A COLLABORATIVE APPROACH TO TACKLING COVID-19 HEALTH INEQUALITIES IN FRANCE

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SOCIAL GRADIENT: COVID-19
INCIDENCE, POSITIVITY & SCREENING RATES

• Positive social gradient for incidence and positivity rates along EDI quintiles (May 2020 to 2021, Q1 = ref)

• Densely and moderately populated areas: highest positivity rates and lowest screening rates in Q5

• Stronger social gradient observed after adjusting for population density and region

• Negative social gradient for testing rates in the adjusted model
SOCIAL GRADIENT MORTALITY INDICATORS

- **Increased inequalities in mortality** during the 1st wave of COVID-19 in France (FDep)
- **Excess mortality** per 100,000 increased the most in the most deprived index (Q5) in regions with high and moderate levels of infection (CepiDC database) from 2015-2019 vs 2020
- Annual standardised mortality rates show a clear reversal of the healthy immigrant effect from 2015-2019 vs 2020 (weeks 12-20)
- Greatest reversal amongst those born in Sub-Saharan
SOCIAL GRADIENT: CHILDREN’S EXPERIENCES DURING THE 1ST LOCKDOWN (CONFEADO study)

- Children and adolescents aged 9 to 18 years completed an online questionnaire (parents completed separate questionnaire)
- Data on 1) socio-demographic characteristics, 2) living conditions, and 3) impact of lockdown on emotional well-being
- Facilitated advocacy for an equitable approach to reopen schools for the emotional well-being of children and adolescents
- Developed an advocacy partnership with UNICEF France to reduce health inequities: 1) food insecurities 2) mental health 3) first 1000 days of life

Risks for elevated distress levels:
- history of emotional, affective or developmental disorders
- experiencing food difficulties (food insecurity)
- living in an isolated commune
- not having social support from one’s parents
- not getting along with one’s parents or one’s sibling as well as usual
- having no recreational activities each week
- feeling overwhelmed by one’s homework
- watching more than 5 hours of TV every day
- not having the capacity to self-isolate

Protection from elevated distress levels:
- being male / not living in an urban centre / not spending time on social media every day
**COVID-19 AND VULNERABLE POPULATIONS**

- **MobCo**: Knowledge mobilisation with actors and researchers
- **Prisma-Scr (Jan 2021)**: *Structural factors* play a consistent role, while *individual factors* (age, gender, previous incarceration, drug-use, ethnicity) vary by disease and vaccine
- Factors facilitating or inhibiting vaccination vary based on **vaccine initiation vs vaccine completion**

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<th>Facilitators</th>
<th>Inhibitors</th>
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<tr>
<td>Initiation</td>
<td>• On-site vaccination after screening</td>
<td>• Material needs: food, water, housing/shelter</td>
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<td>• Proximity of vaccination centre</td>
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<td>• Little to no waiting time at the vaccination centre</td>
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<td>• Community engagement and mobilisation</td>
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<td>Completion</td>
<td>• Receiving screening results</td>
<td>• Threats of eviction</td>
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<td>• Accelerated vaccination calendar</td>
<td>• Expulsion</td>
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<td>• Being accompanied by a dedicated nurse throughout the vaccination process</td>
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<td>• Convenience: associate vaccination centres with other services (Ex. needle exchange)</td>
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<td>• Financial incentives</td>
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COVID-19 ACTION PLAN FOR TRAVELLERS

- Explored the contribution of health mediation when investigating complex COVID-19 clusters
- The Action Plan helped guide the implementation of COVID-19 contact-tracing, screening, and prevention for Travellers
- Deployed by the regional health authority (ARS) : facilitating coordination and cooperative public action at a local level
- First steps towards a COVID-19 care pathway adapted to the living conditions of Traveller populations
- Health promotion and prevention communications adapted and supported via a community-centred approach
SPFrance’s focus on an equitable response has:

- Facilitated **knowledge mobilization** around innovative approaches in the field and generating new (adapted) research and studies for highly vulnerable populations (PEH, migrants, travellers, etc.)
- Helped initiate and support an **applied research collaboration** (PREVAC project with MSF/Epicentre) to identify conditions for effective COVID-19 vaccination
- Provided a collective overview of the **interdependent social and health issues** amongst highly vulnerable populations, notably via a collective consultation process to better understand difficulties vaccinating populations without social security numbers
- Facilitated the co-development of COVID-19 information tool accessible to social workers and health mediators and its evaluation (process + impact)
PERSPECTIVES

• Strong evidence of ethnic inequalities when it comes to COVID-19 case and mortality rates
• Children and adolescents were strongly affected by lockdown measures, specifically school closures
• Socially and economically disadvantaged populations (people experiencing homelessness, gypsies, travellers, etc.) were also strongly impacted
• Findings from early and ongoing studies at SpFrance have facilitated our role in advocating for equitable health measures and developing collaborative interventions