Taking Your Hazard Vulnerability Assessment (HVA) to the Next Level:

An Equity Assessment Tool

VERMONT HEALTHCARE EMERGENCY PREPAREDNESS COALITION

VHEPC's Healthcare Equity Assessment Toolkit

June 2023

Acknowledgement of funding source:

This Toolkit was supported by funds made available from the Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support, under OT21-2103.

Disclaimer:

The contents of this toolkit are those of the authors and do not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.

This Toolkit is provided to the Vermont Healthcare Emergency Preparedness Coalition (VHEPC). VHEPC is a multi-disciplinary partnership that collaborates with its members, stakeholders, and surrounding communities to improve and expand emergency preparedness, response, and recovery capabilities.

Table of Contents

Toolkit Introduction

This toolkit is for hospital and other healthcare Emergency Managers and Emergency Preparedness Professionals who:

- are busy.
- whose time is valuable.
- wear many hats.
- want to do right by your community.
- know the landscape of emergencies.

What Does this Toolkit Do?

This toolkit builds on the top hazards as identified in the Hazard Vulnerability Analysis (HVA) or risk assessment process. It outlines a process for healthcare emergency preparedness professionals to incorporate equity-centered planning (ECP) principles and best practices into emergency preparedness work.

Objective #1: Center Equity in Your Emergency Preparedness Work

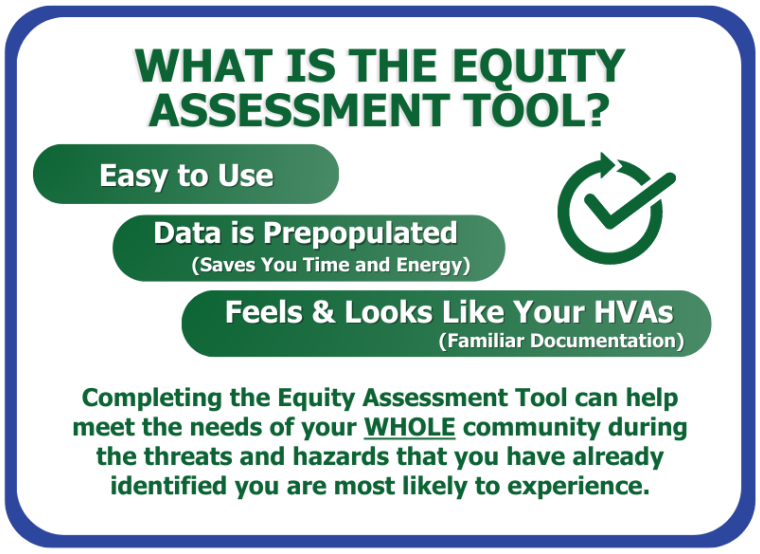
By using this Toolkit, healthcare emergency preparedness professionals can identify people that are the most likely to be negatively impacted by the top hazards as identified in their HVA. This relative risk can then be used to inform mitigation, preparedness, response, and recovery actions for each of the top hazards.

Objective #2: Use the Equity Assessment Tool Meaningfully

Completing the Equity Assessment Tool can help meet the needs of your WHOLE community during the threats and hazards that you have already identified you are most likely to experience.

Who Uses this Toolkit?

This toolkit is for healthcare emergency preparedness professionals to add equity-centered planning principles and best practices to your emergency preparedness work. As a professional, you recognize the need to overcome and mitigate inequities by planning to address them in advance of an emergency.



