



COVID19: Using a Health Equity and Human Rights Lens to Protect Vulnerable Populations during this Pandemic and Beyond

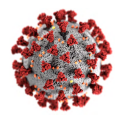
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About this Webinar

- Discuss why COVID-19 is a health equity issue
- Identify key principles of the health equity and human rights frameworks to protect vulnerable and marginalized populations during the COVID-19 pandemic and beyond
- Describe the role of community engagement and advocacy during this pandemic and beyond
- List sample strategies for transformative and long-lasting change

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Epidemics in an Age of Complexity



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Epidemics in an Age of Complexity

- Complex, intersecting, multi-scale systems
- Multiple networks and relationships between private, multilateral, public institutions and civil society - both locally and globally
- Global, national and local coordination of response key to effectiveness
- Communication an essential function across response levels
- Equity, social justice, inclusiveness as important areas of focus
- Civil and human rights implications of response
- Allegedly "easy" behaviors are not "easy" for all

Ref: Schiavo, 2009; Leach, Scoones, Sterling, 2009; Paetz et al, 2000; Schiavo, Leung, and Brown, 2014



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CORONAVIRUS DISEASE 2019 (COVID-19)



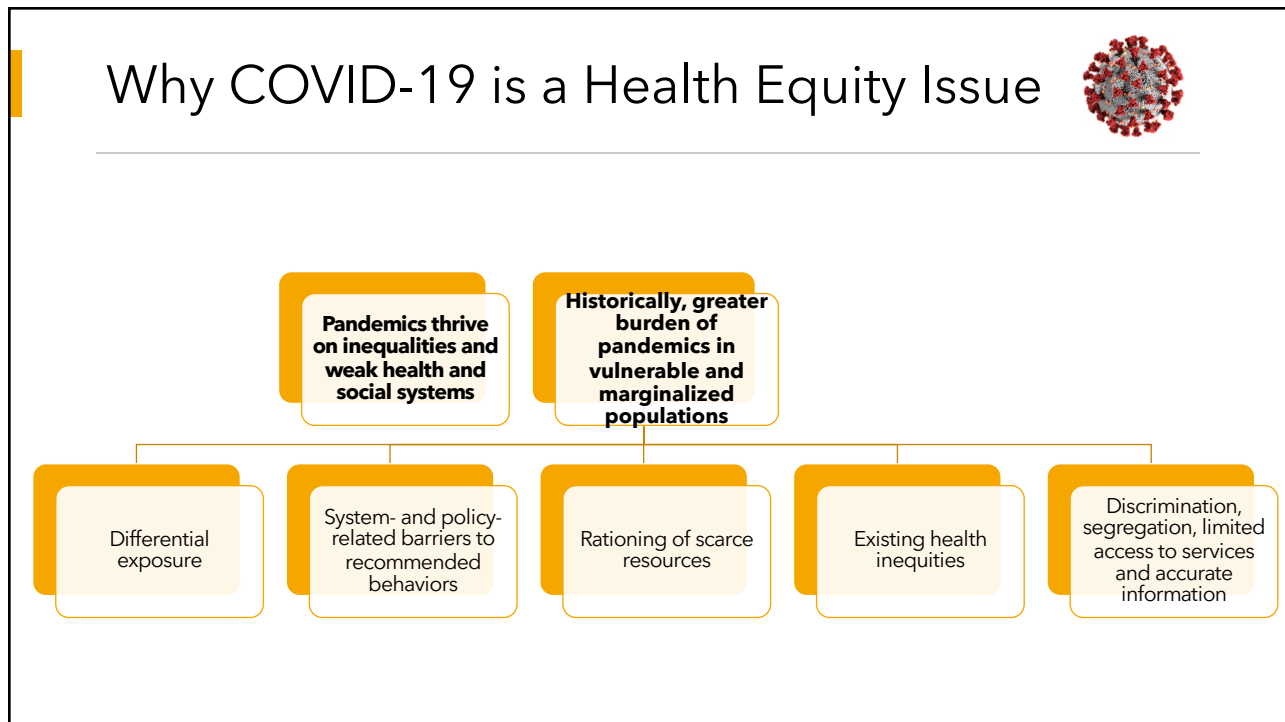
You can help prevent the spread of respiratory illnesses with these actions:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose & mouth.
- Practice social distancing by putting space between yourself & others.
- Wash hands often with soap & water for at least 20 seconds.



