A 'New Normal' for the Social Sciences: Improving Pandemic Preparedness and Response

COVID-19 has led to an upheaval in almost all aspects of life, including the role of the social sciences in public health and pandemic responses. Whereas in the past, the social sciences have often played the role of cultural brokers, this upheaval offers an opportunity to explore a 'new normal', characterised by social scientists taking an engaged role in understanding, planning and responding to pandemic events. ***Dr. Myles Leslie, Dr. Raad Fadaak*** *and* ***Ms. Nicole Pinto*** *discuss their role as 'alongsiders' in the response to the pandemic in Alberta, Canada and how the effectiveness of their response has lessons for the role of the social sciences going forward.*

This post is the third in a series exploring the role of SHAPE subjects in the post-pandemic landscape

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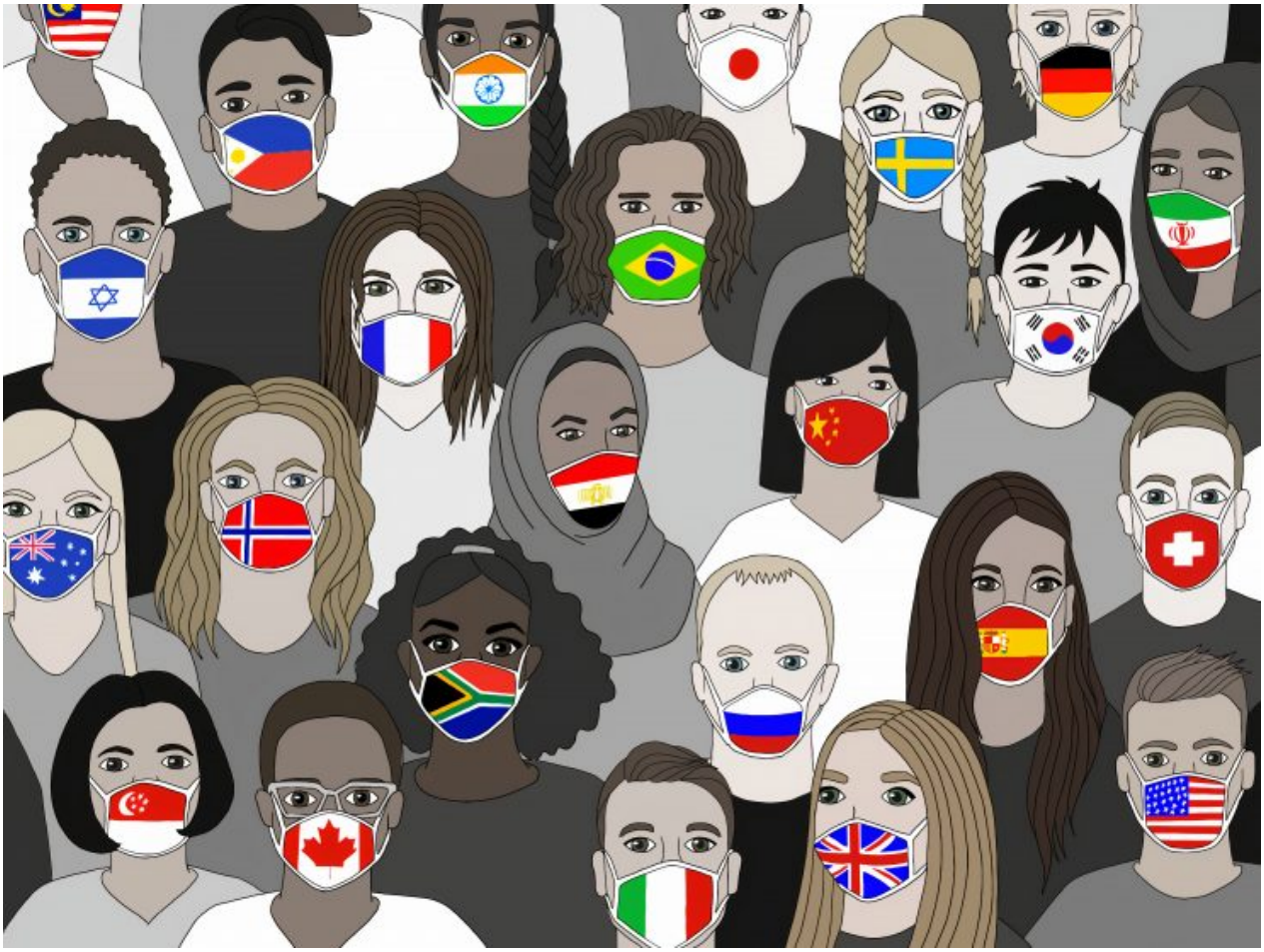
By now it is a well-rehearsed fact that the SARS-CoV-2 virus has altered social, political, and economic rhythms worldwide. Unlike most change, which tends to be incremental, the COVID-19 pandemic has brought serious and wide-ranging, perhaps even revolutionary, alterations to much of life in a very short period of time. For some, this has been profound enough to declare that a 'New Normal' can be discerned from the old way of doing things. As the focal point of these rapid changes, healthcare systems around the world have been grappling with how to deal with such fast and fundamental alterations to their everyday operations. In the midst of this upheaval, some health system leaders have taken advantage of the unique skills and perspectives of social scientists to improve their pandemic responses. Referring to highlights from a recently published scholarly paper, we discuss this COVID-19 induced shift in the role that the social sciences can play in pandemic responses, based on our work in the response in Alberta, Canada.