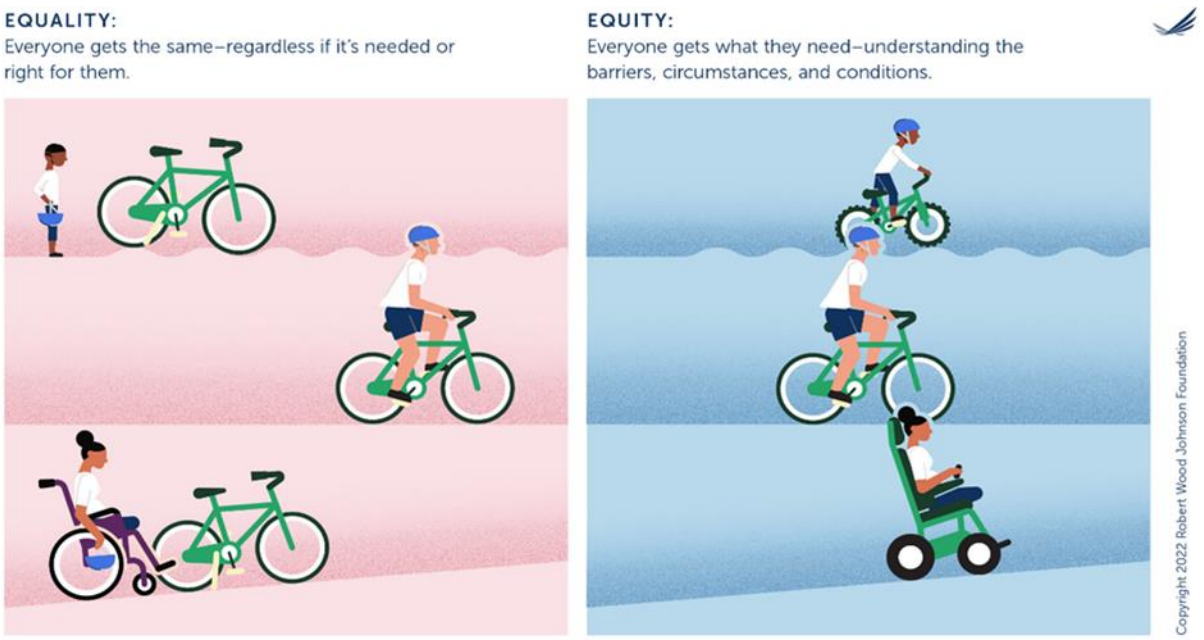
This tool is designed to be used by busy healthcare emergency preparedness personnel who have already completed a Hazard Vulnerability Analysis (HVA) for their organization.

How Does Equity Fit with Emergency Preparedness?

Equity 101

Health equity is when everyone has the opportunity to be as healthy as possible. These opportunities include equitable access to and distribution of resources. When policies, programs, and systems that support health are equitable, poor health outcomes can be reduced, health disparities can be prevented, and the whole of society benefits. While complex to explain, the concept of health equity is demonstrated in the picture in Figure 1.

Figure 1: Equality and Equity



https://www.rwjf.org/en/insights/our-research/infographics/visualizing-health-equity.html

When you center equity in your plans, there are center groups you will want to be proactive about considering. These include:

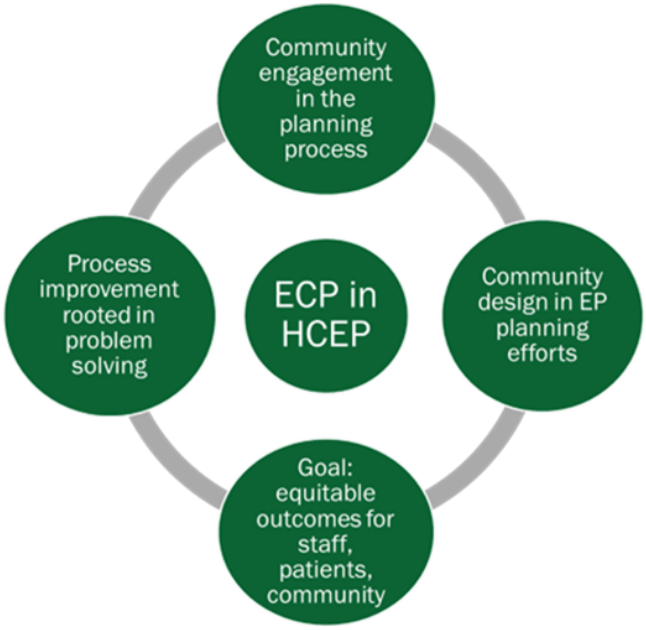
- Black
- American Indian, Native American, Alaskan Native, and other Indigenous people
- Hispanic and Latino/a/x
- Other People of Color
- Disabled people/people with disabilities,
- Unhoused people
- Immigrants and refugees
- rural communities
- people without transportation or with limited transportation or specific transportation support needs
- people who do not speak English
- LGBTQ+ people
- older adults
- Children

The above is not intended to be a comprehensive list but a starting point for you to consider as you move towards centering equity in your planning efforts.

Equity-Centered Planning in Emergency Preparedness

Simply put, disasters worsen existing inequities. Populations that are marginalized have less power and fewer resources, and in turn, they often have the hardest time preparing for, responding to, and recovering from disaster. Research has repeatedly shown that those at the margins of society are less likely to have access to the resources to be able to live or relocate to live in places that are safer from physical and environmental hazards, are more likely to suffer severe physical and mental health outcomes after disaster, more likely to be displaced, and more likely to experience lengthy and uneven recovery processes.