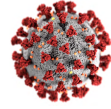
cdc.gov/coronavirus

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Why COVID-19 is a Health Equity Issue



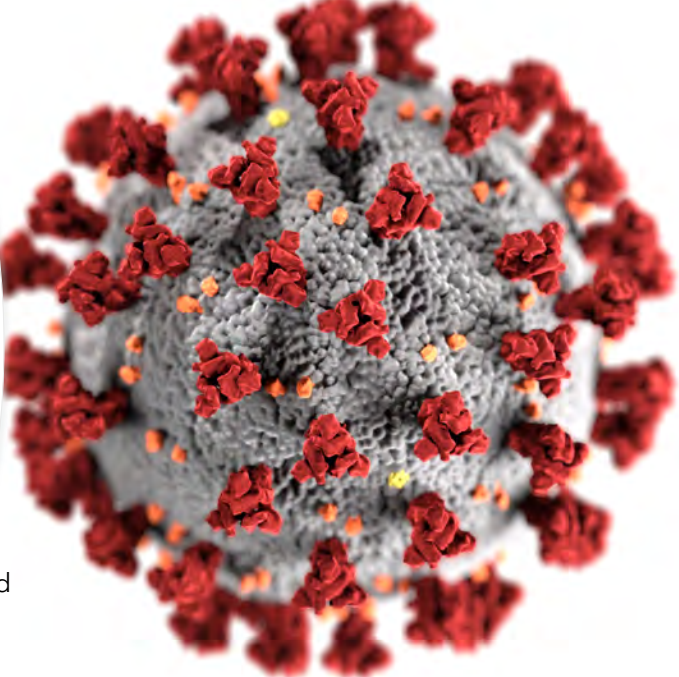
- Many barriers to protection and/or well-being among low-income and marginalized communities
 - Children who live in poverty
 - Homeless people
 - People who live in jails
 - People who work in the "gig" economy/lack job stability
 - Communities of color
 - Immigrants/refugees
 - Elderly people
 - People who live with disability
 - Other marginalized and underserved communities

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Pandemics and disease outbreaks such as COVID-19 have a strong way of showing us all **how great is the magnitude of social and racial inequities** too many people experience, and ultimately their impact on people's ability to protect themselves from the threat of public health emergencies and natural disasters, and to lead healthy and productive lives.

We need a holistic approach that address key **social and political determinants of health** to advance health and racial equity during COVID-19 and beyond

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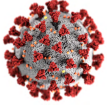


COVID-19 Response

Looking at **key principles of the health equity and human rights frameworks** to protect vulnerable and marginalized populations during the COVID-19 pandemic and beyond

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Using health equity and human rights principles in COVID-19 response



Health equity is providing every person with the same **opportunity** to stay healthy and/or effectively cope with disease and crisis - regardless of their socio-economic conditions, race, gender, ethnicity, age, social status, and other socially determined factors -by **identifying and addressing community- and group-specific barriers** that prevent people from leading healthy and productive lives.

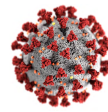
Human rights are rights **inherent to all human beings**, whatever our nationality, place of residence, sex, national or ethnic origin, color, religion, language, or any other status. We are all **equally entitled** to our human rights without discrimination.

