CPHA PHAC Collaborator Session – Audience Questions

Session Title:
COVID-19 and health inequities in Canada: Understanding community-based needs and opportunities for action

Context:
- Session participants could send in questions through the virtual Chime platform at anytime.
- A conference technician moderated questions (i.e., to ensure appropriateness) before questions were publicly posted.
- Participants could then "up-vote" questions so that the most popular questions appeared at the top.
- 27 questions were posted. These are listed below according to their "rank" (most up-voted to least). Note: questions posted near the end of the session tended to rank lower than those that were posted first.

Audience questions

1. How do you balance the release of population specific data while at the same time not unintentionally stigmatizing certain groups?
2. Can you expand on how we can adapt community approaches onto a virtual platform? How do we increase awareness and encourage participation to groups that are harder to reach? Elder population, those who are more socially isolated?
3. As someone who resides within Northwestern Toronto, the effects of COVID-19 are evident within the community. How do we increase communal literacy when communication methods such as social media has a tendency to amplify misinformation?
4. While the community health model is progressive, how do you tackle the problem of "burn-out" when engaging community stakeholders? Additional, how do you plan to reach traditionally disengaged populations (i.e., young males)?
5. As individual action is critical to address inequity, what is the approach to keep marginalized individuals engaged in assessment and prevention, through this COVID fatigue?
6. Is what you are proposing possible to do during a public health emergency such as a pandemic in regions where there has not been a strong tradition of involving the community in public health planning?
7. Drs. Njoo and Tam were asked about solutions to tackle "COVID-19 fatigue" among community members – what's your take from a local, health equity perspective?
8. How can we as public health professionals, leverage our local public health and governmental officials to approach the COVID-19 response with a community-informed and community-led approach?

9. You mention resourcing communities, Cheryl. What do you think are the best mechanisms to do this and where and how should public health be focussing our efforts to support communities?
10. What are some of the successful communication tactics you take at the local level that could be better applied at provincial/territorial/federal levels?
11. Reflecting on the resources available to communities, I find access to some resources/services are prioritized less as a result of COVID-19 (rightly so based on the context). How can we move away from picking between one resource (program/service) over another and prioritizing challenges around equity less?
12. How does/can the collection of non-specific data inappropriately inform public health action and program design? What formal networks of communicating and using community-specific data exist, and how do you envision their development when considering community-based needs responses?
13. How do you create local/provincial political will to engage with community partners, and take a decentralized approach rather than a top-down approach?
14. While community-based approaches are extremely important, how do you balance these tailored efforts with system-level efforts to advocate for increased resources for more community-based actoins?
15. Given the constantly changing policy atmosphere amid COVID-19 and the huge breadth of policy issues, how are you staying connected as an alliance to identify and prioritize opportunities for advocacy
16. CHCs are a treasure. Yet many communities lack CHCs. Do you have suggestions for Public Health to integrate primary care as partners when working intersectorally to address population health & disparities with community-based groups and social services?
17. How have you had to adjust other community health programming to the COVID-19 pandemic?
18. Do you find community members are more or less trusting of public health professionals due to this pandemic experience?
19. How do we prop up community health workers during the pandemic?
20. Quarantine restrictions, while necessary, can be detrimental for individuals in the margins and facing inequities. For instance, victims of domestic abuse. What is being done about this?
21. Integration of communities in the COVID response is essential but how can we make sure we're not putting an additional burden on them? The reasons for their particular vulnerability are found in the social determinants of health. We need to make sure we're working on social equity to give them a chance to contribute to the COVID responses.
22. As someone who resides near the area of Northwestern Toronto, the effects of COVID are evident within the community. How do we increase communal literacy when social media has a tendency to amplify misinformation?
23. Environmental exposures can lead to the co-morbidities, that predispose to more severe course of COVID-19. An obvious example is air pollution, but the population-wide increases over the recent generation stem from ubiquitous everyday exposures. How is

improving the exposome and chronic disease reduction part of pandemic preparedness and response?

24. You mentioned California using a health equity metric – what social determinant-related indicators did you wish you had access to?

25. What role does health literacy play in health inequities, and what can be done to mitigate this disparity?

26. Can you talk about some of the specific strategies you've been using to share information with communities about prevention, testing, treatment as well as data about current local rates (e.g., % positive)?

27. What would you suggest as 2 key issues to keep in mind as we help staff working at the community level balance their work and mental health as we enter COVID Phase 2?