



**Section 11: Vulnerable Populations**

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## Section 11: Vulnerable Populations

### 11. Vulnerable Populations

“Aboriginal people fared extraordinarily poorly in the Spanish Flu. The mortality rate among white Canadian was 6.1/1000. The mortality among Aboriginal people was greater than 30/1000.” Mamelund, S.E. retrieved from [www.ed.lu.se/patpers/memelund.pdf](http://www.ed.lu.se/patpers/memelund.pdf). In Appleyard, T. (2009) *Bridging the Preparedness Divide*, Wellesley Institute.

#### 11.1 Introduction

While everyone in a community is affected by a pandemic, not everyone is affected equally. Some more vulnerable population groups are at greater risk due to circumstances such as income, literacy levels, language, age, or mental and physical abilities. One model that is helpful in describing these vulnerabilities was developed by Blumenshine and associates as presented below. It shows how social and economic disparities for vulnerable groups may lead to:

- an increased likelihood of exposure to the influenza virus,
- an increased likelihood of contracting influenza if they are exposed, and
- a decreased likelihood of receiving timely and effective treatment.

These disparities can in turn lead to a higher prevalence of illness and death.

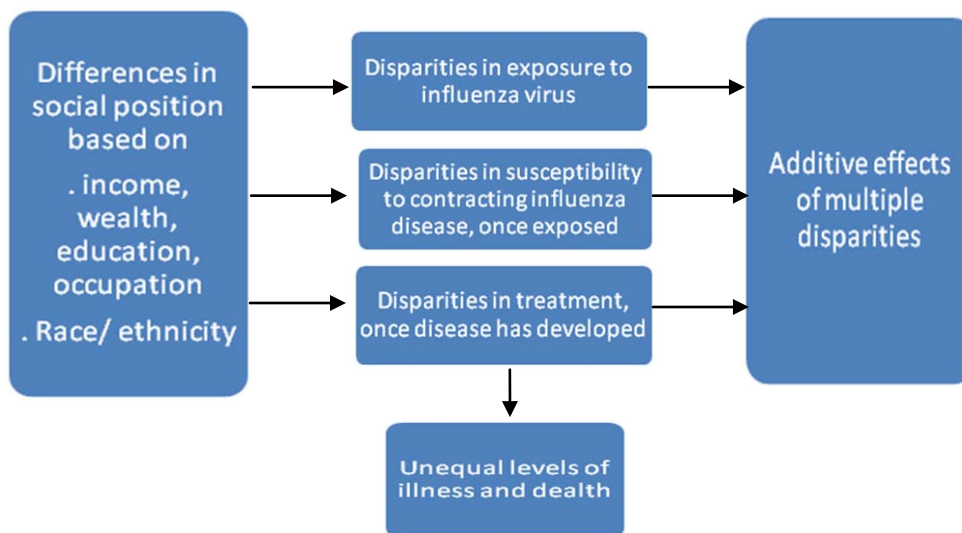


Figure 13 -1: Possible source of disparities during a pandemic influenza outbreak

Blumenshine, P., Reingold, A., Ergertter, S., Mockenhaupt, R., Braverman, P. and Marks, J. (2008) Pandemic influenza planning in the United States from a health disparities perspective. *Emerging Infectious Diseases*. 14 (5) 710. (In Appleyard, T. , *Bridging the Preparedness Divide*, Wellesley Institute, (2009).

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Multi-sectoral community planning can help to reduce the impact of these inequities for vulnerable groups by identifying anticipated barriers to disease surveillance, prevention, vaccination, treatment and referral, and identifying strategies to reduce these barriers.

### 11.2 Issues Facing Vulnerable Populations

In August, 2007, Peterborough County-City Health Unit coordinated an initial pandemic planning meeting for community agencies serving vulnerable populations. In October, 2009, as part of a community response to the H1N1 influenza outbreak, the Health Unit brought together representatives from 39 different community agencies for further discussions around pandemic planning for vulnerable populations. At these meetings, agencies identified a wide variety of vulnerable groups they serve, including people with low incomes and low literacy levels, people with physical and intellectual disabilities and conditions, people marginalized by homelessness, addictions, lack of social support, and mental health conditions, people living in rural and isolated situations, aboriginal populations, new immigrants, and people without access to a family doctor.