Schiavo, R. and Health Equity Initiative, 2012-2020

Ref: United Nations Human Rights Commission

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Using health equity and human rights principles in COVID-19 response



Health equity

- Health as a human right
- Mapping and understanding vulnerability
- Focus on root causes/ SDOH
- Policies and interventions that aim to remove barriers to protective behaviors
- Community ownership of solutions
- Multisectoral collaborations

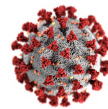
Human rights

- Universal and inalienable
- Interdependent and indivisible
- Equal and non-discriminatory
- Both rights and obligations

Ref: United Nations Human Rights Commission

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COVID-19 Calls for a Much-Needed Paradigm Shift



Disease-Based Approach

- Focus on health conditions, medical causes, symptoms,
- Patients and key influencers
- Often oblivious of other root causes
- Limited sustainability

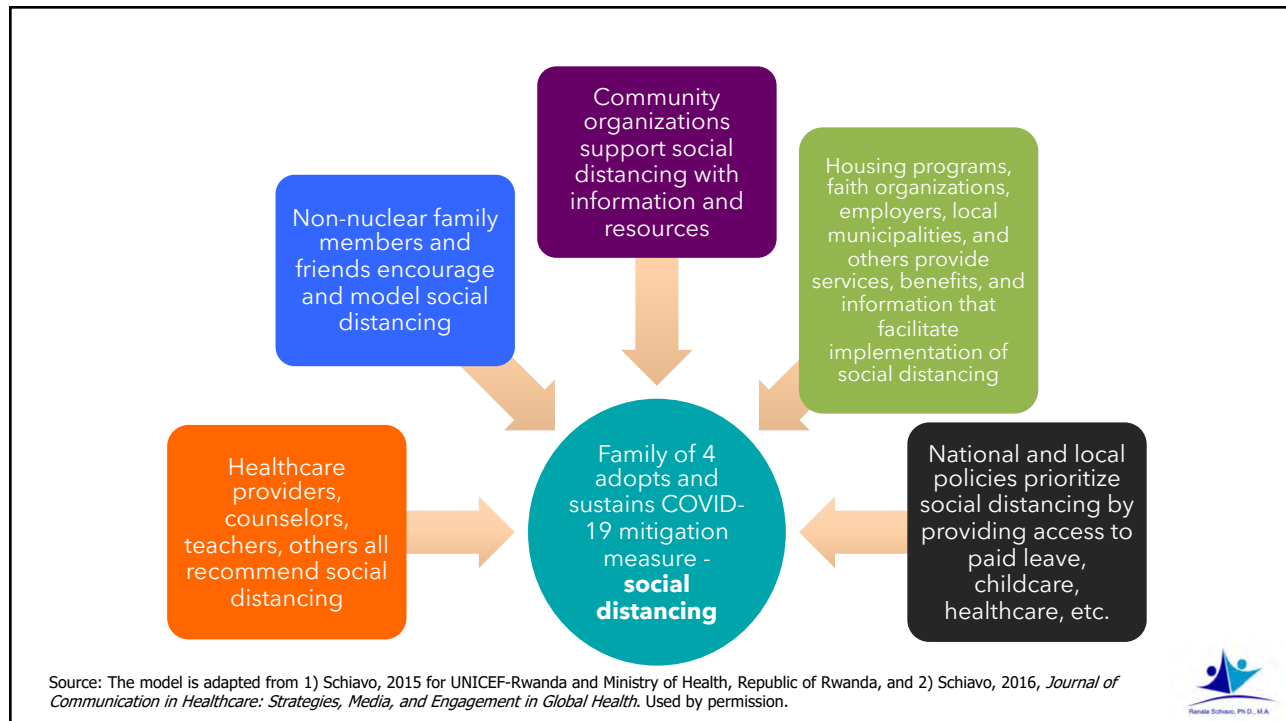


SDOH Approach

- Addresses root causes; living/working environment
- Health as part of an integrated approach to community development
- Community and patient engagement to support health behaviors
- Cultural humility
- Empathy



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What have we already learned from COVID-19?

- Communities of color and other vulnerable and marginalized communities disproportionately affected
- Guidelines needed for the use of scarce resources - inspired by "fairness" and "transparency" principles
- Many barriers to social distancing, staying home, etc. - need to be addressed via stronger federal and local policies
- Preparedness, trust, and transparency key to outbreak response

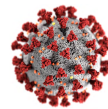
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What have we already learned from CoVID-19?