Figure 2: Equity Centered Planning (ECP) in Healthcare Emergency Preparedness (HCEP)



Equity-centered planning (ECP) is:

A Process *and* an Outcome

ECP is a way for people in the communities most-likely to be negatively impacted to be involved in deciding what they need to achieve, as well as the determined outcomes, whether those outcomes are support, resources, or decision-making control.

Enriched by People

The slogan "nothing about us without us," championed by American disability advocates in the 1990s, encapsulates how those with lived experience need to be valued as experts.

Different than Equality

Equality focuses on equal access to resources. *Equity* focuses on creating a process that ensures everyone gets what they need to achieve the stated outcome.

Community and Place Specific

ECP considers the demographic makeup of the community as well as the physical features of an area.

How Do I Use This Tool?

You made it this far so let's use the Equity Assessment Tool. You can download a copy of the tool for you and your facility to use here.

Strategies for Success

Since this Tool is designed to follow the same process as your HVA, some of the same strategies apply.

Start with Your HVA

This Tool builds on the results of your HVA so you should complete that prior to using this Tool. Identify the top 3-5 hazards to apply to this Tool.

Involve the Right People

Like your HVA, this effort is best when you involve a diverse group of people from a variety of roles and experience. Engage with clinical, non-clinical, leadership, and frontline staff. Consider adding additional representatives for this assessment such as social workers, case managers, Community Health Workers (CHWs), those with experience in community engagement, and those with experiences (lived and learned) different than your own. If you identify the need to work with individuals outside of your organization, you will want to plan to compensate community members for their time and expertise.

Ask the Right Questions

And be honest with the answers.

Make Time to Complete the Tool

Completing this Tool can take time, just like your HVA. The first hazard may take some time as you get used to the Tool and its layout. Subsequent hazards will go faster. Set aside 2-3 hours to complete the Tool.

If that is daunting, consider breaking it into smaller sections.

- Complete one hazard at a time. There is no rule that says you have to do all of them in one sitting.
- Use standing meetings such as your Safety Committee or Emergency Preparedness Committee.
- Incorporate games, prizes, incentives, when appropriate.

Analyze the Results

Completing the Tool is the first step. Analyzing and using the results is next. There is no rule that says you must analyze at the same time as you complete the Tool. In fact, it may be better to take some time to look at the results. Consider:

- What populations are most impacted by each hazard?
- Are any populations impacted by more than one hazard?
- What can your facility do to:
  - Mitigate the impact on your facility?
  - Prepare for the impact on your facility?
  - Update response procedures based on the information?
  - Anticipate the impact during recovery?

Anticipate Friction (at every step along the way).

- Try to anticipate (internal and or external) and be prepared.
- Engage and manage resistance.
- Be flexible and nimble.
- Work with champions and allies.
- Set expectations and adjust your objectives as needed.

Make Time to Identify Action Items and Next Steps

- Identify key next steps from your results.
- Assign people to perform next steps with due dates.
- Reconvene to assess progress as needed.
- Build these action items and activities into existing meetings whenever possible.
- Set aside time to ensure that this work is done.

Using the Results

Make yourself trustworthy to your community partners.

- Listen
- Ask what your identified community partners and stakeholders need.
- Work with them, let them set priorities.
- Work with them to support their asks.
- Reframe from mis/distrust to trustworthy (doing everything listed here is a great way to help begin the reframe process).
- Acknowledge past failures.
- Be transparent. Don't make promises you can't keep. Explain your decisions, especially when they are not aligned with what the community is asking for or prioritizing.

Identify your community leaders/advocates.

- Once identified, begin to build relationships.
  - Listen to the needs of your community members and leaders.

- Support community leaders and advocates to be successful messengers.
    - Provide training, materials, etc., so they can comfortably act as a link between their community and your facility.

Use what you learn from the listening and learning above to:

- Update your plans.
- Identify future data needs and work with stakeholders to develop ways to collect, maintain, and leverage data.
- Get buy-in and be strategic about continuing to maintain relationships built with your community partners.

Practice with your communities.

- Bring them into your drills, trainings, and exercises whenever possible.
- This will also help to maintain and further the relationships you have with them.

Continue to stay committed to centering equity in the work you do.

