

Eliminating Injustice Toward Disadvantaged Populations During an Influenza Pandemic

By George L. Saunders III, MD; Thea Monet, MAEd

In the spirit of its founders, A.M. Moore, M.T. Pope, L.A. Scruggs, and J. Williams, Old North State Medical Society (ONSMS) has dedicated itself to equity in health care, equal opportunity for black medical professionals, and equal care for minorities, including blacks, and very poor patients. The organization, which represents the interests of more than 1,200 minority physicians in North Carolina and thousands of patients from all walks of life, has been a voice for those without means for 120 years. In many instances, its members have provided health care when few or no other options were available. For members of Old North State Medical Society, finding ways to improve access to appropriate health care has required bringing truth to the phrase “with justice for all.” Finding ways to infuse *justice* into protecting the health and wellbeing of those most easily overlooked, deliberately untouched and ignored, minimally regarded, and likewise treated has been one of our greatest challenges.

ONSMS has not wavered in its commitment of “assuring equity in the delivery of health care to all people.”

Today, we are asked very necessary and important questions including:

- What might be done to eliminate injustice toward disadvantaged populations during an influenza pandemic?
- What policies and plans need to be in effect to ensure that those with limited incomes have what they need to stay healthy during a flu pandemic?
- What will happen to people and families who cannot stockpile food and water in preparation for a pandemic and the thousands of North Carolina children receiving their best or perhaps only meals through free breakfast and lunch provided at schools? When a flu pandemic emerges and schools close, what will they do?

We do not have all the answers, however, there are cornerstones for preparedness that can strengthen us despite racial, ethnic, educational, health, and financial disparities. First, a pre-emptive action leading to promoting justice for the disadvantaged during an influenza pandemic involves gathering together the grassroots leaders of diverse racial, ethnic, economically stratified, disenfranchised, vulnerable, underserved, and underrepresented groups. Community physicians, pastors, community action program workers, local business leaders, particularly those providing personal care to residents like barbers, beauticians, and elder leaders, are key to any meaningful efforts to raise awareness about a pandemic crisis. They are also potentially the most valued

teachers. Assessing their perceptions and expectations of community needs during an influenza pandemic represents a first step in the process of winning their long-term commitment to support local community preparation for flu pandemic

“Can there be justice for all in the midst of a flu pandemic outbreak?”

preparedness. Engaging leaders who will be respected, followed, trusted, and favored by local community members will be integral to the best possible decision making or planning for and with communities across the state. Self-determination and determination in the interest of one’s community engenders internal strengths. That strength will increase potential for compliance with rules of the day. Nothing can be more defeating than feeling helpless to provide assistance and guidance in a situation during a period of panic and absence of confidence in favorable outcomes.

Building bridges that forge partnerships and alliances between grassroots leaders, government, and public and private resource providers is a second key for enabling preparedness and eliminating injustice. Communities have to understand the inherent challenges posed during a pandemic long before it arrives. How vaccine is distributed, how ventilators are assigned, where priority is placed and where it is not are issues

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that should be shared with the community. Understanding the implications of these shortages enables fuller response and commitment to behavior that protects against and minimizes further spread of disease. When community leaders understand the challenges that await us during an influenza pandemic, they can actively promote preparedness and cautious behavior through their organizations' activities and venues. This action can save lives during an outbreak. Community leaders can also couple preparedness messages with other health improvement messages that remind us of the importance of vaccinations and getting medical care early for oneself and loved ones.

A pivotal key in eliminating injustice toward members of underserved communities is having community leaders and health organization leaders collaborate with one another and increase community representation on committees, panels, task forces, and planning groups tasked with setting guidelines that will prepare us for the challenge that lies ahead. Involvement in policy development can increase community access to the array of resources that will be needed during the influenza. The goal is to keep people fed, protected, and informed about where to turn and what to do next to minimize the threat of further contamination. By getting individual and families, especially those who are historically undeserved and discriminated against through this event safely, we reduce health disparities that can occur during a pandemic.

Reducing injustice involves developing protocols for resource distribution that reflect knowledge of the needs of special populations. Acknowledging intent to be fair and equitable in providing resources to communities will reduce the incidence of real and perceived instances of injustice. Public discussion about potential for injustice toward disadvantaged populations, whether on radio, television, or in the newspapers, will greatly deter injustice. Public buy-in on limiting and reporting any evidence of injustice in the treatment of people can also have a positive effect. Statements from public officials announcing how important it is to exercise just and equitable distribution of resources and services during an influenza pandemic can also curtail injustice. All of this becomes a cornerstone to getting us through the emergency because many people of color feel a heightened sense of distrust in public response systems, government, and the established rules of the day. The justified memories of unequal treatment in all areas of life may dominate.

All communities need information about the potential for an influenza pandemic and the need to prepare in advance for such an emergency. Early outreach is important because avenues of communication with public health and government may be limited. It is suggested that caution be used to avoid inciting panic in the general public. However, people must be informed and aware. Therefore, selecting community leaders to provide such messages will likely minimize premature panic.

Community leaders need the benefit of early training and support. They will be integral to squashing rumors, preventing stereotyping, and restoring a sense of order if communication breaks down.

