

Centering Equity in Crisis Preparedness and Response in Health Systems: Elevating Emerging Practices in the Care of Minoritized Populations

Thank you for joining. We will begin shortly.



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Centering Equity in Crisis Preparedness and Response in Health Systems: Elevating Emerging Practices in the Care of Minoritized Populations

Presentation by: Crystal Sacaridiz, MA

Senior Program Manager, Strategic Operations
American Medical Association Center for Health Equity

Moderator: Wilnise Jasmin, MD, MBA, MPH

Medical Director, Behavioral Health
Chicago Department of Public Health



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Housekeeping

1. All attendees are in “Listen-Only Mode”. Please do not put us on hold.
2. Live Transcript provided by CDC Accessibility Program. Link in Chat Box.
3. This webinar is being recorded to be made available on the ACPM Learning Management System (LMS) at learn.acpm.org and on AMA's EdHub.
4. If you have any questions, please type them in the chat box and we will address them during the Q&A session.
5. Please complete and submit the post-evaluation form for Continuing Medical Education (CME) credit.

Meet Our Moderator

Wilnise Jasmin, MD, MBA, MPH
Medical Director, Behavioral Health
Chicago Department of Public Health



Health Equity Language

Our use of equity-focused, first-person language throughout this webinar aligns with published guidance from the **Centers for Disease Control and Prevention (CDC)** [*Health Equity Guiding Principles for Unbiased, Inclusive Communication*](#) and the **Association of American Medical Colleges (AAMC)** and **American Medical Association (AMA)** [*Advancing Health Equity: A Guide to Language, Narrative and Concepts*](#).

Disclosure/Disclaimer

CDC Disclaimer

This session is supported by the American College of Preventive Medicine through a Cooperative Agreement (CDC-RFA-OT18-1802) with the Centers for Disease Control and Prevention Center for State, Tribal, Local and Territorial Support (CSTLTS) of the U.S. Department of Health and Human Services (HHS). The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.



Disclosure

We do not have and have not had, in the last 12 months, any relevant financial or other relationship with any proprietary entity producing, marketing, re-selling or distributing health care goods or services, including the manufacturer of any commercial product or device, that we will discuss during our presentation.

Meet Our Speaker

Crystal Sacaridiz, MA
Senior Program Manager - Strategic Operations,
Performance and Operations Unit, American Medical
Association Center for Health Equity



Agenda

- Inequities in the Public Health Landscape
- Centering Equity in Emergency Preparedness and Response
- Equity in Action – Emerging Practices from Across the Nation
- Getting Started – Making Changes

Land and Labor Acknowledgement

We acknowledge that we are all living off the stolen ancestral lands of Indigenous peoples for thousands of years. We acknowledge the extraction of brilliance, energy and life for labor forced upon people of African descent for more than 400 years. We celebrate the resilience and strength that all Indigenous people and descendants of Africa have shown in this country and worldwide. We carry our ancestors in us, and we are continually called to be better as we lead this work.



Inequities in the Public Health Landscape

Peace Time and at the Point of Crisis

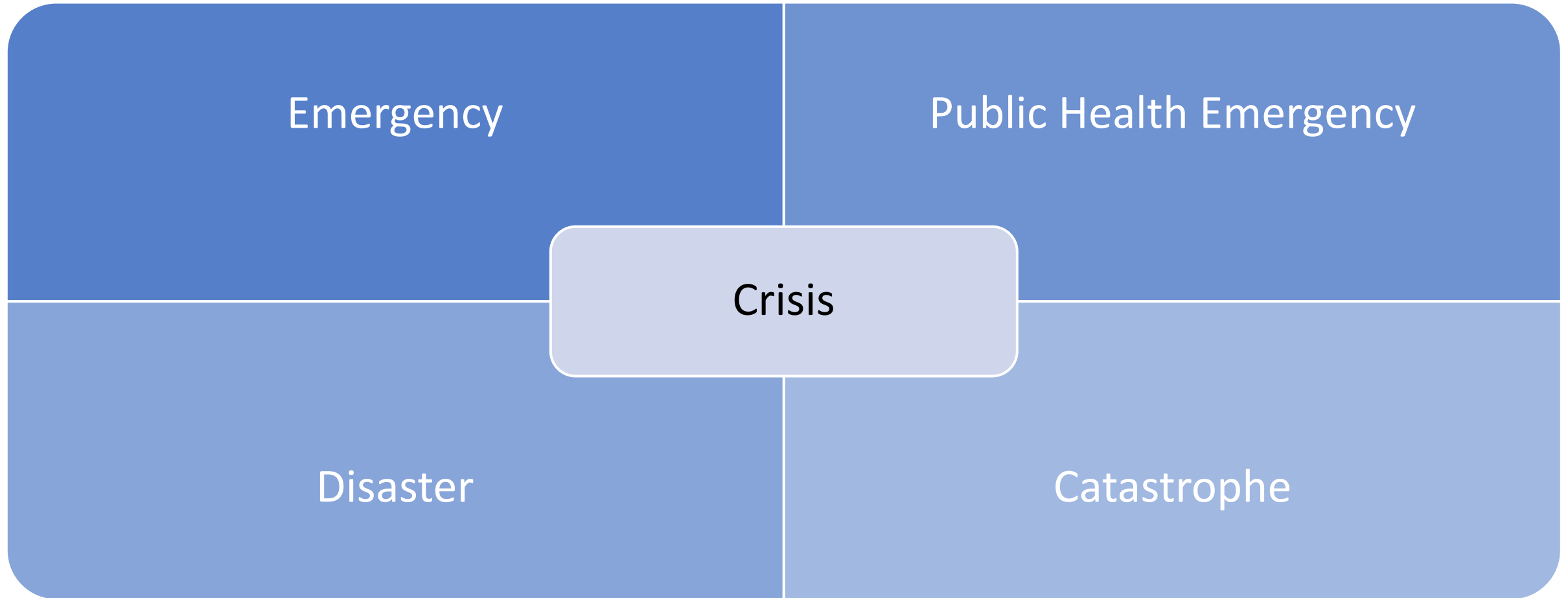


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Chat Question: What Constitutes a Crisis?

