Why Use This Tool:

Emergencies exacerbate existing health inequities. Therefore, intentionally and proactively centering equity into your emergency preparedness planning process can help to improve health outcomes for your patients and your organization's bottom line.

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.

Tool Introduction:

This tool is designed to support a systematic approach to building equity considerations into healthcare emergency preparedness and planning efforts.

This tool is intended to supplement existing emergency preparedness planning efforts, including the use of a traditional Hazard Vulnerability Analysis (HVA) or other risk assessment. It is not meant to supersede any other planning tools or preparedness work; rather it should be used as an additional support to existing resources.

This tool utilizes publicly available data from both the Centers for Disease Control and Prevention (CDC) Social Vulnerability Index (SVI) and County Health Rankings & Roadmaps (CHR&R), a database created by the University of Wisconsin Population Health Institute with funding from the Robert Wood Johnson Foundation.

It is important to note that while this tool identifies specific populations of people (including racial groups), belonging to these groups does not mean an individual is inherently at higher risk. Rather, the historical structures and inequitable systems in place make certain groups of people more likely to experience negative health outcomes during an emergency.

Instructions for Filling Out the Tool:

- This tool consists of a Microsoft Excel Workbook with ten visible worksheets (tabs). These worksheets are labeled:
 - o Instructions
 - InputHazards
 - InputCounties
 - Hazard 1, Hazard 2, Hazard 3, Hazard 4, Hazard 5
 - o Summary Results
 - Data Bibliography
- Work through the worksheet in order. Start with the Input worksheets and then move to the Hazard worksheets.
- Data from worksheets will automatically populate the Summary Results page.
- Input data into the yellow cells only. Changing the unshaded cells may create errors in the formulas.
- Do not add rows or columns to the tool unless the user can manipulate the Excel formulas.

InputHazard Tab

- 1. Click on the "InputHazards" tab.
- 2. Select 3-5 hazards from your risk assessment.
- 3. In Column A, replace the generic "Hazard" by typing in your selected hazard(s).
- 4. In Column B, input your relative risk for the corresponding hazard (this should be a percentage). The relative risk is calculated in your risk assessment results.
- 5. These hazards and relative risk numbers will be carried automatically to the other worksheets in the tool.
- 6. If you choose fewer than 5 hazards, you will just ignore those lines and those Hazard sheets.
- 7. Move to the next InputCounties tab.

InputCounties Tab

1. Click the dropdown arrow to the right of the "Select Counties From the Filter" cell.



2. Select/deselect the county or counties that are part of your normal catchment area by adding or removing a check next to the county. Use your best judgment as patient catchment areas do not align precisely with county boundaries.

FINAL DRAFT

Vermont Department of Health

Healthcare Preparedness Equity Assessment Tool

Please note: most of the pivot table has been hidden from view to simplify the use of this tool and to prevent data corruption.

- 3. For each county you select, the percentage of individuals who fit specific health equity characteristics will be automatically calculated and populated into the worksheet.
- 4. Move to the Hazard 1 Tab.



Hazard Tabs

- Each Hazard tab has been populated with the hazard (cell B2) and relative risk (cell E2) from the InputHazard tab and with population data based on the InputCounties tab (Columns C and D).
- Population data from the InputCounties tab appears in Columns C (as a percentage) and D (as a number) of the total population of the selected counties. Do not edit or replace this information.
- 3. The next four columns will require manual input, by using the dropdown arrows next to each cell. Each dropdown provides a list of five options. Users should use their team's best judgment to select the answer that best fits the prompt questions for that specific health equity consideration characteristic.

Column E: Estimated impact.

4. Assess "what impact would incoming patients from the identified groups have on our ability to respond to the specific hazard?"

This can be thought of as what percentage of the population of the identified group will likely seek medical care or need medical treatment or support from your facility or organization because of the hazard event.

For each yellow cell in Column E, click the dropdown arrow and enter the expected impact:

- No impact
- Low impact
- Moderate impact
- High impact
- Very High impact

Options	Relative Percentage
No Impact	0%
Low Impact	25%
Moderate Impact	50%
High Impact	75%
Very High Impact	100%



Columns F, G, and H: Mitigation

Assess your mitigation efforts (Columns F, G, and H). These columns relate mitigation efforts that your organization and/or community have enacted to reduce the impact of the hazard on the selected population.

