



### Health Equity in Disasters: SPHERE GUIDELINES & CRISIS STANDARD OF CARE

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### FACTORS INFLUENCING HEALTH EQUITY IN DISASTERS

1. Wealth/Poverty
2. Early Childhood Factors
3. Geography
4. Housing Quality
5. Discrimination
6. Legal documentation of residency

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- No Disclosures

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### CRISIS STANDARDS OF CARE

- Framework developed for catastrophic disaster response

- It was developed for ethical allocation of scarce resources to those who would most benefit.

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### HEALTH EQUITY

#### WHO Definition:

"Health equity" or "equity in health" implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

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### CRISIS STANDARDS OF CARE

- Department of Health and Human Services, Department of Veterans Affairs and National Highway Traffic Safety Administration, asked the Institute of Medicine (IOM) to form a committee of experts to develop national guidance for state and local public health officials and health-sector agencies and institutions in establishing and implementing standards of care that should apply in disaster situations-both naturally occurring and man-made-under conditions of scarce resources

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## CRISIS STANDARDS OF CARE (cont'd)

- Framework for state and local governments, emergency medical services (EMS), hospitals and acute care facilities, and out-of-hospital and alternate care systems, during a disaster.
- It includes legal issues and the ethical, palliative care, and mental health issues that agencies and organizations at each level of a disaster response should address.

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## SPHERE: COMPONENTS

1. Health
  - (i) Communicable Diseases
  - (ii) Child Health
  - (iii) Sexual & Reproductive Health
  - (iv) Injury/ Trauma Care
  - (v) Mental Health
  - (vi) Palliative Care
2. WASH (Water, Sanitation, & Hygiene)
3. Food security/nutrition
4. Shelter/ settlement

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## SPHERE

- Created by a group composed of select NGO's and the Red Cross and Red Crescent societies in 1997.
- Based on the **core objectives**:
  - (1) Post-disaster: right to life with dignity & right to assistance
  - (2) Alleviation of human suffering arising from disaster/conflict.

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## WEALTH/POVERTY

- Evidence links greater wealth with better health.
- Wealth= greater capacity for resilience and re-building capability.
- Poor= worsening of poverty. Results in poor living conditions, improper sanitation, and clean water, which are accentuated after a disaster.
- Approx. 1.2 billion people in the world live in extreme poverty. (<\$1/day)

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## SPHERE: GOALS

1. IMPROVE THE QUALITY OF HUMANITARIAN RESPONSE
2. ACCOUNTABILITY ACROSS ALL SECTORS FOR ACTIONS TAKEN

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## VULNERABLE POPULATIONS

- Geographically vulnerable (disease, disaster prevalence)
- Economically Vulnerable (Disasters are predominantly a disease of the poor)
- Socially Vulnerable (Women, LGBTQ)
- Physiologically Vulnerable (elderly, mentally ill, children)
- Psychologically Vulnerable (especially children)



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## CHILD HEALTH

- 40% of patient population treated post-disaster are Pediatrics
- Vulnerable population
- Keep children active and occupied (safe area for kids)
- Unaccompanied minors



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## GEOGRAPHICAL LOCATION

- Accessibility
- Areas more prone to disasters
- Local disease patterns
- Insufficient access to health care

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## ROLE OF PUBLIC EDUCATION



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## GEOGRAPHICAL LOCATION (Cont'd)

- Press coverage play an important part in amount of exposure the public has to a disaster, which affects funding
- Tourist areas get more publicity
- Organizational publicity and NGO branch offices within that region

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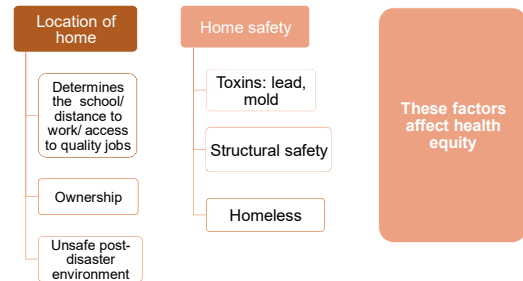
## EARLY CHILDHOOD FACTORS

- Childhood malnutrition effects adult health and economic achievement
- Lack of opportunities for their families affect their health.
- Growing up in unsafe areas with gangs, etc. affect life expectancy.
- Parents' wealth shapes their children's educational, economic and social opportunities, which in turn shape their children's health throughout life.

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## SHELTER



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## SHELTER/ SETTLEMENT

- Quality of housing → structural integrity during disaster

• Examples:

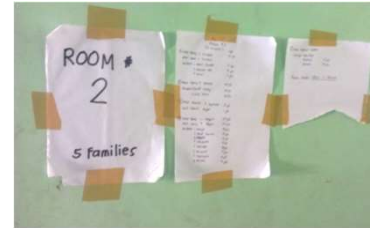
- Haiti earthquakes
- Bahamas, Shantytown
- Hurricane Michael in the FL Panhandle (2018)
- Cyclone Aila (2009), India and Bangladesh: katcha homes



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## COMMUNICABLE DISEASES – CROWDING



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## SHELTER/ SETTLEMENT CONT'D

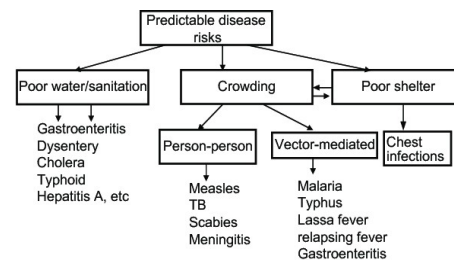
- Poor unable to relocate to a place of safety
- Poor are at risk of not being able to regain possession of land after disasters.
- Title to land – 95% lack title in the Lunga Lungu slums in Nairobi after pipeline fire in 2011 - common in Haiti
- Lack of access to banking: wealth is stored within vulnerable property.



