health inequities
 - Role as advocates when crisis passes at least as important as acute care

Summary Messages

- Health equity is everyone's responsibility
- Equity is not just about outcomes but also about process
- Reaching needs to be guided by priority populations
- Vital to clearly know who is doing what
- Responsive to public
- Evaluate
- Structural problems require structural solutions