- Add it to your meeting agendas.
- Be mindful of maintaining relationships.
- Continue to examine and iteratively improve plans when gaps are identified.

Appendix 1: Instructions for Filling out the Tool.

Instructions for filling out the tool are embedded into Tab 1 of the tool. Please download the tool here to begin.

Appendix 2: Get Nerdy with It (Supplemental Information for Knowledge Seekers)

The Vermont Department of Health had an *Equity in Healthcare Emergency Preparedness Strategic Plan* drafted in June of 2022. That plan outlines key concepts related to equity. Relevant concepts within that plan are included for your reference and continued learning.

Defining Terms and Concepts: What is Health Equity?

It is important to understand key terms when thinking through challenges and solutions to improving health outcomes during disasters and disruptions to communities. Ensuring that everyone has a common language and framework for understanding is important to level-set expectations from the beginning. With that, there are several key terms and concepts readers of this plan should be familiar with:

Health equity: The federal government defines health equity as "the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes."[1] Achieving health equity requires valuing everyone with focused and ongoing societal efforts to address avoidable inequalities, historical and present-day injustices, and the elimination of health and health care disparities. It is important to acknowledge that health inequity is a complex problem that requires careful investigation from multiple perspectives. Therefore, achieving health equity requires a multi-faceted upstream approach, focused on intentionally removing and/or reducing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Health disparities: According to the Center for Disease Control and Prevention (CDC), "health disparities are preventable differences in the burden of disease, injury, violence or opportunities to achieve optimal health that are experienced by social disadvantaged populations."[2] The federal government's Healthy People 2020 initiative goes on to further explain a health disparity as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of

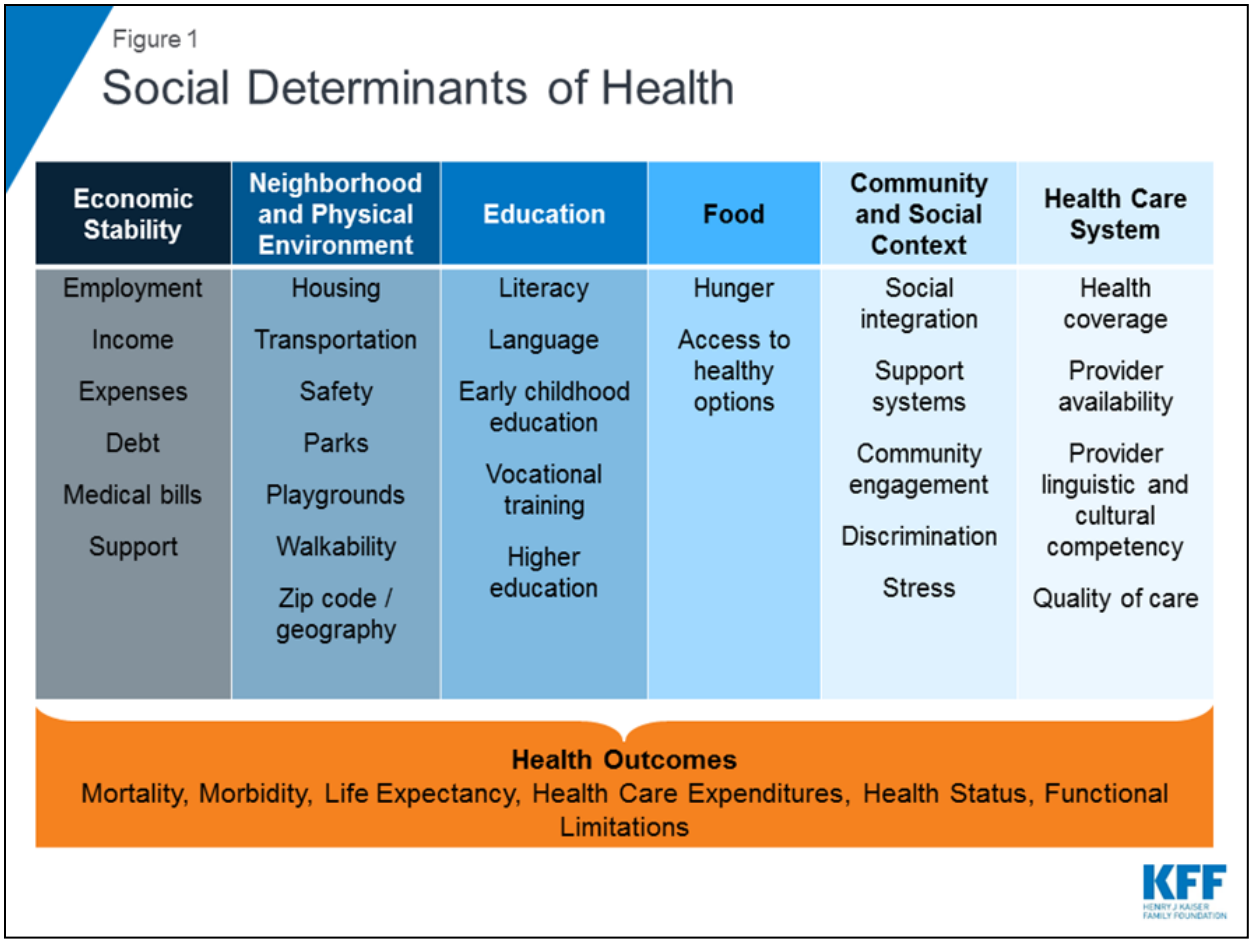
[1] Department of Health and Human Services, Office of Minority Health, online: https://www.minorityhealth.hhs.gov/assets/pdf/hhs/HHS_Plan_complete.pdf
[2] Centers for Disease Control and Prevention (CDC), online: https://www.cdc.gov/healthyyouth/disparities/index.htm

