

Better Together: Working with Healthcare Coalition Partners to Promote Health Equity

Juli Sommers, NMHealth-BHEM
John Hodges, NMHealth-BHEM



#NHCPC24

**NATIONAL HEALTHCARE COALITION
PREPAREDNESS CONFERENCE**

*Visions of Progress: Sustainable Strategies for
Emergency Preparedness & Resilience*

Presented By:



MESH

What is Health Equity?

- The CDC defines Health Equity as “the state in which everyone has a fair and just opportunity to attain their highest level of health”. This requires ongoing efforts to:
 - Address historical and contemporary injustices
 - Overcome economic, social, and other obstacles to health and health care
 - Eliminate preventable health disparities
 - Work with Tribal Communities and other underserved communities.



Operationalizing Health Equity at the Federal Level

- **US Dept of HHS Office for Civil Rights (OCR):**
Advances health equity through rule-making and enforcement critical to health equity
- **Office of Health Equity (OHE):**
Advises on health disparity, health equity, minority and population health
Provides technical assistance
Partners with others to raise awareness
- **Center for Disease Control and Prevention (CDC):**
Access and Functional Needs Toolkit
Communication Planning, Integrating Partners, Worksheets and Templates



Operationalizing Health Equity at the Federal Level

HHS Requirements for At-Risk Individuals

Section 2802 of the Public Health Service Act (PHSA) requires taking into account the *access and*

- *functional needs* of at-risk individuals, including public health and medical needs, in the event of a
- public health emergency.

Section 2814 of the PHSA establishes the following eight requirements as they are related to

- addressing the access and functional needs of at-risk individuals:
 1. Monitor emerging issues
 2. Oversee implementation of preparedness goals
 3. Assist federal agencies in preparedness activities
 4. Provide guidance on preparedness and response strategies and capabilities
 5. Ensure the strategic national stockpile addresses the needs of at-risk populations
 6. Develop curriculum for public health and medical response training
 7. Disseminate and update best practices
 8. Ensure communication addresses the needs of at-risk populations



Operationalizing Health Equity at the Federal Level

The Administration for Strategic Preparedness and Response (ASPR) identifies opportunities to help healthcare partners advance health equity through Hospital Preparedness Program cooperative agreements:

- Medical Reserve Corp
- emPOWER program
- National Advisory Committees
- Technical Assistance Center and ASPR TRACIE
- Capacity-Building Toolkit (NACCHO and ASTHO)



Operationalizing Health Equity at the Federal Level

CMS Equity Framework

Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data

Priority 2: Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps



#NHCPC24



Operationalizing Health Equity at the Federal Level

Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities

Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services

Priority 5: Increase All Forms of Accessibility to Health Care Services and Coverage



#NHCPC24



Operationalizing Health Equity

Recognizing functional needs (usually six categories: seeing, hearing, mobility, communication, cognition, and self-care)

Utilizing CMIST Framework to allow all people to be treated inclusively within disaster planning



CMIST Framework



Children



People who live in institutional settings



Older Adults



Pregnant Women



People with Disabilities



People with Chronic Conditions



People with Pharmacological Dependency



People with Limited Access to Transportation



Limited English Proficiency and Non-English Speakers



People of Low Socioeconomic Status



Individuals Experiencing Homelessness



Urban Health Inequity

- Over 55% of the world's population live in urban areas and this is set to rise to 68% by 2050.
- Almost 40% of urban dwellers have no access to safely managed sanitation services and many lack access to adequate drinking water.
- An estimated 91% of people in urban areas breathe polluted air.
- Poorly designed urban transport systems create a range of threats including road traffic injuries, air and noise pollution, and barriers to safe physical activity – all leading to higher levels of noncommunicable disease and injuries.
- Continued urbanization is expected to lead to cities becoming epicenters of disease transmission, including vector-borne diseases.

• Source: WHO 10.29.2021



Urban Health Inequity

The rising noncommunicable disease burden, the persistent threat of infectious disease outbreaks, and an increased risk of violence and injuries are key public health concerns in urban areas. This triple threat includes:

- Noncommunicable diseases
- Injuries (including road traffic injury) and interpersonal violence
- Infectious diseases

(Source: WHO 10.29.2021)

#NHCPC24



Rural Health Inequity

Rural areas experience high rates of Health Inequity due to:

- Access to healthcare and public health services
- Socioeconomic status
- Health-related behaviors
- Chronic conditions
- Geographic distances
- Infrastructure limitations
- Provider shortages