Can there be justice for all in the midst of a flu pandemic outbreak? Neither children, the disabled, those who cannot

stockpile food, those who do not speak English, nor the elderly should be hungry; nor should they have unequal access to treatment during a flu pandemic. Treatment, prophylaxis, and basic needs (ie, food, shelter) should be provided in a nondiscriminatory fashion. The following guidelines will help prevent disparities during a flu pandemic.

- Make all resources available on the basis of a distribution plan that permits fair distribution to all. The disenfranchised and people of color should have an opportunity to contribute to the distribution plan. It is imperative that their voices be heard from the beginning of the planning process and that they understand the resource limitations that will exist during this crisis.
- Develop a process to immediately correct misallocation of any resource(s). Ensure that the public can witness and validate the correction(s). This includes eliminating any known obstacles and developing distribution formulas that adjust for social disparities, financial and economic disparities, mental health disparities, and primary health disparities.
- Prepare culturally relevant materials to educate the broader public about this situation and techniques for reducing its impact. All materials should be current and easy to read and understand. They should also emphasize issues important to disadvantaged individuals and those with preexisting health conditions.
- Encourage public health departments to invite community leaders to the planning tables to share in local discussions on protocol development and to provide feedback from their community's perspective.
- Invite every community organization, public and private, to assist in planning for and meeting the actual and anticipated needs of disadvantaged populations in their communities. Make every possible effort to identify available resources for use during a crisis and see that community leaders have ways to access resource providers.
- Engage community members to assist others in identifying instances of prejudicial thinking, biased behavior, and acts of unfair distribution. Provide them with information about reporting such instances through the appropriate channels in time for effective interventions.

Combining our strengths, pulling together, and preparing based on these guidelines will help prevent disproportionate challenges to disadvantaged populations. However, we must recognize that such injustices will still occur and we must identify and rectify such problems.

An example of such uniting and recognition is the collaborative work of the North Carolina Division of Public Health (DPH), Old North State Medical Society, and a number of community organizations. Those organizations include the National Association for the Advancement of Colored People (NAACP), North Carolina Commission of Indian Affairs, El Pueblo, the Mexican Consulate, Alliance of Black Elected Officials, North Carolina Institute for Economic Development, North Carolina General Baptist State Convention, Webb Patterson Inc, JMG

Marketing, Brad Thompson and Associates, NC Mutual Life Insurance Company, and numerous other community-based public, nonprofit, and private organizations. These organizations have a steadfast interest in uplifting the community and protecting its members in every possible kind of way. Our collective interest brought us together to plan for these issues.

The Old North State Medical Society and DPH are partnering through a contractual relationship to guide the development of statewide strategies to reach vulnerable populations, as mandated in the funding guidance. They will implement a health disparities prevention project focusing on flu pandemic planning, preparedness, and response in African American, American Indian and Hispanic/Latino communities. Furthermore, ONSMS will bring to bear the leadership, vision, perspectives, knowledge, skills, abilities, and commitment of the state's African American medical community to assist the Division of Public Health in assuring that African American, American Indian, and Hispanic/Latino communities in North Carolina are reached in the event of a flu pandemic and that the communities are not disproportionately or adversely affected by the outbreak.

This action gives promise for achieving justice for all through the aforementioned guidelines. It also directly responds to the need for the development of culturally relevant documents and culturally appropriate involvement of minority communities in disaster planning, preparedness, and recovery, as recommended by the August 2005 report prepared by the National Center for Disaster Preparedness.

The partnership between DPH and the ONSMS is establishing a Disparities Prevention Advisory Committee and developing an action plan to promote, facilitate, and implement at least four pilot projects that address flu pandemic planning, preparedness, and response in African American, American Indian, and Hispanic/Latino communities. The partnership will also identify barriers to and facilitators for communicating flu pandemic-related risks to African American, American Indian, and Hispanic/Latino communities and link and facilitate communication and interaction between key leaders in those communities and public health leaders who are engaged in flu pandemic planning.

This work will also involve conducting three events in the African American, American Indian, and Hispanic/Latino communities. Feedback from these events will enhance public health's understanding of how to meet community needs in the event of a flu pandemic. The final report from this collaboration will include recommendations for next steps in preparing for and responding to the needs of racial and ethnic minority communities during a flu pandemic.

Ensuring fair and equitable distribution of resources or "justice for all" is possible when people are educated about the facts, included in developing protocols and response plans, while respecting and valuing those affected as problems arise. The answers to the primary questions reside in the continuing commitment of leaders across the spectrum to collaborate in the interest of full and equitable distribution of goods and services during an influenza pandemic. **NCMJ**

Eat Smart, Move More Health Tip



This Year's #1 Baby Gift

Breast milk! It's the best gift you can give your baby. Breastfeeding fights disease and obesity and helps babies' brains develop—making baby healthier, happier and smarter. Mommy feels better too. She loses pregnancy weight faster and lowers her risks for cancer. And best of all, she's giving baby something that no one else can.

Doctors recommend exclusive breastfeeding for the first six months. After that, breastfeed and give your baby iron-rich foods until baby's first birthday.

For more tips on healthy nutrition where you live, learn, earn, play and pray, visit

www.EatSmartMoveMoreNC.com