people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."[3]

Health disparities in different populations are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources. Research shows that up to 80% of health outcomes come not from genes, biology, or clinical care, but from factors in peoples' homes, schools, jobs, and communities.[4] Most health disparities are rooted in inequities in the opportunities and resources needed to be as healthy as possible—collectively these are often referred to as the social determinants of health.

The Social Determinants of Health[5]: Also known as the "social drivers of health," the determinants of health include living and working conditions, education, income, neighborhood characteristics, social inclusion, and medical care. Visually, these collectively contribute to individual and community health and well-being, as shown on below:

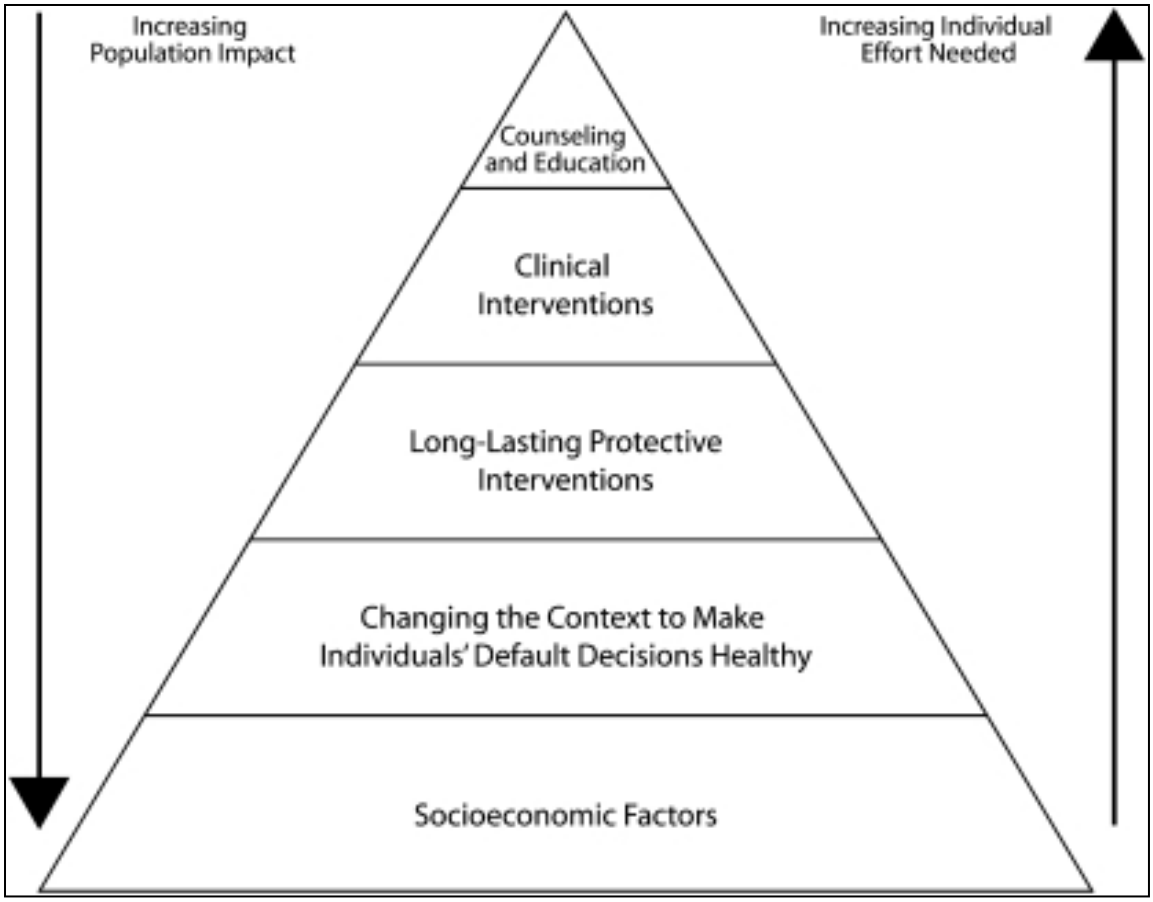
[3]HealthyPeople.Gov online: https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities#:~:text=In%20Healthy%20People%202020%2C%20that,of%20health%20for%20all%20people.
[4] Robert Wood Johnson Foundation (RWJF) online: https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html
[5] Henry J. Kaiser Family Foundation online:https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/



