

Welcome!

- *Be courteous -please turn off cell phones or place on vibrate.*
- *If an alarm sounds, please locate your nearest emergency exit.*

Incorporating Ethics into Emergency Planning and Response to Ensure Health Equity

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Desired Outcomes

Understand how we incorporated ethics into emergency planning/response to promote health equity via:

1. An equity-based approach to vaccine distribution and ultimate delivery to community members
2. Access to Influenza Care Project
3. Ethics Framework for community-level decision-making

National Health Security Strategy

“Information disseminated to the public must account for language and cultural differences to ensure that emergency information and warnings, as well as ongoing education, enhance the ability of individuals and communities to stay safe and make choices that increase their likelihood of recovery.”

—National Health Security Strategy of The United States of America, United States Department of Health and Human Services, December 2009

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Background: Our Thinking About Pandemics

Pandemic Response Goals:

1. Minimize the health, social and economic impacts of the pandemic
2. Maintain an intact community – one poised for full recovery

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Background: Our Thinking About Pandemics

These goals...

- Require community acceptance of public & private response actions which...
- Requires that community can see the values behind response actions

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Background: Our Approach to the H1N1 Pandemic

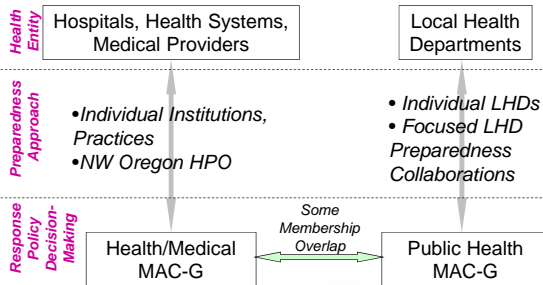
Prevention

- Promoting behavior change: wash your hands, cover your cough, stay home if you're sick
- Vaccination

Medical evaluation and treatment

- Prevent complications and restore health (when prevention fails)

Where is PH Policy Set? Portland Metro H1N1 Approach



About the Public Health Multi-Agency Coordination Group

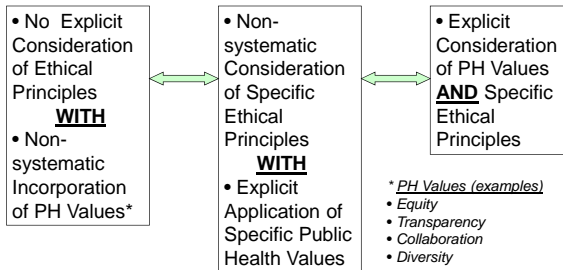
- Distinct from the Health/Medical MAC-G
- Not operated during H1N1 as a rigorous NIMS-compliant MAC-G
- Decision-makers: Directors of the 3 metro area Local Health Departments
- Staff:
 - Tri-County Health Officer Group
 - Local and regional vaccine allocation and distribution staff

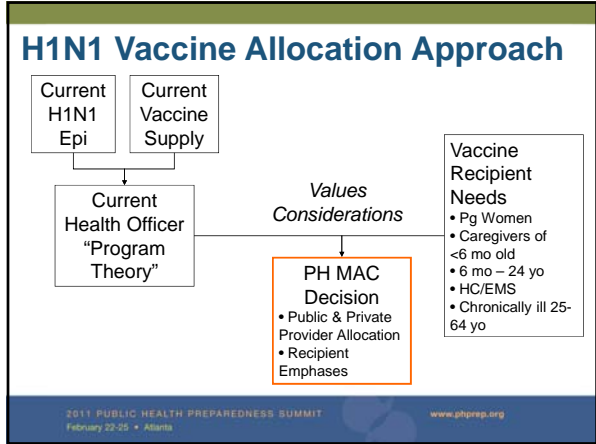
Our Community's Approach to Equitable Vaccine Distribution