- We are in the midst of an “infodemic”
- The digital divide may continue to foster information- and COVID-19-related inequities
- Communication emerged (*once again*) as key to risk management/outbreak control
- Community engagement and advocacy are key strategies in pandemic control and beyond

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A health equity and human rights approach calls for fairness across multiple response areas



- Policy response
 - Intervention-based response
 - Clinical response
 - Essential resources/supplies response
 - Communication response
- Root problems/SDOH need to be addressed across different types of response
 - Community engagement and advocacy key strategies to support this agenda

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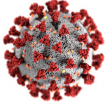


COVID-19: What's Next?

The role of **community engagement** and **advocacy** during this pandemic and beyond

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Removing barriers to protective behaviors: The link between sustainability and community ownership

- Sustainability of health and social behaviors, policies, goods and services
- Cultural competence/humility
- Values and conditions
- System-framing
- Community/patient ownership

Services, norms, behaviors, policies... "can be undermined all together if local populations [or patients] experience them as inappropriate or unjust..."

Ref: Leach, Scoones, and Stirling, 2009; Schiavo, 2014; Schiavo, Leung, and Brown, 2014; Schiavo, 2009; UNICEF, 2010; Schiavo, 2017; Schiavo, Hylliard, and Skinner, 2016



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Why community engagement matters: example 1



Schiavo, R. (2009) *Mapping & Review of Existing Guidance and Plans for Community- and Household-Based Communication to Prepare and Respond to Pandemic Flu*. Research Report. A report to UNICEF. UNICEF: New York, NY, January 2009. See: http://www.unicef.org/influenzaresources/index_1072.html

In Absence of Community Engagement, It's Difficult to Address Social Values and Norms!

“It was difficult to get people to stay away from their churches” – SARS Canada

“People won't accept not to visit sick people” – Avian flu, Nigeria

“Traditional practices of touching and sleeping with dead people as a last expression of respect were important in many communities” – Ebola, Southern Sudan

“There is a different understanding of social and physical distancing [required to protect people from the flu] within different ethnic groups” – United States



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Why community engagement matters: example 2

Select results from a systematic review

29 studies from **16** countries included in review

Quality of studies “High” to “Moderate to Low” (CASP); “High” to “Low” (applicability to LMICs)

- Most promising interventions and themes/areas
 - Community-based/participatory interventions
 - Multi-component/ multisectoral approaches to intervention design
- Focus on SDOH/health equity much needed within future assessments
 - Most eligible studies focus on assessing results re: **health and social behaviors or intermediate steps**
 - Very few studies had implications for **health system-related outcomes** or **environmental health impact** or **improved health service delivery**
 - Need to expand focus **on SDOH/health equity**



Schiavo, R., Leung, M.M., and Brown, M. (2014) *Communicating Risk and Promoting Disease Mitigation Measures in Epidemics and Emerging Disease Settings*. *Pathogens and Global Health*, 108:2, 76-94.

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Making the case for community and citizen engagement in outbreak control and risk communication: Key lessons

- Central role of communication
- Community leaders **engagement**
- Cultural competence/**trust**
- Tailored/group-specific efforts
- Focus on **at-risk groups**
- Message consistency
- Communication **readiness** and **credibility**

- Public/community **mistrust**
- Social norms difficult to change without community **engagement**
- Communication hoaxes
- National and global **coordination** and communication **readiness**

- **Preparedness**
- Multisectoral **alliances**
- Clarity of terminology
- Focus on **special populations** (e.g., schools, parents)
- Expand partnerships with **communities/religious and community leaders**

- **Mistrust** in official information
- Central role of **engagement of traditional and religious leaders**
- Complex concepts requires **culturally competent tools**
- Empowering **community networks**
- **Integrating communication/ community engagement** with RRT and communities

Ref: Blanchard et.al, 2005; Schiavo, 2009, 2014, 2016; Perune, 2009; UNICEF, 2015a, 2015b. All rights reserved. Submitted to Journal of Communication in Healthcare (March 2020).