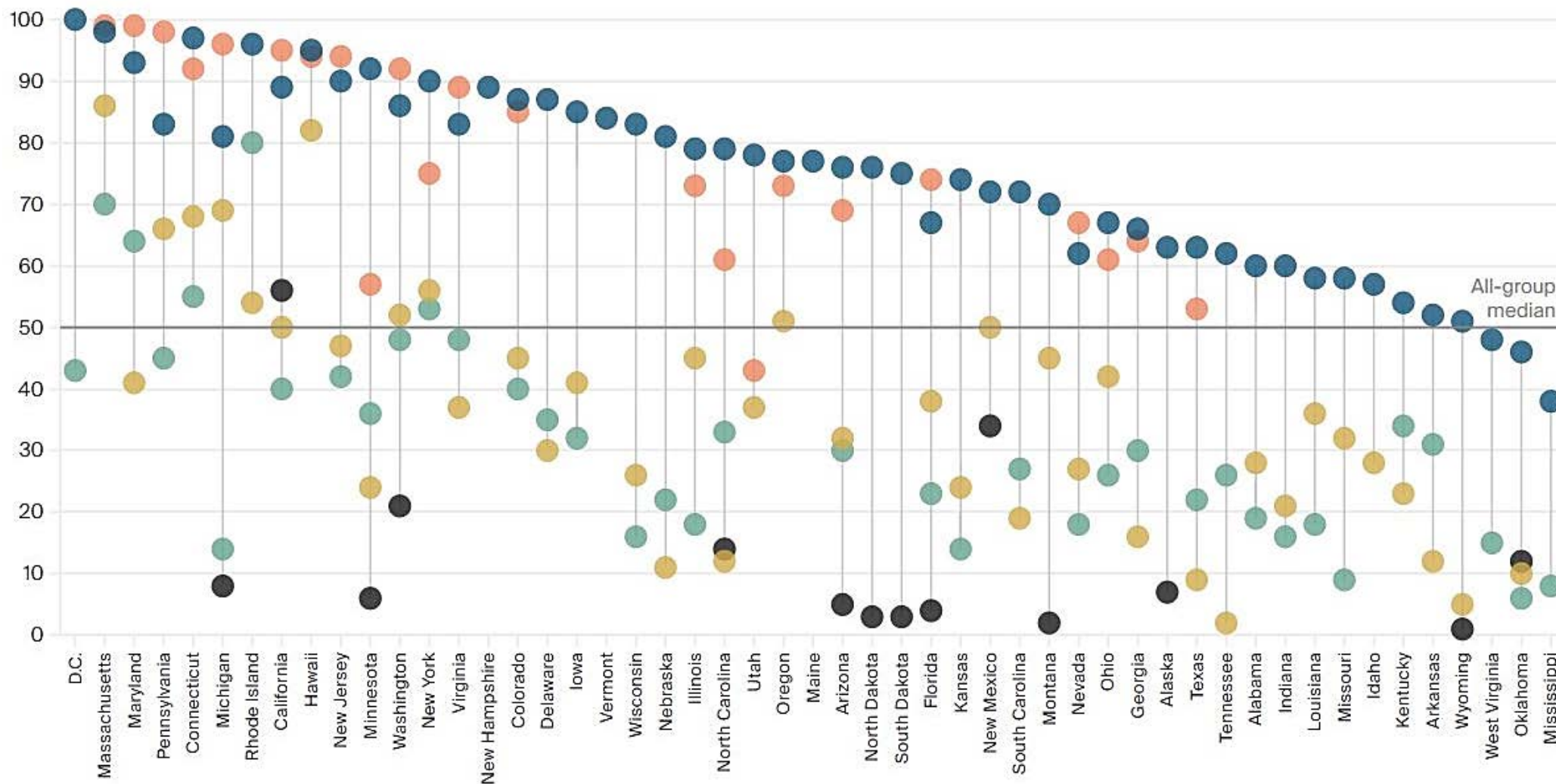


Profound Racial And Ethnic Inequities In Health

Health System
Performance
Scores By State And
Race/Ethnicity

Performance
Dimensions:

1. Health Outcomes
2. Care Access
3. Quality And Use of Services



The COVID-19 Pandemic Has Widened Racial Inequities

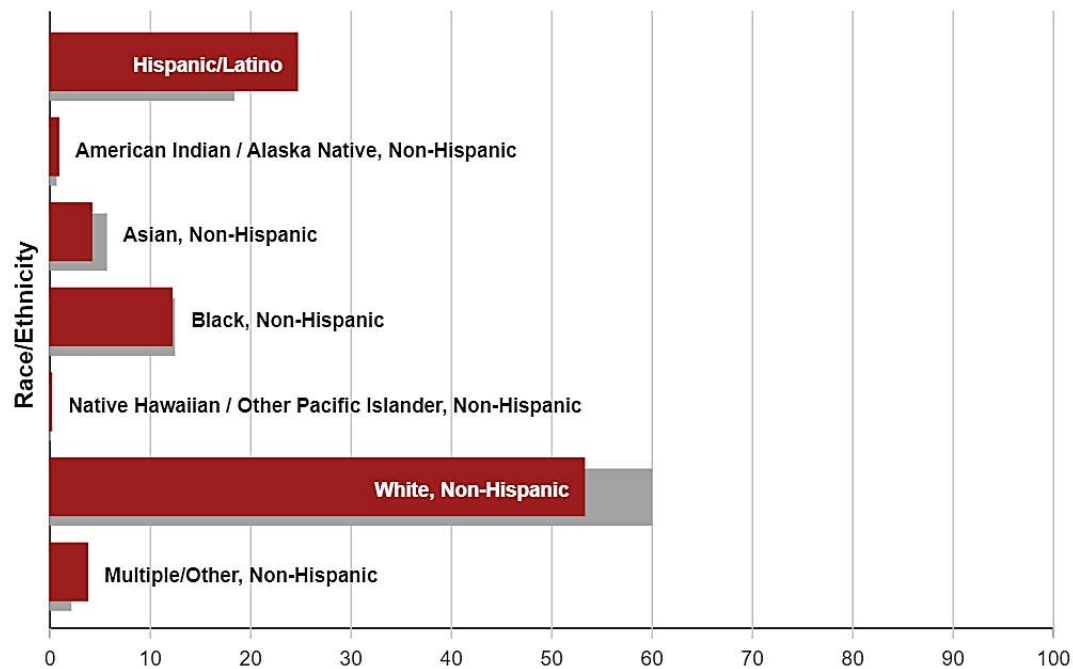
Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.5x	0.8x	1.1x	1.5x
Hospitalization ²	2.8x	0.8x	2.2x	2.1x
Death ^{3,4}	2.1x	0.8x	1.7x	1.8x

In an April survey, [2020] about one-in-four Black adults (27%) said they knew someone who had been hospitalized or died as a result of having COVID-19, roughly double the shares who said this among Hispanic or White adults (13% each).

In an April survey, Hispanic Americans expressed greater concern than other groups about contracting COVID-19 and requiring hospitalization. Hispanics were also more likely than Blacks or Whites to be worried that they might unknowingly spread COVID-19 to others.

Cases by Race/Ethnicity:

Data from 84,074,197 cases. Race/Ethnicity was available for 55,071,388 (65%) cases.

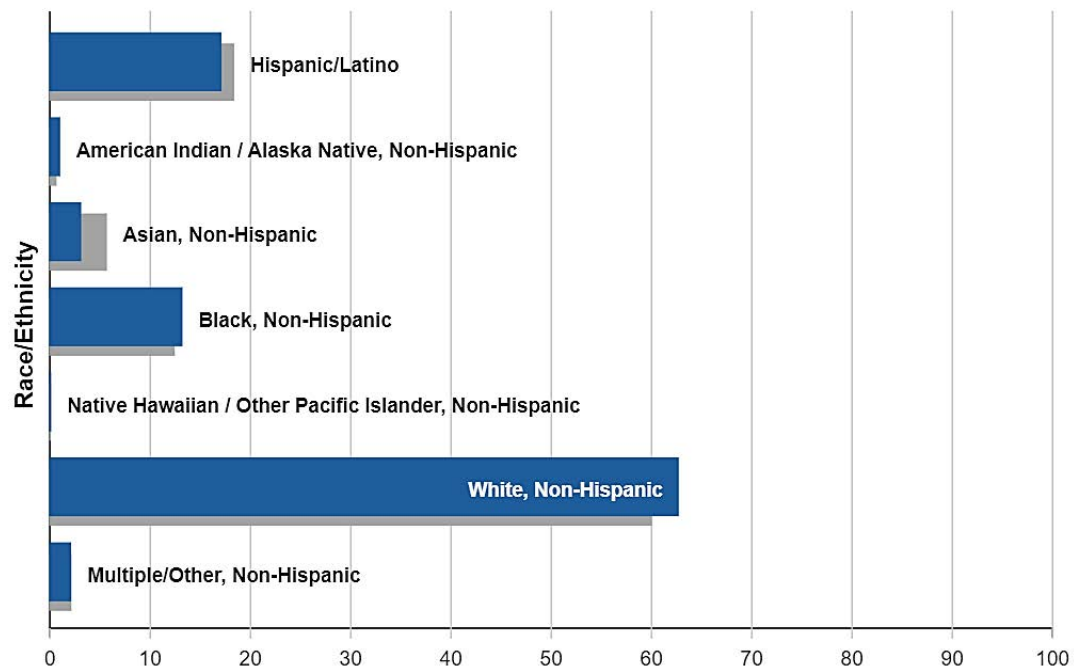


● Percentage of Cases, All Age Groups
● Percentage of the US Population, All Age Groups