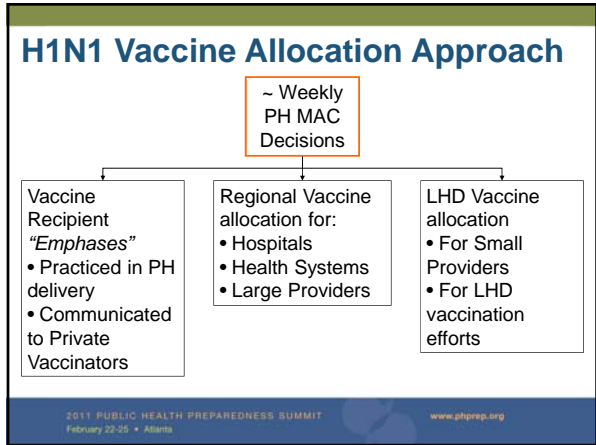
Questions for Participants:

1. What do you see as values or ethical principles commonly invoked or used in governmental public health practice?
2. Can anyone offer an example of an explicit ethical framework they have seen a public health department use?

Applying Ethics in PH Practice A Spectrum...







Vaccine Equity – Economic

- Prevent economic disparities in vaccine access through vaccination at low income service sites
 - WIC-based vaccine clinics
 - Other/special H1N1 vaccine clinics at public health sites
 - Allocation of LHD vaccine to medical providers serving low-income populations (e.g., FQHCs, safety net clinics)

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Vaccine Equity – Ethnic/Cultural

Prevent ethnic/cultural disparities in vaccination through:

1. Providing focused vaccine information for specific culturally-defined populations
2. Providing vaccination through partnerships intended to reach specific populations

Vaccine Equity – Ethnic/Cultural

- Community-based service/advocacy organizations (e.g., refugee resettlement)
- Churches
- Other ethnic/culturally oriented organizations

Vaccine Equity – Focused Public Information

Example:

African American Community Dialogues

- Sessions arranged in partnership with CBOs
- Sessions followed by vaccination opportunity (same-day or later)
- Dialogue approach

Vaccine Equity – Focused Public Information

Dialogue approach specifics:

1. Acknowledge history of racism, disparate treatment and outcomes in health/medical care (disparate access, differences in treatment, disparities in health, Tuskegee, etc.)

Vaccine Equity – Focused Public Information (con't)

2. Provide influenza & vaccine information
 - General influenza info
 - Background/situation update on H1N1
 - Potential for severe outcomes in African-American community due to existing chronic illness disparities
 - Vaccine information
 - Encourage/participate in dialogue, answer questions

Vaccine Equity – Focused Public Information (con't)

3. Intentionally avoid promoting vaccination; instead encourage individual, family, community discussion and decision-making

Equity-Based Vaccine Delivery

Vaccine clinics at sites serving specific ethnic communities – examples:

- A major African-American church
- Refugee support organization
- Native American youth organization
- Other sites

Equity-Based Vaccine Delivery

- Most clinics occurred during early vaccine availability and shortage
- “Open”
 - Publicized via mass media
 - Open to all community members meeting current vaccination emphases
- “Closed”
 - Publicized by sponsoring organization
 - Quiet/word-of-mouth publicity

Equity-Based Vaccine Delivery Results

- “Open” Vaccine Clinics
 - Largely served highly motivated majority culture populations
 - Some success in serving culturally specific populations
- “Closed” Vaccine Clinics
 - Smaller volumes served
 - Much more successful in serving culturally specific populations

Vaccine Equity: Conclusions

- Is possible to implement combined regional and local approach to equitable vaccine distribution
- Approach explicitly considered equity...
 - Among public vs. private vaccine providers
 - Among private providers (large vs. small, system-associated vs. independent)

Vaccine Equity: Conclusions

- Approach explicitly considered equity...
 - Across geography/communities within the metro region
 - In addressing economic and ethnic/cultural risks for disparities in vaccine access and uptake

Vaccine Equity: Conclusions

- Approach based in public health values, but not on a set of specific ethical principles
 - Key values:
 1. Equity/fairness
 2. Effectiveness relative to current epidemiologic situation (“prudence”)
 3. Transparency of process

Vaccine Equity: Conclusions

- Identified opportunities for improvement
 - Formalization of MAC-G processes
 - More formally applying ethical principles and/or framework
 - Rethinking nature of partnerships with ethnic community partners during times of crisis

Our Community's Approach to Equitable Access to Influenza Care

Access to Influenza Care Project

National Health Security Strategy Vision: Community Resilience as Foundation

“Healthy individuals, families, and communities with access to health care and with the knowledge and resources to know what to do to care for themselves and others in both routine and emergency situations.”