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Making the case for community engagement: COVID-19

United States: Community-based organizations representing communities of color have been advocating for paid leave and other relevant provisions

Atlanta, GA: Community-based organization *Love Beyond Walls* has been coordinating staff and volunteers to install temporary sinks in the streets for homeless people to use

Italy: Communities came together to coordinate local production of protective masks and engage the local textile industry

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In the era of misinformation and "fake news," advocacy and community engagement are key strategies

Most of Milwaukee's Coronavirus Patients Are Black People, Officials Grasp for Explanations

Officials are concerned after finding the majority of Milwaukee's coronavirus diagnoses are concentrated in its Black community.

A map created by the Milwaukee County COVID-19 Dashboard shows the majority of cases are concentrated in the northern part of the county. As of late Sunday afternoon, there have been 606 positive diagnoses in the county and more than half of the patients in cases where the victim's race is known — 265 of 422 — are Black. At least four Black men in Milwaukee County are known to have died from the virus.

"We are seeing a concentration of the virus on the north side of the city, especially among black men," Wisconsin state Rep. David Bowen, who tested positive and is currently in quarantine, said during an online news conference this past week.

Coronavirus: What misinformation has spread in Africa?

By Reality Check team (BBC News)

31 March 2020

Reality Check

2. Black skin isn't resistant to Covid-19

There have been persistent suggestions on social media about skin colour and resistance to the illness.

The fake coronavirus stories spreading in Africa

On 13 March the Kenyan health minister dismissed the rumours that "those with black skin cannot get coronavirus".

We spoke to Professor Thumbi Ndung'u from the Nelson R Mandela School of Medicine in Durban who said "there is absolutely no evidence to back up the idea and indeed, we know that people with black skin are getting infected."

3. A cup of black tea does not cure coronavirus

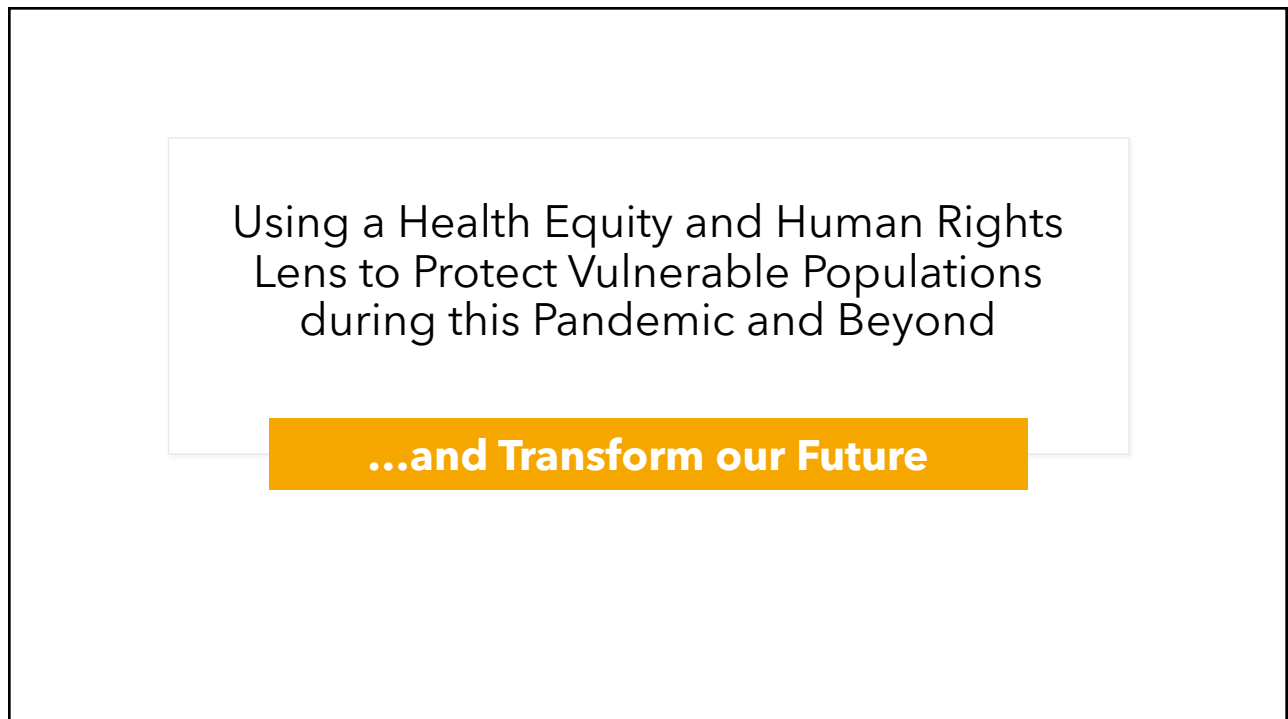
Keeping hydrated is important for your health, but drinking black tea is not a cure or treatment for Covid-19 as has been claimed.