Centers for Disease Control and Prevention. (2022). COVID Data Tracker. Atlanta, GA: US Department of Health and Human Services, CDC. August 05. <https://covid.cdc.gov/covid-data-tracker>

Deaths by Race/Ethnicity:

Data from 886,236 deaths. Race/Ethnicity was available for 754,623 (85%) deaths.

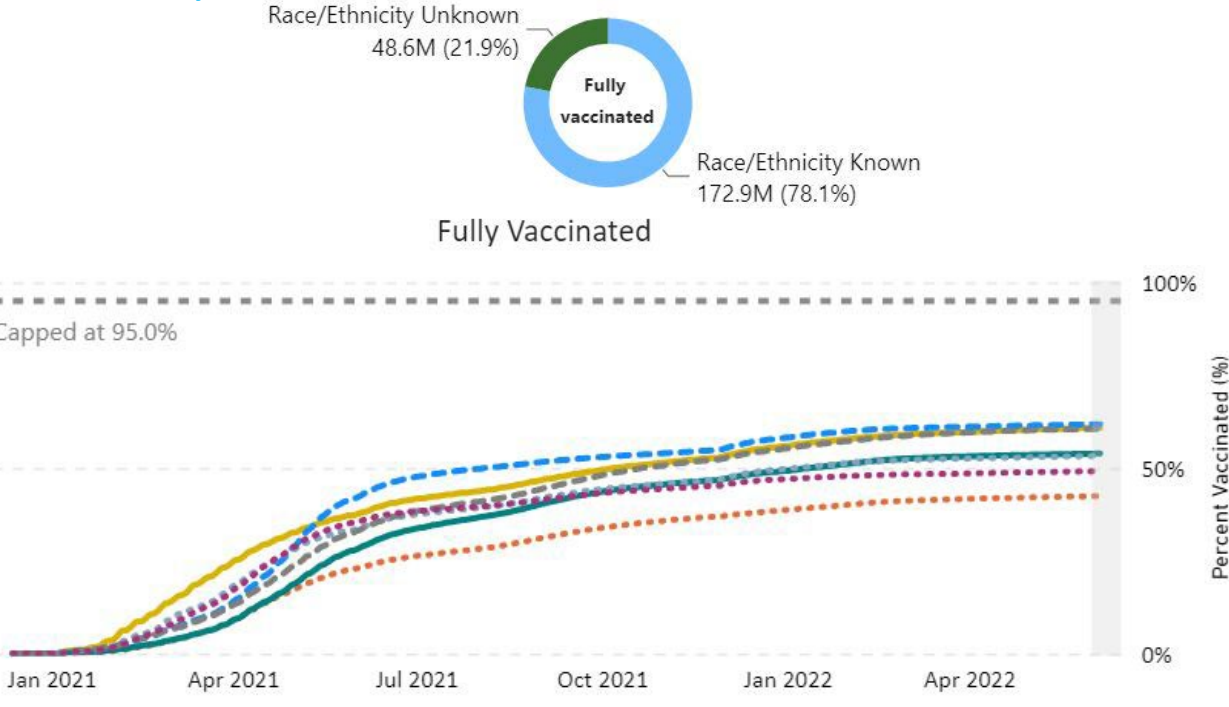
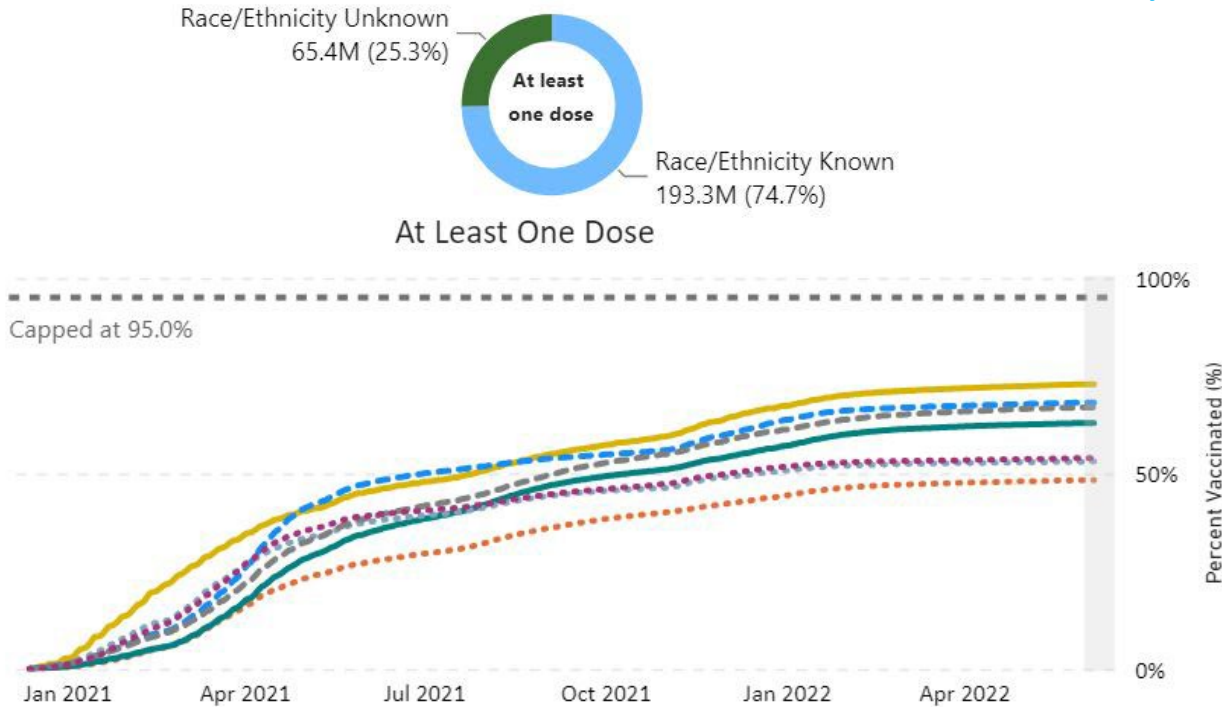


● Percentage of Deaths, All Age Groups
● Percentage of the US Population, All Age Groups

Vaccination Trends by Race/Ethnicity

	AI/AN, NH	Asian, NH	Black, NH	Hispanic/Latino	Multiracial, NH	NHOPI, NH	White, NH
At Least One Dose	72.8%	68.1%	48.3%	62.9%	53.1%	66.9%	53.9%
Fully Vaccinated	60.8%	61.8%	42.4%	53.9%	53.2%	60.5%	49.1%

People Receiving Covid 19 Vaccine By Race/Ethnicity and Date Administered, United States
December 14, 2020 – June 6, 2022