The following Tables summarize the key issues that have been identified for vulnerable populations in Peterborough with respect to influenza prevention, vaccination, assessment, treatment and referral, and the continuity of community services. Suggested strategies for addressing these issues are also identified.

#### Prevention and Exposure to Influenza:

Key Issues Which Increase Vulnerability	Suggested Strategies
<ul style="list-style-type: none"> <li>• Lower health status, medically fragile or immune compromised</li> <li>• Crowded and/or substandard housing and living conditions</li> <li>• Vulnerable health status due to low income, poor nutrition, lack of resources for personal hygiene</li> <li>• Mental health issues or lower functioning, may not have ability to adopt preventive measures</li> <li>• Lack of motivation or understanding around illness prevention</li> <li>• Can't afford not to visit social services or not to go to work when ill</li> <li>• Exposure to staff and caregivers who may be carriers of infection</li> </ul>	<ul style="list-style-type: none"> <li>• Provide clear information and guidelines around prevention through face-to-face communication, posters, hot-lines, videos, internet etc...</li> <li>• Provide education on basic hygiene, general infection control, hand washing, sharing of cigarettes etc...</li> <li>• Ensure readily accessible hand sanitizer and cleaning supplies</li> <li>• Train staff and caregivers on the use of Personal Protective Equipment so they don't transmit infection</li> </ul>

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### Vaccination:

Key Issues	Suggested Strategies
<ul style="list-style-type: none"> <li>• Lack of transportation due to physical or financial constraints</li> <li>• Cultural barriers</li> <li>• Lack of health cards</li> <li>• Lack of trust in vaccine and the health care system</li> <li>• Lack of information and understanding</li> <li>• Need for preparation time in advance of clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Set up immunization clinics at accessible and familiar locations</li> <li>• Hold on-site clinics with community service agencies and residential facilities</li> <li>• Provide clear communication on the purpose of the vaccination, who should be vaccinated, side effects, timing and location of clinics</li> <li>• Create a welcoming atmosphere, avoid long line-ups, provide food and beverages</li> </ul>

### Assessment, Treatment and Referral:

Key Issues	Suggested Strategies
<ul style="list-style-type: none"> <li>• Clients lack family doctors</li> <li>• Lack of clinic for unattached patients in downtown area, no walk-in clinic</li> <li>• Lack of facility for 'sick homeless'</li> <li>• Long wait times in Emergency Room</li> <li>• New immigrants cannot access OHIP for three month waiting period</li> <li>• Language and literacy barriers</li> <li>• Stigma against treating people with HIV/AIDS</li> <li>• Need for flexible hours</li> <li>• Lack of transportation, telephones</li> <li>• Fear of being sick, fear of doctors, nurses and needles</li> <li>• Lack of social and family support, isolation</li> <li>• Lack of resources for prescription medications, acetaminophen, food</li> </ul>	<ul style="list-style-type: none"> <li>• Improve access to health care</li> <li>• Have accessible, possibly mobile clinics</li> <li>• Increase client contact by agencies during flu season (eg. Caseworkers)</li> <li>• Ensure professionals have cultural competency to address language and literacy issues, insight regarding mental illness</li> <li>• Provide interim health coverage for new immigrants until OHIP available</li> <li>• Create a "Flu Kit" for vulnerable persons (food, beverages, personal care items)</li> <li>• Provide a "Community Comfort Line"</li> <li>• Ensure all public service employees have information on supports for treatment and referral eg. police</li> </ul>

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Continuity of Community Services:

Key Issues	Suggested Strategies
<ul style="list-style-type: none"> <li>• Services of small agencies, front line staff, volunteer-supported programs (Community Care), personal support workers, in-home support worker services (CMHA, CCAC) will be disrupted</li> <li>• Meal programs, Meals on Wheels, and food bank services will be disrupted</li> <li>• Group support activities, social and recreational activities will be disrupted</li> <li>• Health services, transportation, schools, churches could all be disrupted</li> <li>• At the same time, the need for health and social service and practical supports (food, medication, personal care) would increase</li> </ul>	<ul style="list-style-type: none"> <li>• Develop 'Business Continuity Plans' for agencies</li> <li>• Shift focus to essential and emergency services</li> <li>• Change delivery strategies to meet needs eg. Provide counselling over the phone</li> <li>• Develop partnerships among 'like' agencies to share staff and deliver services</li> <li>• Complete agency registration for the United Way Volunteer Registry</li> </ul>

Several specific issues and recommendations raised during the October, 2009 workshop were addressed throughout the H1N1 response through regular meetings of the “Community Support Services for Emergency Planning Workgroup”, with recommendations being referred back to the Health Unit Emergency Control Group. The Community Support Services workgroup continues to meet on an on-going basis on a variety of emergency planning issues. The Emergency Management Coordinator for the City of Peterborough represents the Community Support Services workgroup on the Peterborough Interagency Pandemic Influenza Planning Team for the City and County. An e-mail distribution list has been created by the Health Unit to maintain communication with community agencies around issues of relevance to pandemic planning for vulnerable populations.

**11.3 Planning Supports**

A variety of supports are available to assist agencies in addressing the needs of vulnerable populations:

- Business Continuity Planning and other pandemic planning tools can be accessed on the Peterborough County-City Health Unit web site, at <http://www.pcchu.ca/Pandemic/PP-plans.html>.

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- Pandemic Planning Checklists – short and long versions are available from “Toronto Pandemic Influenza Plan: A Planning Guide for Homeless and Housing Service Providers”, Toronto Public Health. [http://www.toronto.ca/health/pandemicflu/pdf/planning\\_homeless.pdf](http://www.toronto.ca/health/pandemicflu/pdf/planning_homeless.pdf)
- Ontario Health Plan for an Influenza Pandemic – Chapter 16.1 Community-based Mental Health and Addiction Services,  
[http://www.health.gov.on.ca/english/providers/program/emu/pan\\_flu/ohpip2/ch\\_16.pdf](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/ch_16.pdf)
- Ontario Health Plan for an Influenza Pandemic - Chapter 20: Guidelines for First Nations Communities  
[http://www.health.gov.on.ca/english/providers/program/emu/pan\\_flu/ohpip2/ch\\_20.pdf](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/ch_20.pdf)
- MOHLTC Guidance Document for the Prevention and Management of Influenza-like Illness in Shelters during the Pandemic (H1N1)  
[http://www.health.gov.on.ca/en/ccom/flu/h1n1/pro/docs/shelters\\_guidance.pdf](http://www.health.gov.on.ca/en/ccom/flu/h1n1/pro/docs/shelters_guidance.pdf)
- MOHLTC Guidance Document on Public Health Measures for the Pandemic H1N1 Influenza Virus in First Nation Communities  
[http://www.health.gov.on.ca/en/ccom/flu/h1n1/pro/docs/firstnation\\_guidance.pdf](http://www.health.gov.on.ca/en/ccom/flu/h1n1/pro/docs/firstnation_guidance.pdf)
- MOHLTC Guidance Document for the Prevention and Management of Influenza-like Illness in Group Home Settings  
[http://www.health.gov.on.ca/en/ccom/flu/h1n1/pro/docs/grouphomes\\_guidance.pdf](http://www.health.gov.on.ca/en/ccom/flu/h1n1/pro/docs/grouphomes_guidance.pdf)

### 11.4 Role of the Peterborough County-City Health Unit

The Peterborough County-City Health Unit will carry out the following roles with regards to vulnerable populations:

- Assist in the planning of alternative strategies for influenza assessment, vaccination, treatment and referral services for vulnerable and underserved populations.
- Maintain a list of key individuals and organizations for the dissemination of information relevant to vulnerable populations during a pandemic.
- Provide clear and timely information to community organizations that they can distribute to their clients.
- Participate in the Community Support Services for Emergency Planning Workgroup, and ensure that issues and recommendations are communicated to the Health Unit Emergency Control Group.