Date originally posted: 2020-09-21

Permalink: https://blogs.lse.ac.uk/impactofsocialsciences/2020/09/21/there-is-a-new-normal-in-pandemic-response-and-social-scientists-are-central/

Blog homepage: https://blogs.lse.ac.uk/impactofsocialsciences/



The ‘old normal’: social scientists as cultural brokers

As the first wave of COVID-19 broke, the predominant view of anthropologists and sociologists in healthcare quality improvement (QI) generally – and outbreak responses specifically – was that they were ‘cultural brokers’. This is to say, their role was to interpret the norms, values, and activities of the ‘natives’ – whether these were people in distant lands plagued by disease or more proximate healthcare organizations plagued by an epidemic of nosocomial harm. In either case, the search was for ways around the cultural barriers that were preventing the uptake of public health advice or the progress of organizational quality improvement. The ‘old normal’ for the social sciences, then, was one in which anthropologists and sociologists found themselves acting as behavioural consultants seeking to explain the non-compliance of populations with the policies set by governments, outbreak responders (like *Médecins Sans Frontières [MSF]*), or international health bodies like the World Health Organization (WHO).

The ‘new’ normal: pandemic response in Alberta

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If this was the pre-COVID-19 state of affairs, there was considerable conviction, and indeed evidence, that the social sciences could and ought to do more. WHO and Wellcome Trust reports emerging out of the Ebola and Zika experiences have joined other calls for the integration of social scientists into planning, preparation, and responses. Taking these calls to heart, our team's research focus has been on the pandemic responders themselves, here in Alberta, Canada. Rather than studying cultural or the behavioural barriers to the implementation or adherence to COVID-19 policies, we have been following how the health system and its responders have been working to deal with COVID-19 in our province. We have been focused on how healthcare decision-makers have been working to improvise new policies and work to implement them, adapting to the incredibly high demands placed on the system by the pandemic. We have been acting as 'alongsiders' (neither fully 'outside' the system, nor fully captured by it as 'insider' operators) and so working with our policy maker and policy implementer participants to get multiple perspectives on the moving parts that go into a society-wide pandemic response. Assembling these perspectives allows us to conduct what have been called 'situated interventions' where we offer rapid, evidence-based recommendations to solve some of the most stubborn and pressing problems affecting the response itself.

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Our interdisciplinary team of ethnographers, Human Factors (HF) experts, and infection prevention and control (IPC) professionals has observed and offered guidance to experts working in Alberta's single health authority. Our views across organizations within this health system have allowed us see gaps and innovations that those in adjacent silos were unable to see. Through interviewing key stakeholders in different parts of the health system; shadowing frontline healthcare workers; and listening in on virtual meetings held by the pandemic responders, we have identified communication and implementation choke points, which we report with actionable advice in real-time. Our recommendations are not binding policies, but they are uniquely informed out of a range of variously positioned voices, enriching them and providing the basis for developing a better understanding of the response.

Going into the field in early March, shortly after Alberta reported its first presumptive COVID-19 case, we found that a new emergency health system had been formed 'on top' of the pre-existing one. Components of the 'old normal' – people, offices, policies – jostled with an emerging 'new normal' in a highly fluid operational environment. In this way, we noted that attention to history – to what had come before – was at least as important as understanding the present moment where service delivery organizations from Emergency Medicine to Primary Care and Public Health were making sense of their role in the response. Adapting on the fly to these conditions – and the communication gaps that we found through our interviews and observations – we developed feedback and interventions aimed at assisting healthcare personnel working in acute and primary care environments. Not all of these recommendations were accepted, but we continue to develop them as the outbreak unfolds, and we also continue to piece together perspectives, thoughts, and data from our integration into the response.

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The emerging role of anthropologists and sociologists as integrated members of pandemic response teams need to be better mapped out and discussed. In the meantime, we will expand that conversation in our publications about our work in Alberta. What is certain is that we are well beyond simply cultural brokering. Our multi-layered, real-time engagement with our province's response to COVID-19 has taken WHO and Wellcome Trust recommendations off the page and put them into action. Funded by the Canadian Federal Government, we continue to work not as outsiders studying the 'natives', but alongsiders working to provide actionable perspectives on how policies are developed, how communications unfold, and how practice evolves at the frontlines of healthcare. The effectiveness of our approach and work has, from our perspective, suggested the work of integration and interdisciplinary collaboration should be a part of an emerging 'New Normal' for outbreak responses.

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This blog is based on research published in the BMJ Glob Health.

Note: This review gives the views of the author, and not the position of the LSE Review of Books blog, or of the London School of Economics.

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