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

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.

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.
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.

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.

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

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)

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)

SPHERE: GOALS

1. IMPROVE THE QUALITY OF HUMANITARIAN RESPONSE

2. ACCOUNTABILITY ACROSS ALL SECTORS FOR ACTIONS TAKEN
CHILD HEALTH

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

ROLE OF PUBLIC EDUCATION

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.

GEOGRAPHICAL LOCATION

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

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

SHELTER

Location of home

Determines the school/ distance to work/ access to quality jobs

Ownership

Unsafe post-disaster environment

Home safety

Toxins: lead, mold

Structural safety

These factors affect health equity

HOME SAFETY

- Toxins: lead, mold
- Structural safety
- Homeless

These factors affect health equity
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

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 Lunga slums in Nairobi after pipeline fire in 2011 - common in Haiti
- Lack of access to banking: wealth is stored within vulnerable property.

SHELTER/ SETTLEMENT CONT’D


COMMUNICABLE DISEASES – CROWDING

COMMUNICABLE DISEASES

HEALTHCARE

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

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

EXAMPLES OF FOOD & NUTRITION PROBLEMS

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

RACE/ RACISM

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

SEXUAL & REPRODUCTIVE HEALTH

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

WOMEN

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

DISCRIMINATION

- Race/ gender/ religious/ asylum/ migration status/ criminal record, etc.
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 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).

- 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.

MENTAL HEALTH

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

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

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

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
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

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

THANK YOU!

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REFERENCES

   - https://www.phe.gov/coi/Documents/Palliative%20Care%20Considerations%20in%20Disaster%20Situations.pdf