Column F: Resources

5. Answer "How confident are you that your organization has the resources to manage the estimated impact (from Column E)?"

Resources include, but are not necessarily limited to, how much planning the user's facility or organization has done to prepare, the types and quantities of supplies on hand, staff availability, and MOUs to obtain supplies and/or staff support. These answers may or may not vary depending on the equity consideration characteristic being assessed.

- 6. For each yellow cell in Column F, click the dropdown arrow and enter the expected impact:
 - Not at all confident
 - Slightly confident
 - Somewhat confident
 - Fairly confident
 - Completely confident



Options	Relative Percentage
Not At All Confident	0%
Slightly Confident	25%
Somewhat Confident	50%
Fairly Confident	75%
Completely Confident	100%

Column G: Responsibility

7. Determine "How responsible is your organization to address the needs of the identified group before an emergency?"

Answering this question requires some upstream thinking. For example, a Federally Qualified Health Center (FQHC) may have more responsibility to address the needs of those below the 150% poverty rate before a hazard event than a private, Continuing Care Retirement Community (CCRC). This example may be extreme but is used for illustrative purposes. These answers may or may not vary depending on the equity consideration characteristic being assessed.

- 8. For each yellow cell in Column G, click the dropdown arrow and enter the expected impact:
 - Not at all responsible
 - Slightly responsible
 - Somewhat responsible
 - Fairly responsible
 - Completely responsible

Options	Relative Percentage
Not At All Responsible	0%
Slightly Responsible	25%
Somewhat Responsible	50%
Fairly Responsible	75%
Completely Responsible	100%

*Please note that the relative percentages are reversed in the calculations to reflect an increased equity burden with increasing responsibility.

	Responsibility	
at	How responsible is your organization to address the needs of the identified group before an emergency?	ŀ
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Not At All Responsible

Slightly Responsible Somewhat Responsible Fairly Responsible Completely Responsible

Column H: Community Connections

9. Answer "How confident are you that your organization can connect these patients to the right community resources?"

These community resources include agencies that serve, support, and work with the identified group from each row. These answers may or may not vary depending on the equity consideration characteristic being assessed.

- 10. For each yellow cell in Column H, click the dropdown arrow and enter the expected impact:
 - Not at all confident
 - Slightly confident
 - Somewhat confident
 - Fairly confident
 - Completely confident

	Community	
	Connections	
r he วup	How confident are you that your organization can connect these patients to the right community resources?	
		-
No	t At All Confident	
Slig	htly Confident	
Sor	mewhat Confident	
Fai	rly Confident	
Co	mpletely Confident	

Options	Relative Percentage
Not At All Confident	0%
Slightly Confident	25%
Somewhat Confident	50%
Fairly Confident	75%
Completely Confident	100%

Column I: Severity

Severity is automatically calculated and is a function of the population size (Column C) of the specific equity consideration as a percentage, the estimated impact (Column E), and mitigation efforts (Columns F, G, and H).

Column J: Relative Health Equity Risk

Relative Health Equity Risk is automatically calculated and is a function of the Relative Risk score from the InputHazards worksheet.

- 11. Review your results in Column J. The higher percentage, the more likely these populations are likely to experience negative health outcomes during a potential hazard and the more effort should be put into preparedness plans in advance of, and recovery support after, an event.
 - It is important to note that: the final results are intended to show *RELATIVE* risk only; the calculated percentages are meaningless independently and only show

whether an identified health equity characteristic is at higher or lower risk than another. The percentage **does not** indicate the degree of risk.

12. Move to the next Hazard.

After finishing the Hazard 1 Worksheet, work through the other Hazard tabs.

Summary Results Tab

After working through the Hazard Worksheets for the identified hazards, the resulting Relative Risk Score for each will be pulled into the Summary Results Worksheet, with the highest areas of Relative Risk highlighted in red.

Data Bibliography Tab

References to data used in this tool are included in this tab.