



Updated: COVID-19: At-Risk & Vulnerable Populations

Originally Posted March 2020

Updated July 2021

Background

Both at-risk and vulnerable populations are particularly susceptible to illness caused by COVID-19. Public health distinguishes between these population groups. The term 'vulnerable populations' refers to specific conditions or states that render people more prone to health problems in general, while the term 'at-risk' refers to populations that are at risk of being affected by specific causes, such as a virus, and the term 'marginalized populations' refers to those who experience discrimination and exclusion due to social determinants.^{i,ii,iii} In the case of COVID-19, everyone is at risk for infection. However, the impacts of illness caused by COVID-19 may be more pronounced on those who fall within marginalized, vulnerable, and at-risk population groups. These groups include older adults, individuals with an underlying medical condition such as heart disease, diabetes, and chronic respiratory illness, and those who are immunosuppressed or immunocompromised resulting from a medical condition or treatment. In this context, it also includes those who have challenges with speaking, communicating, accessing, or understanding medical advice, are unable to engage in preventative activities such as frequent hand washing, those who suffer from unstable employment, live in geographic isolation, face economic barriers, or who live in low-income housing or are unsheltered, under-housed or homeless. At-risk populations also include people who use substances and may struggle with mental illness.

Unfortunately for too many Canadians, access to such things as potable water, cleaning supplies, a house in which we can self-isolate and follow the measures that are recommended by the public health officer, is not achievable (as we have seen in some Indigenous communities). Due to physical distancing recommendations, homeless shelters as well as other social services such as food banks, transition houses, and safe use centres, were forced to operate at reduced capacity during the height of the pandemic and many limited their hours of operation. Throughout the COVID-19 pandemic, these conditions placed challenges on the system and were not conducive to the recommendations of physical distancing, isolation, or quarantine.

NNPBC believes that we must do better to support our vulnerable populations by ensuring that messages about effective hand washing, covering mouths when coughing, along with other precautions such as how to practice physical distancing are written in a variety of languages, are short and clear, accessible in braille, and also include images.

Moreover, information about COVID-19 vaccinations, their importance and where and how to obtain them should also be written so they are accessible to a wide range of groups. NNPBC also suggests that these resources be made highly visible and posted (physically or virtually) in high traffic areas. Nurses and nurse practitioners should have easily accessible materials to provide their vulnerable patients/clients with clear information.

In March 2020, a group of nursing scholars published an [open letter to the BC Government](#) which focused on managing COVID-19 for those who are homeless and/or may use substances. This letter highlighted the need for immediate action to mobilize prevention strategies for at-risk populations. This letter outlined twelve recommendations to implement to better support at-risk, vulnerable, and marginalized groups and communities through the COVID-19 pandemic. The recommendations included installing public hand-washing stations, identifying safe spaces where homeless and unsheltered persons could self-isolate if necessary, re-envisioning outreach services, establishing mobile COVID-19 centres, decriminalizing illicit substances and ensuring safe supply, and increasing the focus on nursing support in shelters and consumption sites.

The [BC Government responded](#) by providing a series of actions including banning evictions for non-payment of rent at BC Housing funded facilities, developing isolation protocols for those who are homeless, living in single room occupancy and in social housing, and ensuring point of care staff have the necessary personal protective equipment (PPE) and cleaning supplies. Additionally, a *Vulnerable Population Working Group* comprised of representatives from the ministries of Municipal Affairs and Housing, Social Development and Poverty Reduction, Indigenous Relations and Reconciliation, Mental Health and Addictions, Children and Family Development, Health, Emergency Management BC, the City of Vancouver, the Office of the Provincial Health Officer, local health



authorities, BC Housing and Community Living BC was established. This group identified, assessed, and worked to address challenges faced by many British Columbians, including those who experience homelessness, who live in shelters, private single-room accommodations, and those who live in supporting housing.^{iv} Local, federal and provincial authorities also responded by giving a 'green-light' to a safe supply of drugs available for those who use. The intention of this was to focus on the estimated 20-30% of people who are not connected to with providers and existing safe injection sites.