The root causes of health inequities lie in the social determinants of health. Therefore, successful, equity-centered planning and prevention absolutely must address the social determinants of health.

The Health Impact Pyramid[6]: This conceptual framework for public health action helps users visualize the efficacy of different interventions on population health. At the top tiers, interventions are designed to help individual people, rather than whole communities. Public actions, interventions, and policies directed at the base require less effort on the part of an individual person living in the community and also have the greatest impact on communities as a whole. Efforts should be made, whenever possible, to place interventions, efforts, and actions on the base levels of the pyramid to have the most impact on community health, as interventions to address the social determinants of health have the largest impact and a long-term impact. The role of political and community support is critical in doing this.

[6] American Journal of Public Health online: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/figure/fig1/



Equity-Centered Planning: For the purposes of the survey conducted as part of this project, and this related strategic plan, health equity-centered planning means that measuring and responding to health disparities is the core principle around which planning, preparedness, cultural and structural work are centered. An organization strives to incorporate the concept of equity-informed decision-making in both their daily practices, their future plans, and their long-term goals. The organization also aims to partner with communities, businesses, consultants, government agencies, and nonprofits that center equity and health equity principles in their work. Equity-centered planning proactively considers the need to provide additional resources to those most in need of those resources in advance of, during and after an emergency.