—National Health Security Strategy of The United States of America, United States Department of Health and Human Services, December 2009

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Question

Did any of your departments make special efforts that were designed to improve access to influenza evaluation and treatment for specific populations during H1N1?

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Genesis

Spring 2009

- H1N1 initially linked to the Latino community
- Limited access to flu care for uninsured people
- Safety net clinics unable meet anticipated increase in service demand

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Genesis

Summer 2009

- Project taken on by NW Oregon Health Preparedness Organization
- Goal: Close influenza care gap by fall flu season

Purpose

Prevent inequities in influenza health outcomes for economically disadvantaged, uninsured people by providing access to evaluation, care, and treatment of influenza

Development Process

- Co-designed process with safety net clinics
- Linked existing resources to expedite service delivery
- Recruited healthcare providers

Development Process

- Collaborated on development with providers
- Created Protocols, Triage Procedures, and Standing Orders for treatment
- Coordinated with State Public Health

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Policy Issues

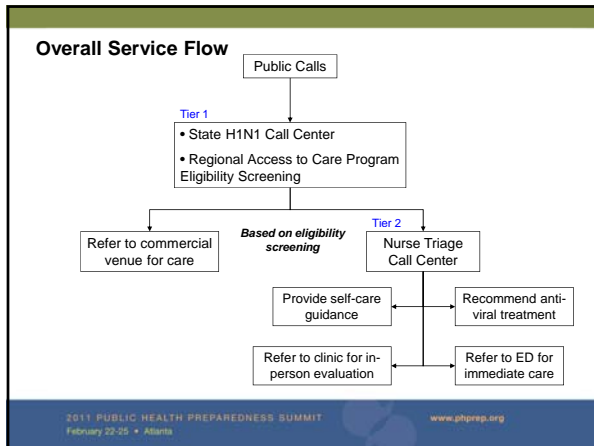
- Defining low-income threshold
- Limiting service to flu care
- Managing patients' medical information
- Fairness among participating providers

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Services Delivered

<u>Services</u>	<u>Delivery Mechanism</u>
Provide general info on influenza	State of Oregon Influenza Hotline operated by 211 Info
Refer ill individuals for clinical evaluation	Contracted with 211 Info
Provide clinical evaluation by phone	Nurse call center operated by Care Oregon and MRC Volunteers
Dispense anti-viral medication	Medications from SNS dispensed by safety net clinics
Provide evaluation/treatment at clinic visit	Participating providers donated clinic visits

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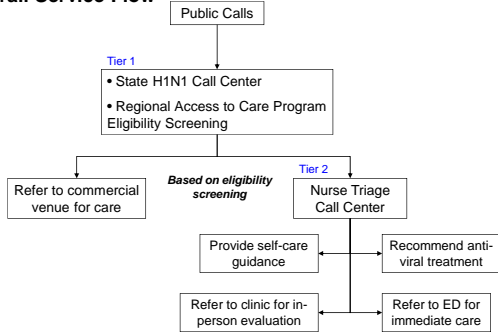


- ### Results
- Access to flu care for uninsured people
 - Generous participation of providers
 - Luckily, full capability not tested
 - State-wide adoption of the process
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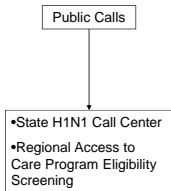
- ### Lessons Learned
- Enlist broad provider support early
 - Address policy issues upfront
 - Coordinate among government agencies to maximize effectiveness
 - Dedicate resources to regional response
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Project Detail