Native Americans Were Disproportionately Affected, Dying From The Virus At Twice The Rate Of White Americans

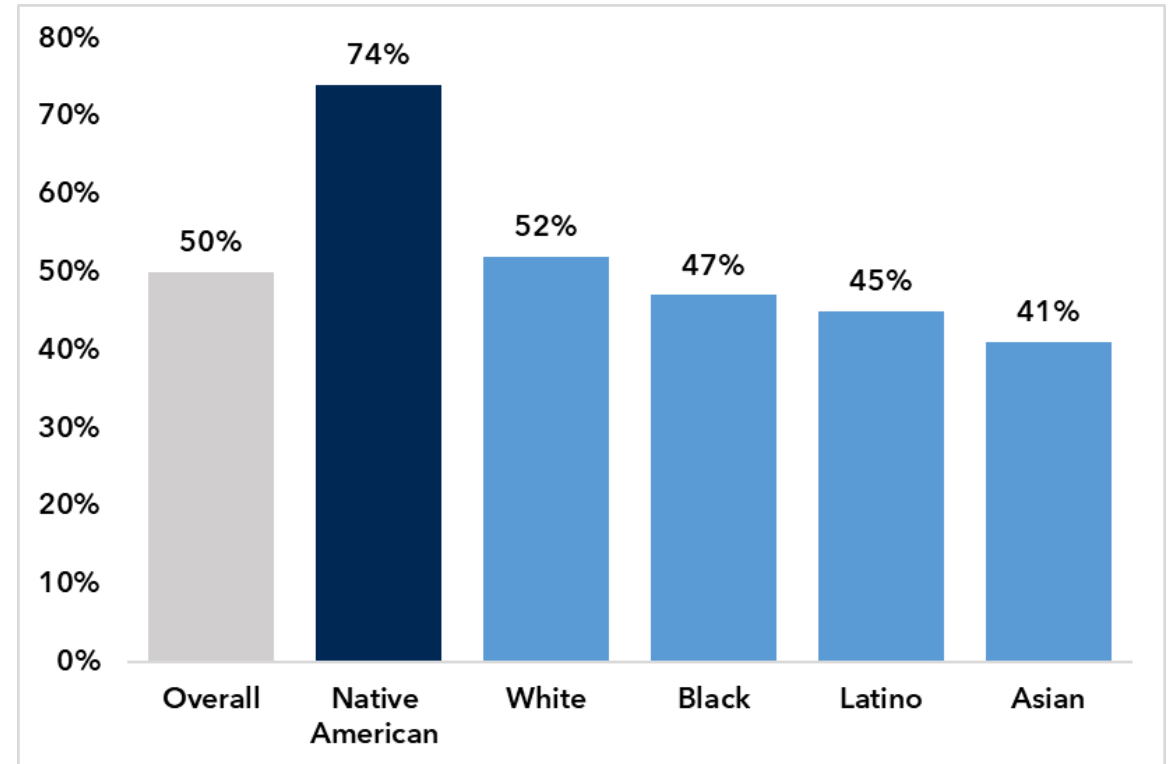
“[The] Pandemic deepened disparities in infrastructure, education and health care, non-profit leader says.”



“A tribal hospital system might only have six beds in their ICU, and so you start to run out of space a lot more rapidly than you do in a mainstream system.”

Josh Arce, president of the Partnership With Native Americans (PWNA).

3 out of 4 Native American Households Report Mental-Health Related Problems in Recent Months.



Rise in Xenophobia During The COVID-19 Pandemic

COVID-19 Has Driven Racism And Violence Against Asian Americans: Perspectives From 12 National Polls

[Mary Findling](#), [Robert J. Blendon](#), [John Benson](#), [Howard Koh](#)

APRIL 12, 2022

10.1377/forefront.20220411.65578



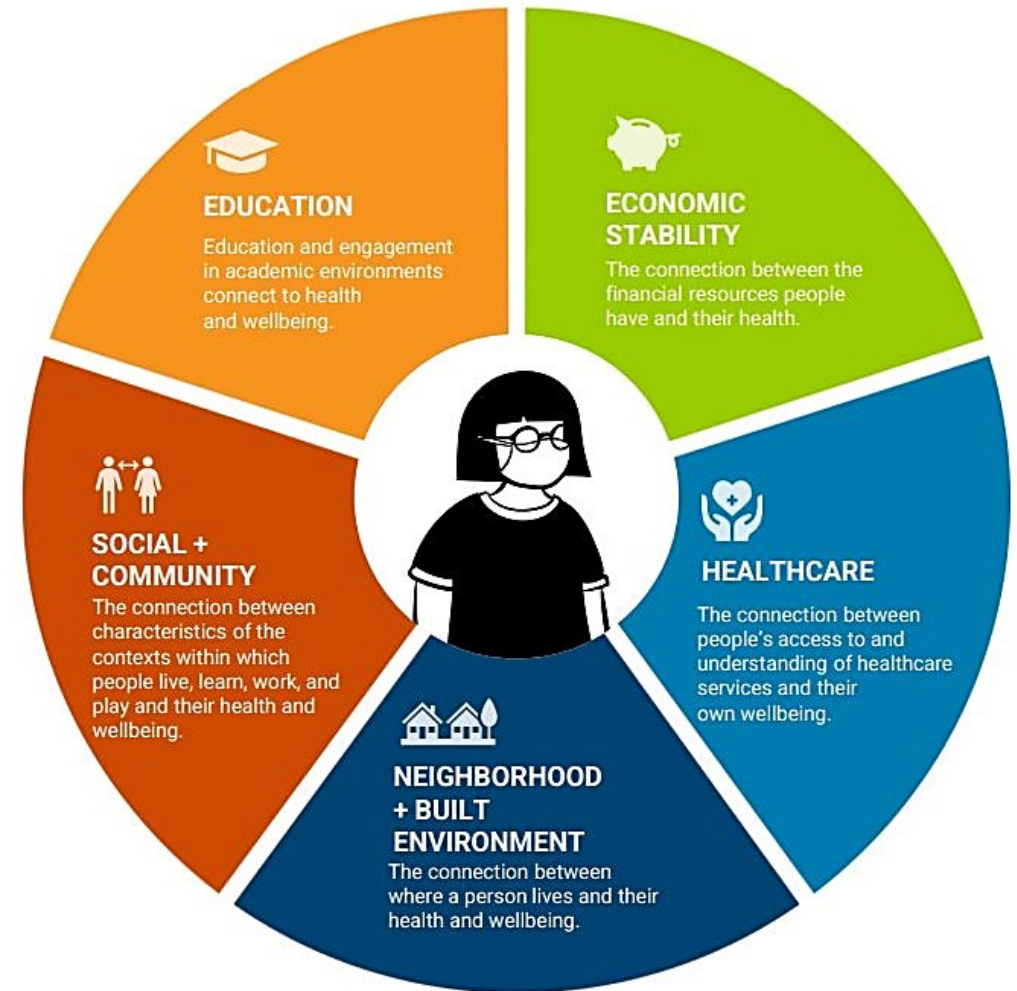
Health Affairs (2022) states:

- The Federal Bureau of Investigation (FBI) has documented a 77 percent increase from 2019 to 2020 in hate crimes against Asian people living in the US.” [And from] March 2020 to June 2021, more than 9,000 anti-Asian hate incidents were self-reported to the advocacy group Stop AAPI Hate.
- Polls in both 2020 and 2021 show that more than 35 percent of Asian Americans reported worsening mental health during the pandemic. And 58 percent of Asian Americans said that, from March 2020 to March 2021, reports about discrimination and violence against Asian people affected their mental health.