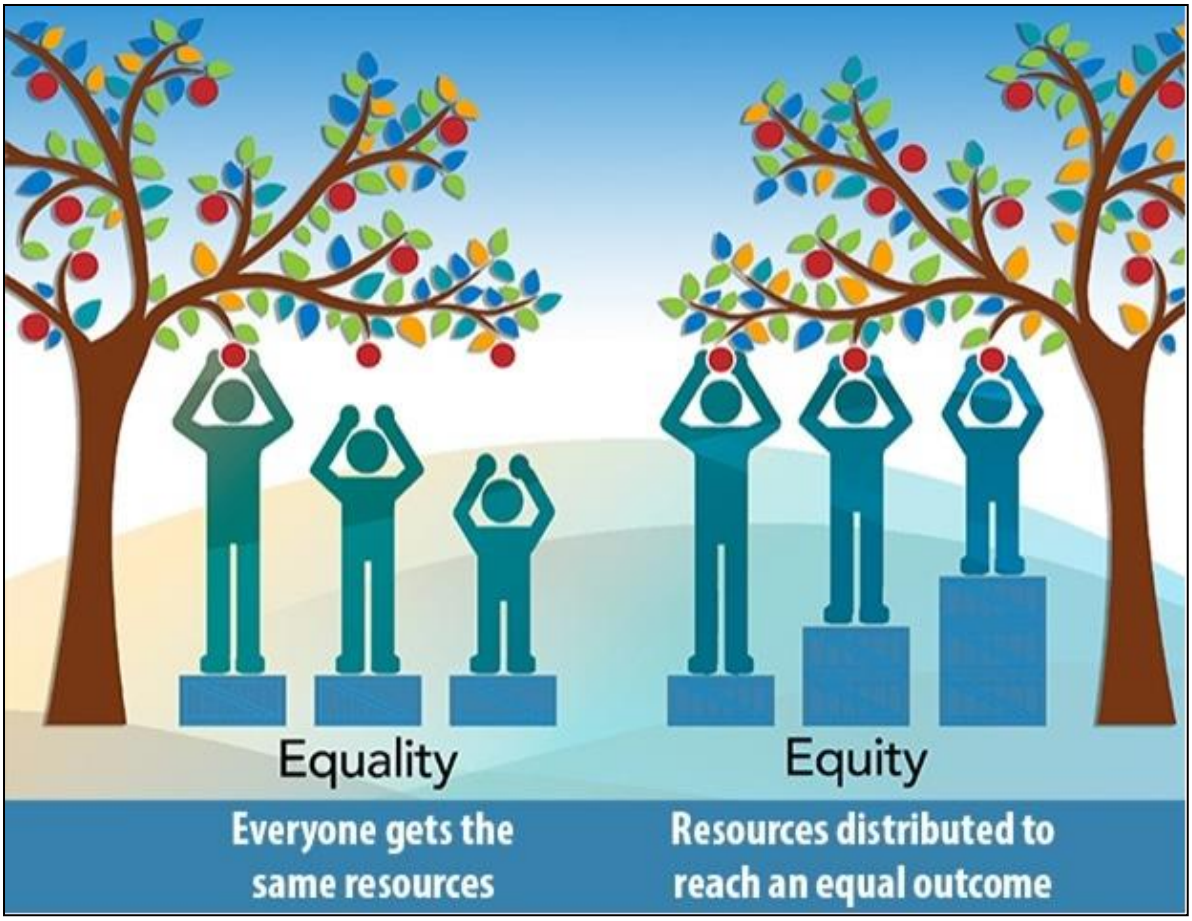


Image credit: National Institutes of Health (NIH), online: https://www.nih.gov/ending-structural-racism/creating-new-research-health-disparities-minority-health-health-equity

Why Health Equity?

Across the nation, gaps in health are large, persistent, and increasing - many of them caused by barriers set up at all levels of society. Disasters have been shown to further exacerbate health inequities during, in the immediate response, and in the long-term recovery after an emergency.

It is, therefore, especially important to change and implement policies, laws, systems, environments, and practices to reduce inequities in the opportunities and resources needed to help communities experience an emergency in the least disruptive and most resilient way possible. It is equally important that focused efforts be made to eliminate the unfair individual and institutional social conditions that give rise to the inequities to improve health and well-being of communities, staff, and patients.

What Are the Causes of Inequity in Disaster Response?

Disasters impact different communities and groups differently. Disasters do not create inequities and vulnerabilities, they expose them. For example, COVID-19 infected every community within the United States; however, some communities experienced

significantly higher rates of transmission, morbidity, and mortality than others. The reasons for this are interconnected. Some of the pieces include:

1. **Increased medical fragility**
    - Examples include but are not limited to: Lack of affordable health insurance and medical care, lack of paid sick leave, loss of jobs and/or work, lack of access to medical care.
2. **Misinformation**
    - Some communities are at higher risk of experiencing heightened misinformation during an emergency and/or are historically harder to communicate with during an emergency.
        - The Vermont Department of Health experienced this firsthand by not planning for translation services needs prior to and at the beginning of the COVID-19 pandemic. By better planning for the whole community ahead of an event, the entire community would have been better served.
    - Misinformation oftentimes leads to poor health outcomes; for example, COVID-19 vaccine misinformation caused lack of vaccine uptake leading to poorer health outcomes among certain populations.
3. **Fear and stigma and their associated community behaviors**
    - Fear and stigma impact the brain's ability to process new information and make informed decisions and related logical actions or inactions.
    - Fear and stigma also influence the behaviors of individuals and communities.
4. **Increased risk of exposure**
    - Jobs worked and work environments, as well as community and built environments, and population density.
        - For example, During the COVID-19 pandemic, some people worked in jobs where they could not avoid being around other people. Their work environments led to greater exposure. Low paid, and hourly workers, were less likely to be able to isolate, take time off for illness or exposure, and to work from home. People living in communal housing, shelter systems, prisons and other high-density environments were at increased risk.
    - Climate change, housing, and the impacts of the lived environments of populations.
        - For example, during disease outbreaks, people who live in households with less space cannot isolate themselves in a bedroom if they test positive. Their air filtration in their housing situations are likely to not be as good, and their access to a restroom that is dedicated solely to their use is not likely to be available.
5. **Disparities exposed by disasters**
    - Underlying root causes and inequities in the social determinants of health.
    - Lack of forethought. Because communities did not have prior involvement in planning processes and because those processes were designed with equality in mind, many groups didn't receive responses that met their needs.