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## COMMUNICABLE DISEASES



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## SHELTER/ SETTLEMENT CONT'D

Mass grave in coastal city of Tacloban, Philippines after Typhoon Haiyan (2013).



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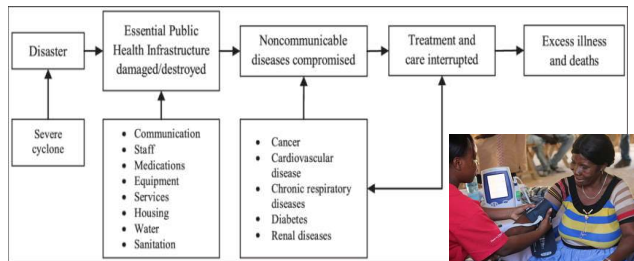
## HEALTHCARE

- Pillars of medical surge response: require integrated response
- Hospitals/ ER/ clinics
- EMS/ Emergency management / Public safety
- NGO's/ government

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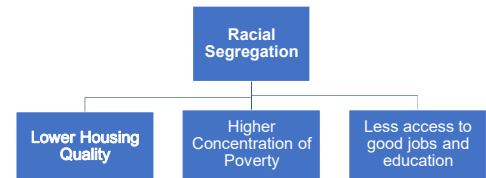
## NON-COMMUNICABLE DISEASES



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## RACE/ RACISM



**OUTCOME:** >Stress and higher risk of illness & death

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## EXAMPLES OF FOOD & NUTRITION PROBLEMS

- Pricing of basic needs increases
- Malawi smallholder farmers losing weight in 'hungry times'
- Food riots in Haiti with Hurricane Matthew, 2016



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## SEXUAL & REPRODUCTIVE HEALTH



- Reproductive/maternal/newborn/ breastfeeding
- Sexual violence & clinical manifestation of rape/ domestic violence
- HIV prophylaxis (within 24 hours)
- Continuation of HIV medications for HIV pts

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## DISCRIMINATION

- Race/ gender/ religious/ asylum/ migration status/ criminal record, etc.
- Ex: RELIGIOUS:  
Floods in Kerala, India; August 2018



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## WOMEN

- **Vulnerable people can become the most powerful agents of change after a disaster.**

- Women empowerment:  
-Nepal Earthquake, 2015: rebuilding efforts. Advocated for gender equality & women's empowerment in disaster recovery efforts. (15-Point Kathmandu Declaration)

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## UNDOCUMENTED POPULATION IN DISASTERS

### • FEAR OF DEPORTATION.

Examples:

1. Bahamas, majority in shelters are from Haiti, many undocumented.
  2. 1 in 5 Latinos have avoided medical care due to concern of being discriminated against or treated poorly. -RWJ Foundation
- Hurricane Harvey in Texas: fear of their own status or a that of a family member. 56% of likely undocumented immigrants did not seek help due to this reason. - Kaiser Family Foundation (KFF) and the Episcopal Health Foundation (EHF)

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## PALLIATIVE CARE GOALS

- For conditions that occurred during the disaster or which pre-dated the disaster
- Effective, aggressive pain & symptom management
- Success depends on pre-disaster palliative care plan
- Inter-disciplinary team training
- Patient & family education

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## UNDOCUMENTED POPULATION IN DISASTERS

- Ability of country to provide support
- Allocation of resources
- EMTLA (U.S)
- **This is an area where NGO's can be really useful during disasters to fill a gap the affected country may not be able to provide.**

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## SOLUTIONS: PREVENTIVE MEASURES

- Promote resilience, before and after disaster
- **Teaching the community to be self-sufficient for 72 hours**
- Vulnerability assessments
- Managing expectations
- Focus on local impacts
- Enlist Local Groups/ local volunteers/ local physicians

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## MENTAL HEALTH

- CHW/leaders/volunteers: >self help & social support
- Psych first aid. This service is lacking in developing countries.
- Vulnerable to everything



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## SOLUTIONS PREVENTIVE MEASURES (CONT'D)

- Encourage adaptation (improve infrastructure)
- Practical support (strengthening social networks, active coping strategies (preparation and response to disasters)
- Personal/ community disaster plan
- Training teachers to meet psycho-social needs

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## SOLUTIONS

- Utilizing clinics and urgent cares in disaster response to alleviate emergency rooms.
- Mobilizing primary care physicians to ensure health resiliency
- Clinic and urgent care disaster plans and simulations
- Mutual aid agreements: VERY IMPORTANT

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## WHAT CAN YOU DO?

- ROLE OF FAMILY MEDICINE
- Education on disaster prevention and response: Free online FEMA courses, Disaster Triage
- Simulations and drills
- Understand and learn the Incident Command System and Hospital Incident Command Systems
- Educate your patients

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## THANK YOU!

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