Shurungi! (black tea without sugar) doesn't cure Coronavirus, experts say.

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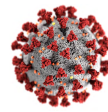


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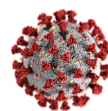
Health Equity and Human Rights Strategies to Protect Vulnerable and Marginalized Populations



- Expand child nutrition programs to meet the needs of children who live in poverty also outside of schools
- Protect workers
- Expand the reach of essential benefits such as paid leave, childcare, access to free testing and healthcare, and others
- Develop guidelines for clinical settings re: use of scarce resources

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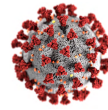
Health Equity and Human Rights Strategies to Protect Vulnerable and Marginalized Populations



- Place a moratorium on evictions and utility payments for low-income communities
- Engage community-based organizations in local pandemic surveillance
- Assess and address the needs of marginalized populations (e.g., homeless, people living with disability or mental illness)

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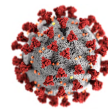
Health Equity and Human Rights Strategies to Protect Vulnerable and Marginalized Populations



- Strengthen risk communication systems by engaging community leaders as trusted sources
- Address hoaxes and misinformation
- Denounce fake news/"occupy" social media with the right information
- Write op-eds and letters to the editors to keep the focus on health equity and the SDOH and advocate for change

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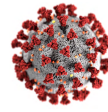
What about after the pandemic?



- In absence of adequate policies and interventions, health and social inequities will rise
- Many COVID-19 survivors from disadvantaged communities will still be the victims in the aftermath of the pandemic
 - In the U.S., 3 million people may lose their job by the summer
 - Worldwide, job losses projected to reach 25 million
 - Unemployment is likely to exacerbate social and health inequities

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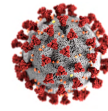
Sample strategies for addressing what comes after COVID-19



- Advocate for reform
- Support an expanded role of governments in the economy and essential services
 - Healthcare
 - Education
 - Much more
- Contribute to change social norms so that public services are seen as an investment and not a liability
- Bring in community voices to design solutions

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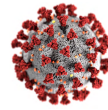
Where to start



- Collect and disseminate REAL (Race, Ethnicity and Language) data
- Strengthen relationships with communities, advocacy organizations, professional associations, and media alliances in designing and advocating for multisectoral solutions
- Recognize and address implicit bias and its impact on organizations, services, resources allocation, etc.
- Strengthen existing processes for attending the needs of vulnerable and marginalized populations and adopting and enforcing new policies
- Improve communication systems to increase access to accurate information

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Why it matters



- An incredible leadership opportunity for global, national, state, and local leaders from multiple sectors and disciplines, and government agencies
- Positive changes that may be implemented at this time of crisis are likely to carry over to the future and help improve community and population health outcomes for all
- Health and social systems built with pandemics in mind work also for chronic disease prevention, reducing infant and maternal mortality rates, promoting positive ECD outcomes, fostering mental well-being and much more


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Why It Matters

To save lives

Transform
and protect
our future



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"Pandemics and disease outbreaks such as COVID-19 have a strong way of showing us all **how great is the magnitude of social and racial inequities** too many people experience..." "This also shows that **we are all interconnected**, and that being our brother's and sister's keeper is not only an important human rights issue we should all care about, but something that can positively affect everyone's health and well-being."

Ref: Schiavo, R. (2020), Health Equity Blog, Health Equity Initiative, www.healthequityinitiative.org


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<https://www.mailman.columbia.edu/people/our-faculty/rs3406>



<https://www.healthequityinitiative.org/covid-19-and-health-equity-resources.html>

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