In June 2021, the Public Health Agency of Canada (PHAC) released [new modelling projections](#) regarding potential overdose deaths that may occur through the end of 2021.^v The report shows that since the onset of the COVID-19 pandemic in early 2020, there has been a marked increased in the number of overdose related deaths in Canada.^{vi} These projections outline four possible scenarios which could occur through the rest of 2021 based on the effectiveness of health interventions in combination with level of fentanyl in the drug supply compared to in 2020. National data further demonstrates that with the exception of Ontario, western Canada continues to be the most impacted region by overdose-related deaths, and from January to December 2020, 85% of all opioid toxicity deaths were in BC, Alberta or Ontario.^{vii} This information shows an indirect relation between the COVID-19 pandemic and the overdose crisis in BC and across the country. While these reports cannot show a direct correlation, the PHAC acknowledges that some COVID-19 public health measures such as quarantining and self-isolating would have caused some people to use substances alone. Furthermore, many of these individuals would have faced further limited access to health care professionals and other harm reduction and safety supports.

NNPBC acknowledges that many British Columbians face unequal susceptibility to illness and may be more prone to health problems in general. The nurses and nurse practitioners of this province continue to be vigilant with respect to opportunities to ensure that our obligations to provide care for at-risk and vulnerable populations is supported throughout this pandemic.

Key Messages

- Nursing's reputation as the world's most trusted profession is based on its long history of working with at-risk and vulnerable populations.
- Nurses have a responsibility to protect at-risk and vulnerable populations, especially during times of crisis.
- NNPBC wholeheartedly believes that an increase in nursing support to both shelter and harm reduction organizations and groups will help to alleviate the burden on the health care system.
- Nurses have the necessary skills to provide outreach services and assessments that can identify signs and symptoms of disease in at-risk and vulnerable populations.
- NNPBC supports measures to increase hand-washing sites and increase the number of safe shelter spaces.
- NNPBC supports creating messages focused around hand washing and other measures in multiple formats to ensure maximum readability.
- NNPBC supports ensuring that messaging about COVID-19 vaccines is available in multiple formats.
- NNPBC supports ensuring that overdose consumption sites and safe consumption sites be considered essential services which in turn must be appropriately stocked with adequate supplies of PPE and cleaning materials.
- NNPBC endorses [decriminalization](#) of people who use substances, recognizing that this criminalization contributes to risk, especially in a time of crisis such as a pandemic.
- NNPBC supports "safe supply".
- NNPBC supports government initiatives that reduce the burden of potential homelessness in addition to initiatives in local regions to provide isolation facilities for at risk and vulnerable people who become ill.



Further Reading/Resources

- [Social Determinants of Health](#)
- [CCSA – Impacts of COVID-19 on Substance Use](#)
- [Coronavirus Disease \(COVID-19\): Vulnerable Populations and COVID-19](#)
- [COVID-19: Equity-Informed Palliative Care & Social Disadvantage](#)
- [Government of Canada - COVID-19 and Vulnerable Populations](#)
- [Government of Canada – Federal Actions on Opioids to Date](#)
- [PHAC – Modelling projections for opioid-related deaths during COVID-19](#)
- [CDC – Interim Guidance on People Experiencing Unsheltered Homelessness \[During COVID-19\]](#)
- [The Lancet- COVID-19 a potential public health problem for homeless populations](#)

Please feel free to direct questions and comments to info@nnpbc.com.

ⁱ National Collaborating Centre for the Determinants of Health (NCCDH). Let's Talk: Populations and the Power of Language. 2013. https://nccdh.ca/images/uploads/Population_EN_web2.pdf

ⁱⁱ NCCDH. Glossary: Vulnerable Populations. 2021. <https://nccdh.ca/glossary/entry/vulnerable-populations>

ⁱⁱⁱ PHAC. Vulnerable populations and COVID-19. Updated June 2021. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/vulnerable-populations-covid-19.html>

^{iv} BC Gov News. Government acting to protect province's most vulnerable during COVID-19 crisis. March 21, 2020. <https://news.gov.bc.ca/releases/2020MAH0013-000536>

^v PHAC. Modelling projections for opioid-related deaths during the COVID-19 outbreak. June 2021. <https://www.canada.ca/en/public-health/news/2021/06/modelling-projections-for-opioid-related-deaths-during-the-covid-19-outbreak.html>

^{vi} Ibid

^{vii} Health Canada. Opioid- and Stimulant-Related Harms in Canada. June 2021. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>