Impact on People with Disabilities

When we look at the impact COVID-19 has had on people with disabilities, we see the hardship they face in the following critical areas of their lives:

- **Education:** 93% of respondents who are students with significant disabilities and 89% of all students with disabilities reported difficulty meeting milestones during COVID-19.
- **Economic Stability:** 27% of respondents with disabilities reported a decline in financial health during COVID-19.
- **Healthcare:** 25% of respondents with disabilities reported decreased physical health during COVID-19.
- **Neighborhood + Built Environment:** 17% of respondents with disabilities reported having poor quality or no access to the Internet.
- **Social + Community:** 79% of respondents with disabilities reported feeling isolated during COVID-19 with 31% feeling very isolated.



Changes to the Public Charge Rule Bared Access to Public Programs (SNAP, WIC, Medicaid)



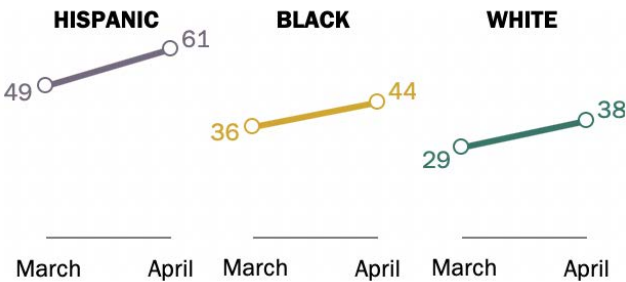
Thomeer, M. B. et al. (2022) states:

- Hispanic respondents' mental health was the most consistently harmed during the pandemic, with their disadvantage relative to White respondents in particular remaining throughout the study period and being demonstrably higher for most of the pandemic period compared to the mental health disadvantage of other respondents.
- During 2020–2021, Hispanic people in the USA faced high levels of deportation and family separation within their communities; continued discrimination from police, health care workers, educational organizations, and employers; political rhetoric that painted them as dangerous outsiders; and heightened risk of infection or death from COVID-19 with few protective resources.

Economic Impacts

Hispanic and black Americans have been hardest hit in COVID-19 wage, job losses; most do not have rainy day funds

% saying they or someone in their household has lost a job or taken a pay cut due to the corona virus outbreak



% who said in April they do not have rainy day funds to cover expenses for three months in case of emergency



Note: Whites and blacks include those who report being only one race and are non-Hispanic. Hispanics are of any race. Share of respondents who didn't provide an answer not shown.
Source: Surveys of U.S. adults conducted March 19-24 and April 7-12, 2020.

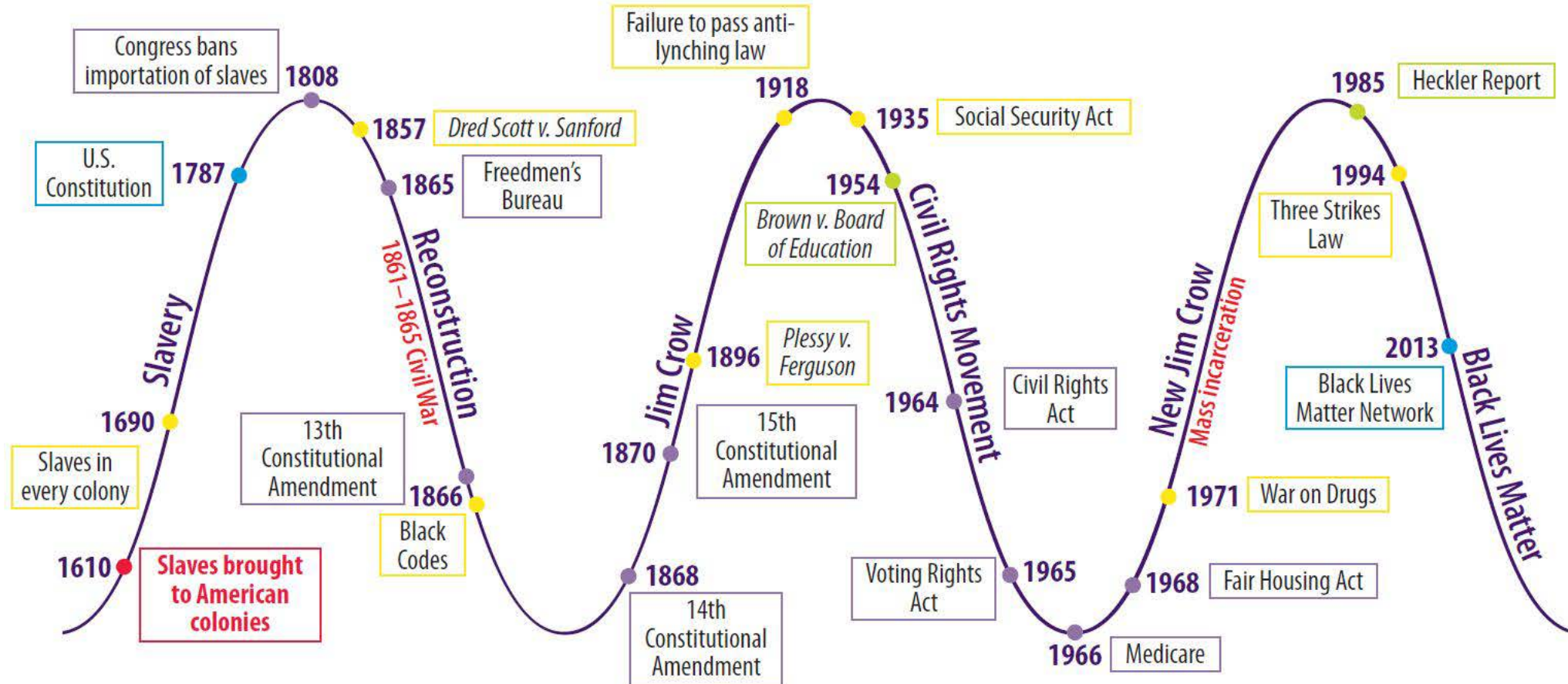
PEW RESEARCH CENTER

Racial/ethnic minoritized adults experienced much higher unemployment and income loss rates than White adults, as well as higher rates of childcare loss during the pandemic.