The good news is when you plan ahead, and plan for equity from the start, your responses are better for EVERYONE in your community.
By centering equity in your planning efforts, every person in your community benefits.

Solutions to Improve Equitable Health Outcomes During Emergencies

Broadly, the solutions include several key actions that are universal to improving health outcomes. These include:

1. Invest in communities and build partnerships in advance of a disaster.
2. Target programs towards most vulnerable populations at highest risk of negative health outcomes
    a. Use data to measure the efficacy of these programs.
    b. Create programs in partnership with the communities they are intended to serve.
3. Increase opportunities to improve healthcare access, and the social determinants of health before, during, and after disasters.
4. Increase access to post-disaster recovery programs.
5. Increase representation from the communities you are planning for during the planning, preparedness, and evaluation process.

Appendix 3: References

American Journal of Public Health, 2010 April; 100(4): 590–595. Online at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/figure/fig1/

Centers for Disease Control and Prevention (CDC). "Health Disparities." Online at: https://www.cdc.gov/healthyyouth/disparities/index.htm

Congressional Hearing, Speaker: Dr. Lori Peek, Director, Natural Hazards Center, Professor, Department of Sociology, University of Colorado, Boulder, online at: https://www.congress.gov/117/meeting/house/114141/witnesses/HHRG-117-HM00-Wstate-PeekL-20211027.pdf

County Health Rankings and Roadmaps, "Vermont Data and Resources," online at: https://www.countyhealthrankings.org/reports/state-reports/2022-vermont-state-report

Department of Health and Human Services, Office of Minority Health, "Action Plan to Reduce Racial and Ethnic Health Disparities Report," online at: https://www.minorityhealth.hhs.gov/assets/pdf/hhs/HHS_Plan_complete.pdf

"Ensuring Equity in Disaster Preparedness, Response and Recovery," Congressional hearing (10/27/2021), online at: https://www.congress.gov/event/117th-congress/house-event/114141?q=%7B%22search%22%3A%5B%22%22%5D%7D&s=1&r=68

Frieden, T. "Health Impact Pyramid." Online at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/

Henry J. Kaiser Family Foundation, "The Role of the Social Determinants of Health in Promoting Health Equity," online at: https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

Johns Hopkins Center for Health Security, "CommuniVax Implementation Toolkit." Online at: https://6e623a95-9759-4b13-99f6-d4a3b41b1b05.filesusr.com/ugd/d3e924_95b6f8e26fa34f4c9b7fa41247ee059d.pdf

National Institutes of Health (NIH), online: https://www.nih.gov/ending-structural-racism/creating-new-research-health-disparities-minority-health-health-equity

Office of Disease Prevention and Health Promotion, HealthyPeople.Gov. "Disparities," online at: https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities#:~:text=In%20Healthy%20People%202020%2C%20that,of%20health%20for%20all%20people.

Office of Human Services Emergency Preparedness and Response, "Disaster Equity Plan Statement," online at: https://www.acf.hhs.gov/ohsepr/about/disaster-equity-plan-

statement#:~:text=Disaster%20equity%20is%20the%20provision,well%2Dbeing%20and%20support%20resilience.)

Robert Wood Johnson Foundation (RWFJ), "Achieving Health Equity." Online at: https://www.rwjf.org/en/library/features/achieving-health-equity.html

Robert Wood Johnson Foundation (RWFJ), "What is Health Equity." Online at: https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html

Robert Wood Johnson Foundation (RWFJ), "Visualizing Health Equity." Online at: https://www.rwjf.org/en/insights/our-research/infographics/visualizing-health-equity.html

Surgo Ventures, "Report: Vulnerable Communities and COVID-19." Online at: https://surgoventures.org/resource-library/report-vulnerable-communities-and-covid-19

US Covid Community Vulnerability Index (CCVI). "COVID-19 Community Vulnerability Index." Online at: https://precisionforcovid.org/ccvi

University of North Carolina, Chapel Hill, "Emergency Preparedness, Ethics and Equity" speaker series, online at: https://campaign.unc.edu/story/emergency-preparedness-ethics-and-equity-speaker-series/

Vermont Department of Health, "Health Statistics and Vital Records" online at: https://www.healthvermont.gov/stats