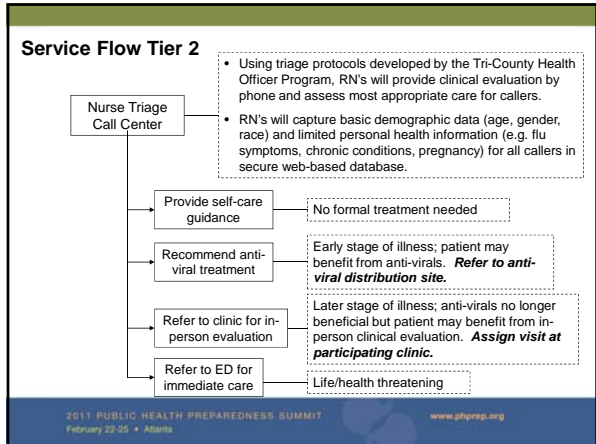
Overall Service Flow

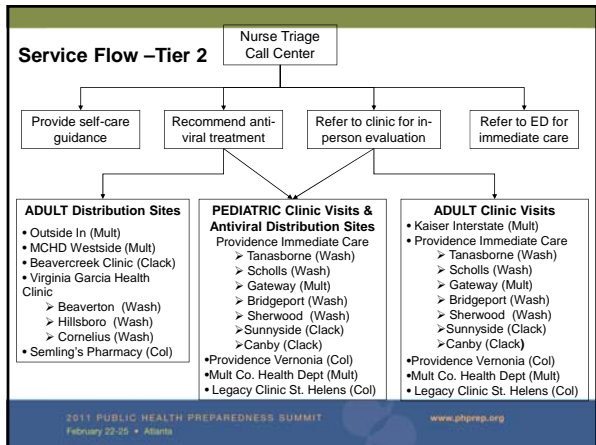


Service Flow –Tier 1



- Answer general FAQ's (State)
- Provide information on where to get vaccine (State)
- For callers in Clackamas, Columbia, Multnomah, and Washington Counties, screen for following: (Regional)
 1. Are you feeling sick/do you have a provider you can see or talk to?
 - If YES, recommend caller goes to see provider
 - If NO, continue eligibility screening
 2. Financial eligibility (less than 200% Federal Poverty Level)
 - If less than 200%, continue screening
 - If more than 200%, refer to commercial venue for care
 3. Insurance status?
 4. Medical home/provider?





Ethics Framework

*With gratitude to the CDC for providing funding via U.S. Department of Health and Human Services, Essential Health Care Services Project
(Award: 1U90TP000129)*

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National Health Security Strategy Vision

“...make critical decisions efficiently while simultaneously considering ethics, laws, safety, and guidelines for evidence-based care.”

--National Health Security Strategy of The United States of America, United States Department of Health and Human Services, December 2009

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National Health Security Strategy Vision

“...utilize guidelines for making legal and ethical decisions regarding standards of care and allocation of scarce resources.”

--National Health Security Strategy of The United States of America, United States Department of Health and Human Services, December 2009

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Goals of the CDC Pandemic Influenza Planning Grant

- Develop and refine a model for pandemic health care delivery to provide essential services in the face of a 1918-like Pandemic event
- Develop a process to guide MAC group decision-making for resource allocation and policy decisions

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Ethics Framework – Why?

Knowing health care response to severe pandemic will create extreme operational and ethical challenges, we committed to:

- Explicitly creating an ethics framework
- Integrating the use of the ethics framework into the Health/Medical MAC Group's decisions that would affect care delivery and health care system coordination

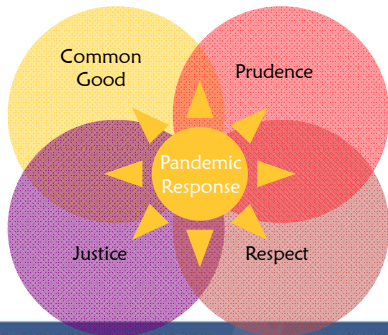
Ethics Framework

- In planning scenario, demand for health care greatly exceeds availability
 - Difficult decisions and choices
 - Community more likely to accept decisions if values-based and made in transparent way
- Ultimate goal: community acceptance of H/M MAC-Group decisions & process

Ethics Framework: Development

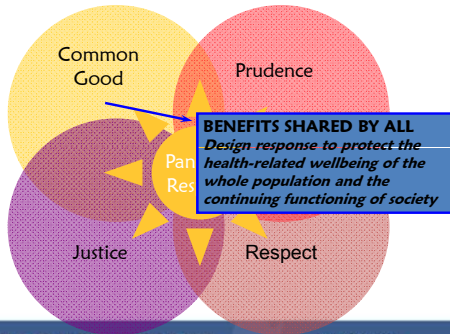
- Community Discussions: Designed to explore reactions to curtailment/modification of hospital and medical services during a severe pandemic influenza
- Ethics Literature
- State of Oregon Medical Advisory Group
- Project Ethicist