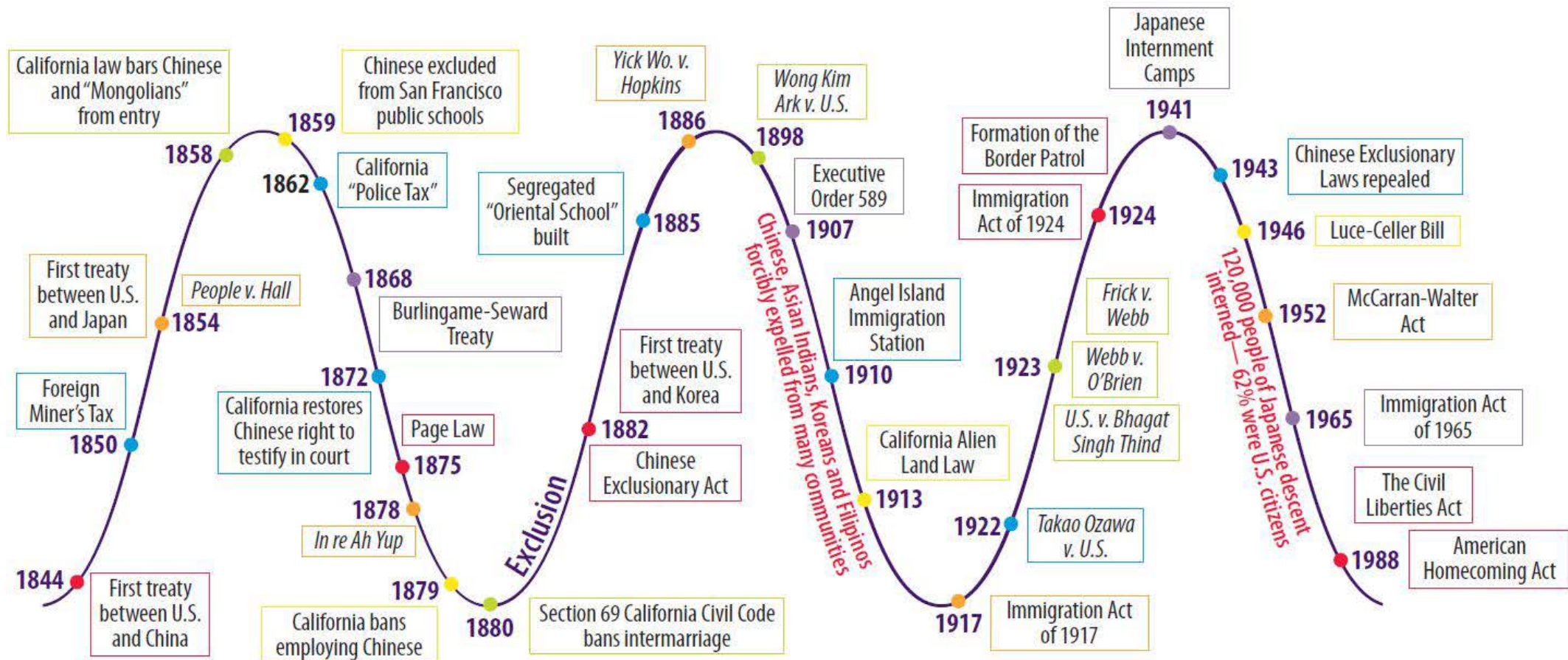


Structural Violence and Black and/or African American Community

This graphic was created by American Medical Association Center for Health Equity staff members.

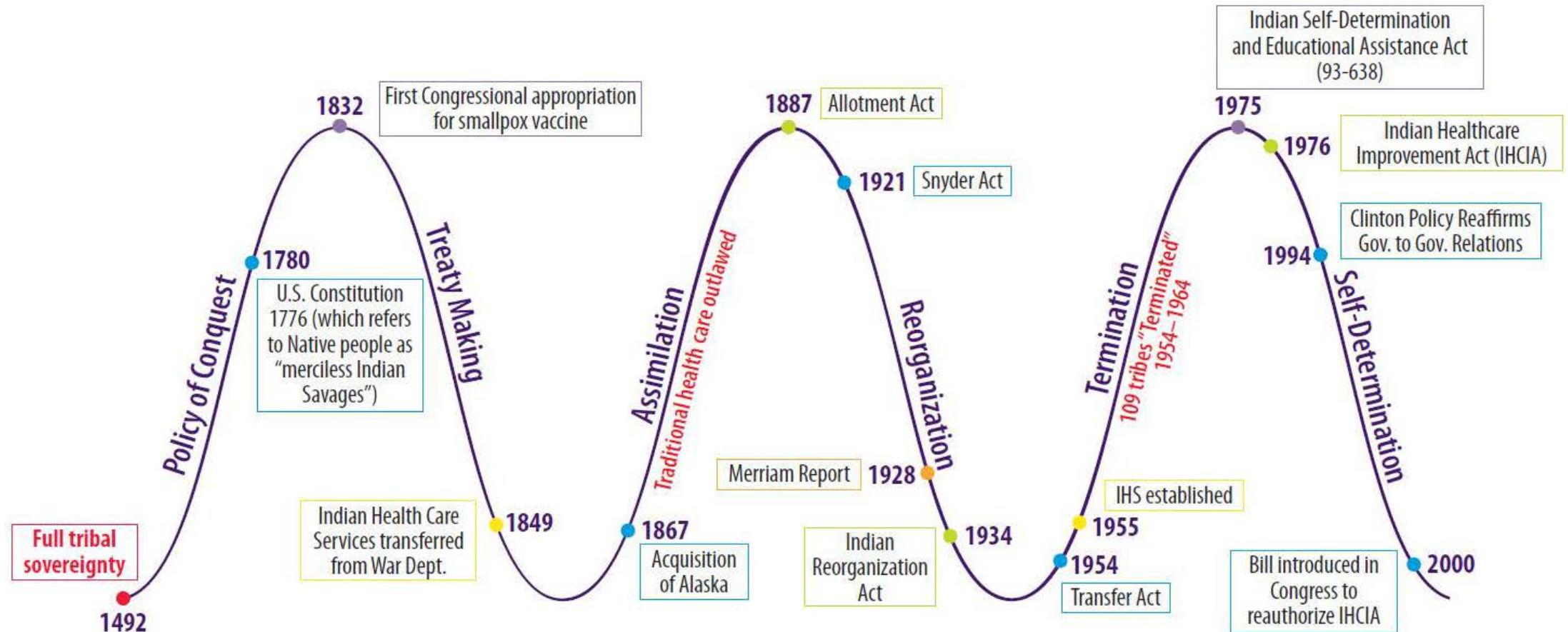


Structural Violence and the Asian Community



This graphic was created by American Medical Association Center for Health Equity staff members.

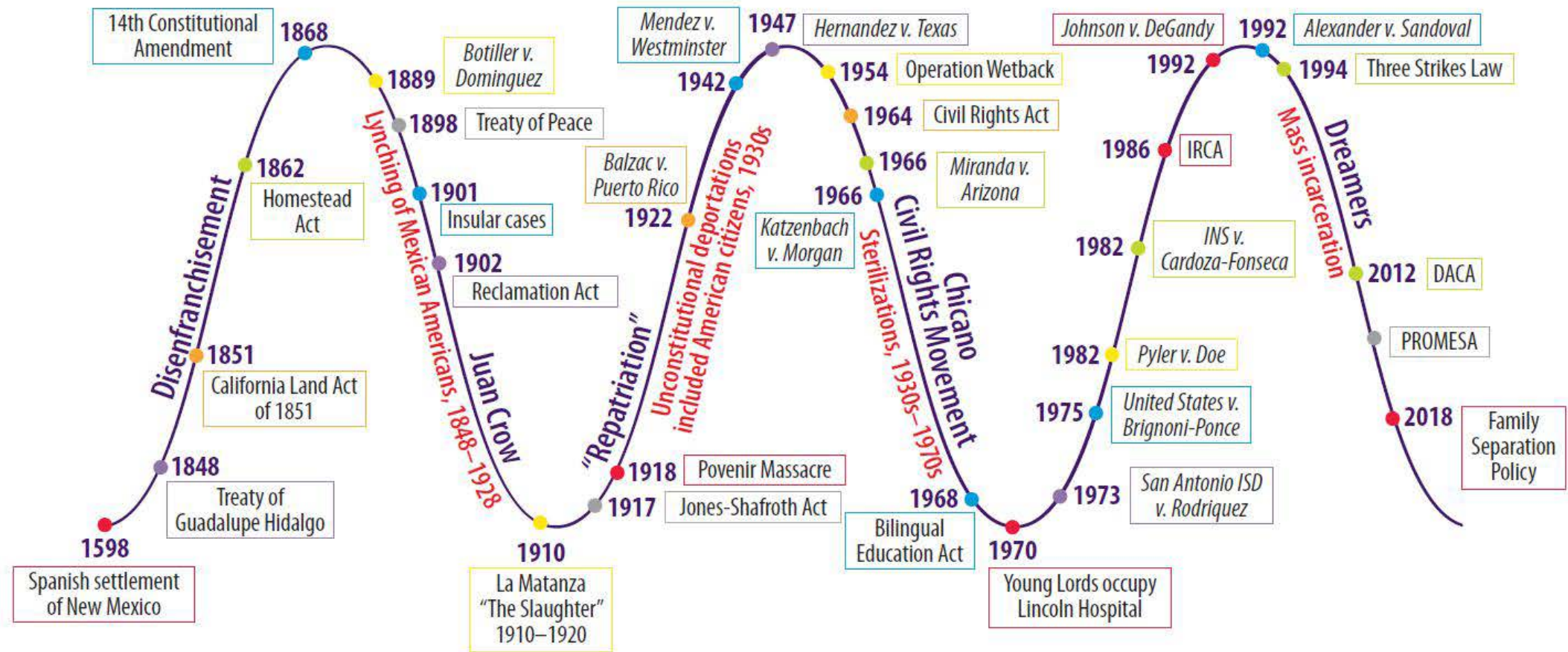
Structural Violence and the Indigenous Community