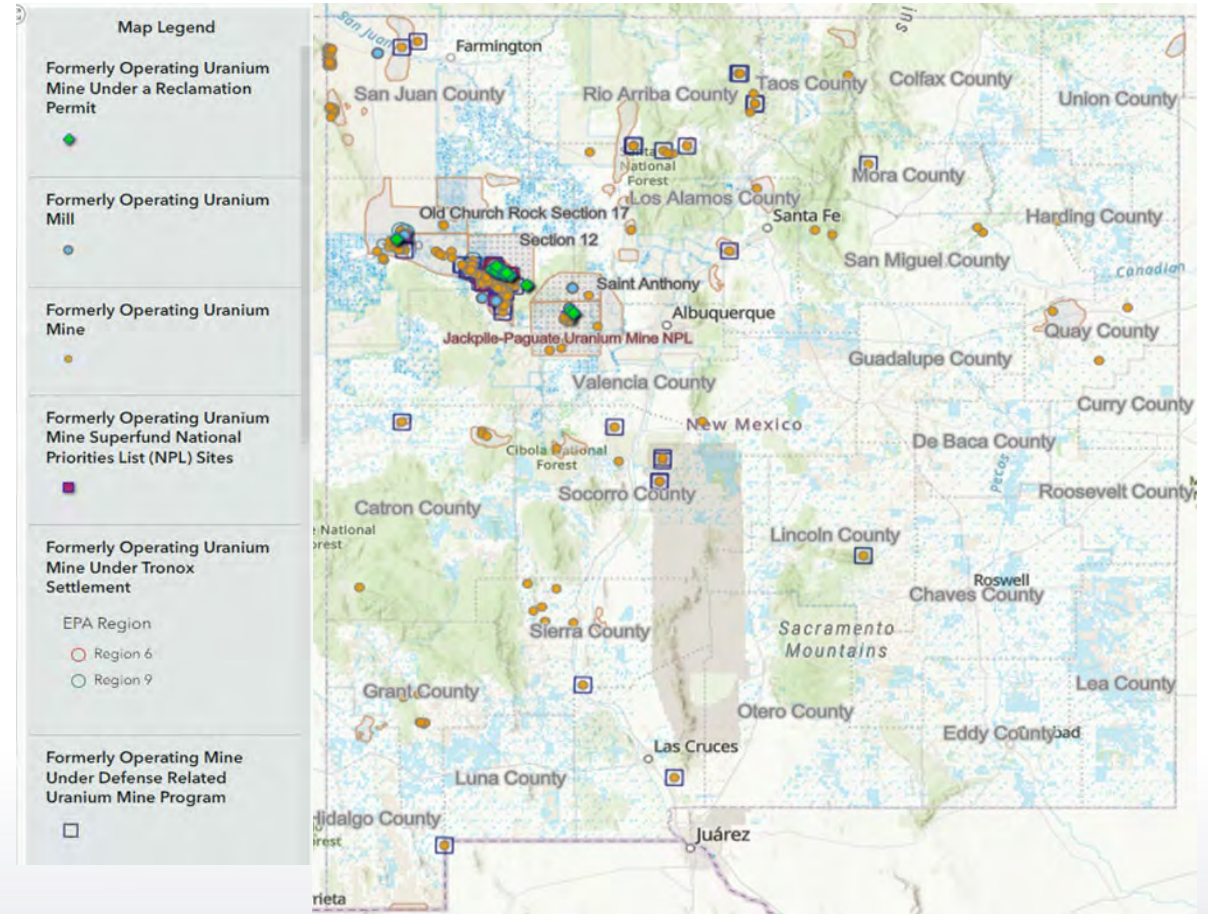
Tribal Health Inequity

- New Mexico has 19 Pueblos, and 4 tribes. Some are very small some have large territories.
- Distance to healthcare
- Lack of critical infrastructure
- Poverty
- Lack of reliable transportation
- Substance abuse
- Exposure to toxins/radiation
- Administrative barriers



Abandoned Uranium Mines/Mills in NM

- 200+ Abandoned Mines
- 8 Abandoned Mills
- 2nd Largest Release of Radioactive Materials in the US in Church Rock, NM in 1979
- RECA
- <https://www.epa.gov/navajo-nation-uranium-cleanup/abandoned-mines-cleanup-additional-documents/>



Health Equity and Emergency Management

According to the United Nations (UN, 2015), a key priority for emergency management is to "strengthen the design and implementation of inclusive policies and social safety-net mechanisms, including through community involvement, integrated with livelihood enhancement programmes, and access to basic services to find durable solutions in the post-disaster phase and to empower and assist people disproportionately affected by disasters"

- The Institute for Diversity and Inclusion in Emergency Management (I-DIEM) identified five areas of inclusive emergency management that will help strengthen preparedness plans:
- community development
- building trust
- inclusive communication practices,
- evaluation and maintenance of inclusion
- building inclusive emergency management from within



What Does Health Equity Mean To A Healthcare Coalition?