Ethics Framework: Key Elements



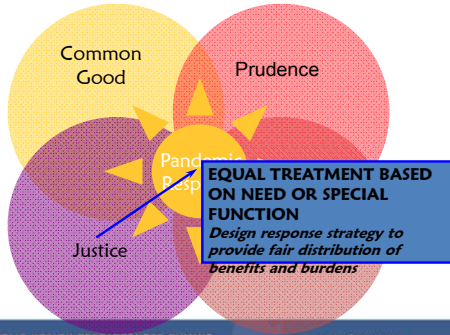
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Ethics Framework: Key Elements



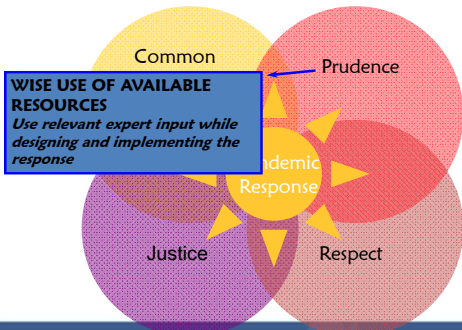
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Ethics Framework: Key Elements

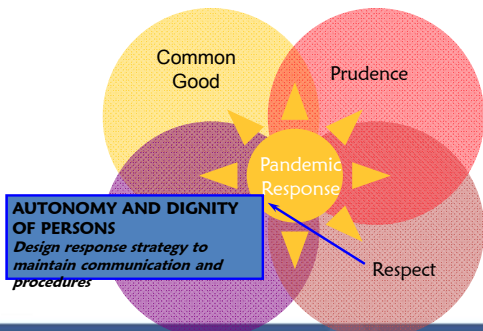


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Ethics Framework: Key Elements



Ethics Framework: Key Elements



What is a MAC Group?

- Standard NIMS coordination structure (not ICS/command)
- Membership: Individuals...
 - Assigned by their agency (government or private sector)
 - Delegated with general authority to speak for their agency, commit agency resources (with some limitations)

What is the Purpose of a MAC Group?

- Prioritize incident response
- Allocate scarce resources
- Develop recommended policy changes

Health/Medical Multi-Agency Coordination Group

- Created H/M MAC Group Handbook
- Determined needed membership for H/M MAC Group
- Designed H/M MAC Group Trainings and Exercises

H/M MAC Group

- Tabletop exercise series
 - Detailed 12-week scenario, 1918-like disease projections and impacts to healthcare delivery system
 - Specific policy/resource allocation issues for H/M MAC Group to resolve
- Completed H/M MAC Group training and 1st of 3 planned exercises
- Exercises 2 & 3 went real to meet H1N1 response needs

Ethics Framework: Application

- Incorporated into exercise design
- Incorporated into H/M MAC Group Handbook
- Reviewed at start of each exercise/ meeting
- Utilized by H/M MAC Group for real-time H1N1 decisions. . .

Second Wave H1N1: H/M MAC Group

Policy and Resource Allocation Decisions
based on Ethical Framework

1. Regional Policy: Hospital Visitation
2. Regional Allocation: Tamiflu Suspension Distribution
3. Regional Policy: Hospital Mask Use

H/M MAC Group Policies: Why?

- Uniform policy is more easily communicated to the public; engenders trust and minimizes confusion
- Ensure a community standard for resource use
- Conserve scarce resources in the community while optimizing the safety of staff, patients, and the community at large

Regional Policy: Helping Hospitals Work Respectfully

“A man with four kids wanted to bring all of them in to visit his wife who was having a baby. He was willing to pay for the H1N1 test, but we had to say ‘no’ based on the Health/Medical MAC Group’s decision. He ended up calling all of the other hospitals and everyone said the same thing. Our action looked reasonable, and it reinforced that it was done for infection control.”

In Closing...

- Explicit consideration of values and ethics improves public health practice – why are we doing what we’re doing
- Though they overlap with some ethical principles, public health values are sometimes fuzzy

In Closing...

- Formal ethics helps bring clarity to discussions and decisions
- We need agreement and transparency among the public, public health, and private/community partners on values and ethical principles