This graphic was created by American Medical Association Center for Health Equity staff members.

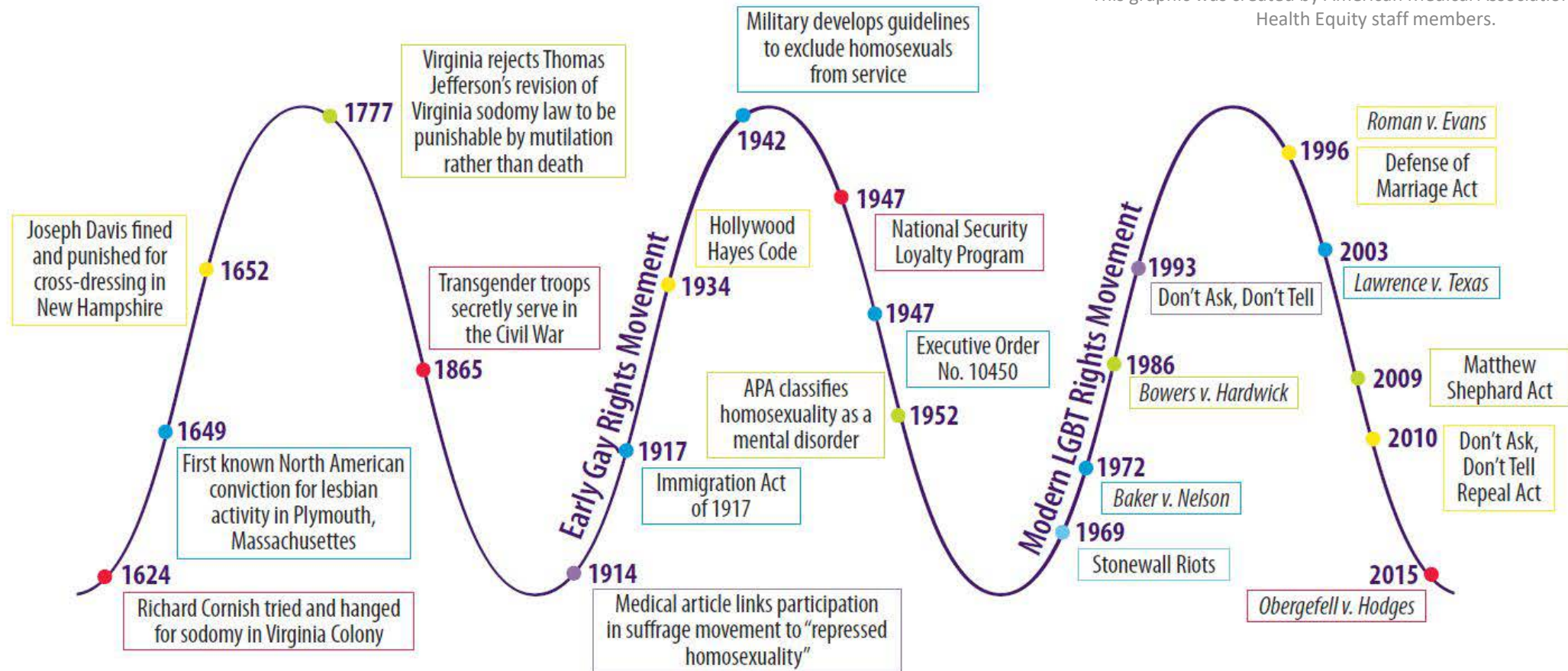
Structural Violence and the Hispanic, Latino, Latina, Latinx Community

This graphic was created by American Medical Association Center for Health Equity staff members.

