Supporting the medically fragile and socially vulnerable

Marcus T Coleman and Sarah Baker provide insights and recommendations, based on their collaboration with private sector, faith-based and civic society partners, to help officials and community leaders lead their communities through crises and help to make sure that nobody is left behind.

Public officials and community leaders are managing multiple crises while also combating Covid fatigue. Each of these groups must recognize, and meet as best they can, the requirements of medically fragile persons with chronic or serious health conditions, as well as socially vulnerable groups – those with insecure access to key social determinants of health, including food, financial stability, education and housing.

First of all, invest in efforts to guide people through the infodemic. The World Health Organisation defines an infodemic as: “An over-abundance of information – some accurate and some not – occurring during an epidemic. Like pathogens in epidemics, misinformation multiplied by speed and adds complexity to health emergency response.”

A series of micro-summits in partnership with the Council on State Governments and the National Roundtable on Community Resilience and the Urban Roundtable on Community Resilience was held by the Urban Institute, any crisis response effort will fall short. But to access the hard to reach, it’s critical to understand the needs of medically fragile and socially vulnerable populations. This involves looking across the intersection of needs arising from the pandemic and developing multifaceted resources, such as frequently asked questions on telemedicine, prescription refills and how the two connect.

As this pandemic continues and guidance for different groups evolves – particularly as other emergencies like hurricanes and the annual flu season compound challenges such as practising social distancing when sheltering – it is important for public officials and community leaders, as trusted messengers and communicators, to share clear, population-specific information. It is critical for context creators in government and community groups to develop clear and compelling content that meets the intended audience at their point of need, not necessarily their point of interest.

AARP broadly defines family caregivers as “Any relative, partner, friend, or neighbor who has a significant personal relationship with, and who provides a broad range of assistance for, an older person or an adult with a chronic, disabling, or serious health condition.”

Content and context experts

It is also important to connect content experts with context experts. Identifying and working towards desired health outcomes before or during a crisis requires technical expertise and being a content expert on the issues upon which you are leading. However, without engagement, support, and championing from the context experts, a concept introduced by Lisa Arteaga at the Tamarack Institute, any crisis response effort will fall short.

Content experts are “Professionals, staff in your organisation, or any other group of people with formal power who have knowledge, tools and resources to address the issue.” Examples include medical professionals, supply chain practitioners and first responders.

Context experts are “People with lived experience of the situation, such as patients and children. They are the people who experientially know about the issue.” The value of context experts can be observed in the promotion of scientifically validated public health practices by influencers, artists, media personalities, and prominent brands.

When it comes to meeting the needs of the medically fragile, healthcare supply chain components are key context experts. These private sector companies, including manufacturers, distributors and healthcare facilities such as community pharmacies, have deep knowledge of community health needs and have the resources to meet them. During emergencies, these private sector capacities are amplified when they work with context experts in response, relief and community-based organizations.

One example that stands out amid the countless examples of the power of uniting content and context experts during Covid-19 is a partnership between Ineos – one of the world’s largest chemical producers – as a context expert in hand sanitizer, and Healthcare Ready, as a content expert in domestic and global healthcare facility needs. Ineos developed thousands of gallons of hand sanitizer, but was not aware of which hospitals and regions were in the greatest need. Healthcare Ready, through their disaster management programme, was able to connect with the needs of medically fragile and socially vulnerable. This involved developing a technology and capacity to support vulnerable populations who have access to critical data that shapes their future – the perspectives and voices of these groups. Healthcare Ready strategized and acted to link the attitudes of Americans towards disaster preparedness, to help inform planning efforts, for example. Collaborating with content experts allowed them to create new resources to meet the needs of medically fragile and socially vulnerable populations.

Learn into opportunities to make systemic investments. Charity will continue to play an important role in helping those in need. However, charity is insufficient as the sole source of funding or means for collaboration between private sector and non-government organisations. In the context of medical disasters, philanthropy and the annual flu season compound challenges such as practising social distancing when sheltering – it is important for public officials and community leaders, as trusted messengers and communicators, to share clear, population-specific information. It is critical for context creators in government and community groups to develop clear and compelling content that meets the intended audience at their point of need, not necessarily their point of interest.

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