Healthcare Coalitions play a primary role in healthcare delivery.

Therefore, HCC Regions should play a primary role in Health Equity as well.

How do we do this?



What can be done at the Healthcare Coalition Level?

- Encourage Coalition Members to engage with the affected populations by including them in planning, training, and exercises.
- Use tools available pertaining to health equity.
- Federal Partners
- State's Office of Health Equity
- Use of HHS emPOWER data
- CDC/ATSDR Social Vulnerability Index data
- CDC Public Health Risk Assessment
- CASPER



Use of emPOWER Data: An Example

- RV Park in rural New Mexico
- Roughly 90 RV spaces occupied at any given time
- Has been affected by a flash flood in the past



Medicare Data Totals by Selected Geographies

Download the data from this table

[DOWNLOAD DATA](#)

[States/Territories](#) [Counties](#) [ZIP Codes](#) [Multi-Selected Geographies](#)

Geographic Area	Beneficiaries	At-Risk Beneficiaries
88210	2,959	244
88220	6,282	497
88254	57	11
88256	369	42

#NHCPC24



CDC/ATSDR Social Vulnerability Index

The CDC/ATSDR SVI uses U.S. Census data to determine the social vulnerability of every census tract. The SVI ranks each tract on 16 social factors, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes:

- Socioeconomic Status
- Household Characteristics
- Racial and Ethnic Minority Status
- Housing Type/Transportation

https://www.atsdr.cdc.gov/placeandhealth/svi/fact_sheet/fact_sheet.html



Public Health Risk Assessment Tool (PHRA)

- NM DOH/BHEM receives funding from CDC's PHEP grant
- Grant requirement: Jurisdictional Risk Assessment (JRA) every 5 years
- Last JRA completed: 2015 PHRA
- No JRA done during COVID-19 pandemic
- 2024 PHRA: Expanded on previous risk assessment



Community Assessment for Public Health Emergency Response (CASPER)

- A rapid needs assessment providing household-level information to public health leaders and emergency managers. Can provide accurate and timely data for decision makers through precise analysis and interpretation.
- Can help public health and emergency managers:
- Initiate public health action
- Identify information gaps
- Facilitate disaster planning, response, and recovery activities
- Allocate resources
- Collect and assess new or changing needs in the community



Resources

- CDC Social Vulnerability Index: <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>
- HHS emPOWER: <https://empowerprogram.hhs.gov/>
- <https://www.edu-links.org/learning/guiding-principles-disability-inclusive-education>
- I-DIEM (Institute for Diversity and Inclusion in Emergency) i-diem.org
- OCR 14076: <https://www.whitehouse.gov/briefing-room/presidential-actions/2022/07/08/executive-order-on-protecting-access-to-reproductive-healthcare-services>
- OCR 13985: <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-forunderserved-communities-through-the-federal-government>
- OCR 14091: <https://www.whitehouse.gov/briefing-room/presidential-actions/023/02/16/executive-order-on-furtheradvancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government> (includes OCR's definition of HE)
- OCR 14110: <https://www.whitehouse.gov/briefing-room/presidential-actions/2023/10/30/executiveorder-on-the-safe-secure-and-trustworthy-development-and-use-of-artificial-intelligence>



Resources

- [ACL.gov](#)
- [NACCHO.org](#)
 - [Capacity-Building Toolkit for Including Aging & Disability Networks in Emergency Planning](#)
 - [Accessible Emergency Preparedness Videos](#)
 - [Ready Now Toolkit](#)—an emergency preparedness training program for people with disabilities
 - [Training Video: Emergency Planning for People with Access and Functional Needs](#)
 - [Presentation Slides](#)—Improving Equity During MCM Responses: Five Special Populations
 - [Preparedness Actions to Promote Economic Resilience and Recovery](#)
 - [Social Vulnerability Index](#)
 - [Fact Sheet: How Can LGBTQ+ Youth Navigate COVID19?](#)
 - [Native LGBTQ/Two-Spirit Toolkit](#)
 - [Planning for Unaccompanied Minors in Shelter Operations](#)
- [CDC.gov Access and Functional Needs Toolkit](#)
- [CASPER\(Community Assessment for Public Health Emergency Response\)](#)
- [FEMA.gov “whole community approach”](#)
- [ASTHO](#)
- [HHS/OCR https://www.hhs.gov/ocr](https://www.hhs.gov/ocr)

#NHCPC24



QUESTIONS?????

#NHCPC24



Thank you!

Juli Sommers

Juli.Sommers@doh.nm.gov

505-469-0547

John Hodges

John.Hodges@doh.nm.gov

505-231-4346

#NHCPC24