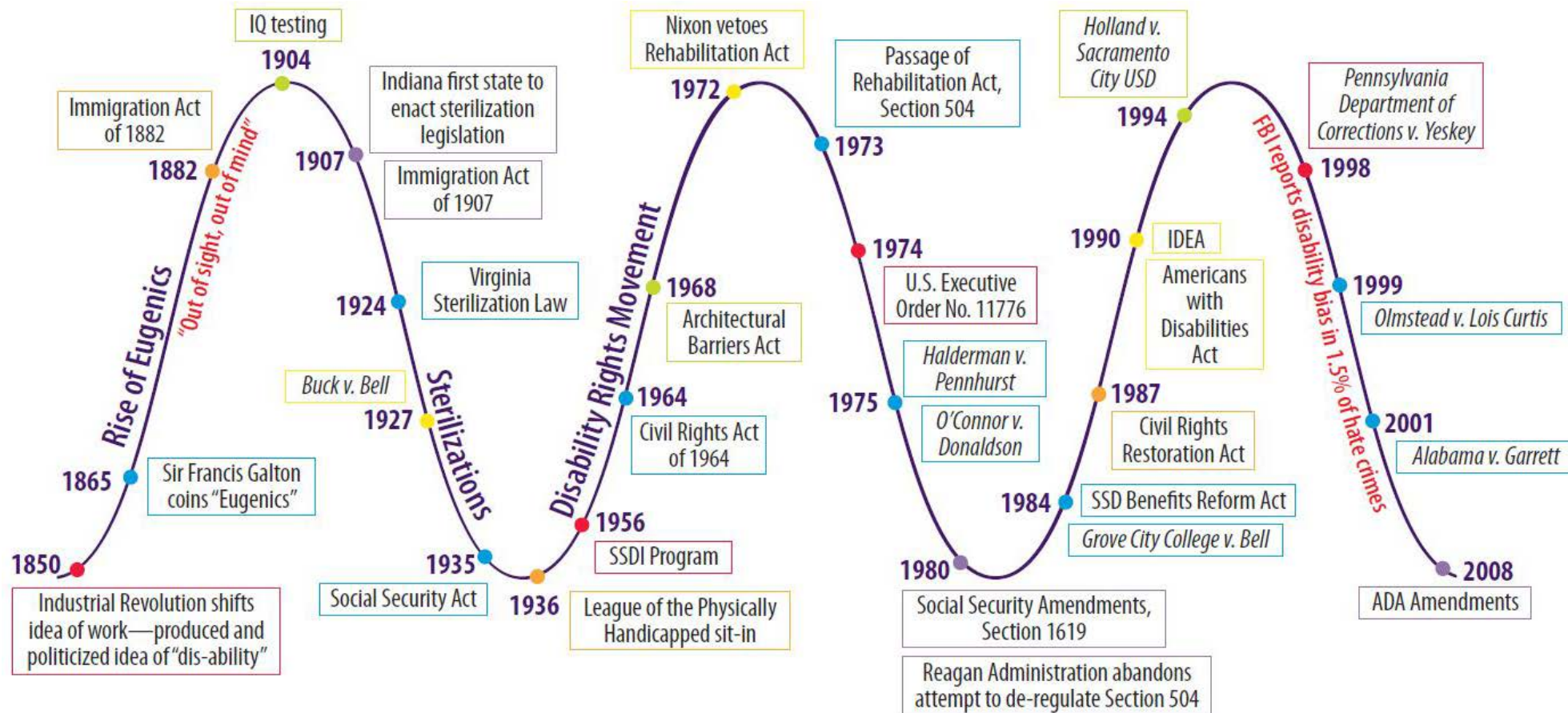


Structural Violence and the LGBTQIA+ Community

This graphic was created by American Medical Association Center for Health Equity staff members.



Structural Violence and People with Disabilities



This graphic was created by American Medical Association Center for Health Equity staff members.

Centering Equity in Crisis Preparedness and Response

Refocusing and Prioritizing Those Most Impacted



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Poll Question:

To what extent was your institution well prepared to center equity and the needs of diverse populations as the start of the pandemic?

- A Very well prepared
- B Somewhat prepared
- C Somewhat unprepared
- D Not at all prepared
- E I am not sure

Cooperative Agreement - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

- **Funded:** 13 organizations representing 15 unique care delivery sites across nine (9) states to implement strategies that center on equity and improve the health of populations disproportionately impacted by the pandemic.
 - **Goals:** Identify, support and amplify the efforts of physicians working at the intersection of COVID-19 response and equity.
 - **Populations:** Black, Indigenous, Asian American Pacific Islanders, American Indian and Alaska Native, Hispanic and Latinx, people that identify as Lesbian, Gay, Bisexual, Transgender and Queer, people with disabilities, and other minoritized groups, including populations marginalized based on economic circumstances and/or other determinants of social inclusion.
- ① **AltaMed Health Services Corp.** Los Angeles
 - ② **Angel Kids, PA** Jacksonville, Fla.
 - ③ **Boston Community Pediatrics** Boston
 - ④ **Cook County Health** Chicago
 - ⑤ **East Hawaii IPA Big Island Docs** Hilo, Hawaii
 - ⑥ **Grady Health System** Atlanta
 - ⑦ **Los Angeles LGBT Center** Los Angeles
 - ⑧ **MedsPLUS Consulting** Birmingham, Ala.
 - ⑨ **North East Medical Services** San Francisco
 - ⑩ **Regents of UCLA** Los Angeles
 - ⑪ **Southern Nevada Health District** Las Vegas
 - ⑫ **University of Texas at Tyler** Tyler, Texas
 - ⑬ **Wellness and Equity Alliance** Laredo, Texas



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PHYSICIANS DEDICATED TO PREVENTION

It is Critical to Root Equity Efforts in Guiding Principles

1. Trust
2. Transparency
3. Accountability
4. Collaboration and Mutuality
5. Patient- and Family-Centered Care
6. Rooted in Community with Cultural Humility
7. Attention to Cultural, Historical, Racial and Gender Issues
8. Evaluation and Data-Driven Care

Aims When Centering Equity In Crisis Preparedness & Response

- 1. Integrate Equity into Crisis Operations and Decision-making**
- 2. Cultivate a Protected, Supported, and Engaged Staff**
- 3. Engage with Partners to Co-create a Community-wide Response**
- 4. Ensure Equity via Whole-Person and Whole-Community Care**
- 5. Build High-Equity Capacity via Fiscal and Administrative Readiness**

Poll Question:

How familiar are you with Gardener's Tale?

- A** Not at all familiar
- B** Somewhat familiar
- C** Extremely familiar

Applying The Gardener's Tale Framework



Fruit - Measurable outcomes and metrics for success (these in turn, feed the soil below)

Branches - Strategies and actions that grow from the trunk to operationalize equity

Trunk - Goals that provide a firm foundation for equity throughout your organization

Roots - Guiding principles that insulate your organization from the inequities in the soil

Soil - Influences and practices inherited from our society, national culture, and surrounding communities

Equity in Action

Emerging Practices from Across the Nation



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Angel Kids PA (Jacksonville, Fla.)

Population: Communities with low household incomes and high poverty rates, including Southwest Jacksonville and Greater Arlington, serving the refugee population.

- Building High-Equity Capacity via Fiscal and Administrative Readiness and
- Ensuring Equity via Whole-Person and Whole-Community Care



- Prioritized strategic investment in infrastructure to close gaps in data collection for minoritized communities.
- Used Phreesia to provide SDOH assessments to 409 families to date (1227 lives). resulting in 227 referrals.
- Expanded data collection to include sexual orientation and gender identity (SOGI) data through Phreesia and maintained 100% completeness of race data for the overall patient population and patients testing positive for COVID-19.
- Implemented language services which now allow families to obtain psycho-therapy services for the mental health needs of children diagnosed with depression and anxiety.

Angel Kids PA (Jacksonville, Fla.)



Angel Kids PA (Jacksonville, Fla.)

لماذا إنجل كيدز لطب الأطفال؟

عيادات الأطفال إنجل كيدز

904-224-KIDS (5437)

ANGEL KIDS PEDIATRICS

1 ثلاثة عيادات في جاكسونفيل

2 ساعات مسائية

3 نفث السيت و الأحد

4 اختبار الحساسية

5 استشارات في الرضاعة الطبيعية

6 سماترات إستقبال المولود الجديد

7 برنامج علاج البرقان

8 غرف فحص محبة للأطفال

9 تخدير قبل الحقن

10 متجر داخلي

فريق من أمهر اطباء الأطفال
تحت قيادة الطبيب العربي
د. أشرف عفان

www.myangelkids.com

8 غرف فحص محبة للأطفال

يحب الأطفال غرف الفحص التي يغلب عليها لحن معين
الأطفال الذين يتفنون 3 أرواح فما فوق يمكن أن ينفذوا الفحص مباشرة
في المكتب.

4 اختبار الحساسية

التحسس لا مزيد من التساؤلات عما يجعل طفلك مريضاً. فلان
الأطفال الذين يتفنون 3 أرواح فما فوق يمكن أن ينفذوا الفحص مباشرة
في المكتب.

5 استشارات في الرضاعة الطبيعية

"الرضاعة الطبيعية هي الإجراء الطبيعي الذهبي للرضع". فحين
نشعر بأن الأمهات الساتيات يبدون اعتماد الرضاعة الطبيعية
يجب أن نثقفهم ونثقفهم حول الموضوع. ونحن نوفر
استشارات للرضاعة الطبيعية لنساعد في توجيه الأمهات والرضع
خلال هذه العملية.

6 سماترات استقبال المولود الجديد

حينما تعلم بأن الأطفال لا يأمنون مع كتيب إرشادات لذا
فورشتنا المشهورة سماترات استقبال المولود. نثقف الآباء حول
التحديات والمنهج والتوقعات المتغيرة بالمعنى الجديد في العائلة.

9 تخدير قبل الحقن

نقدر بأن الحقن تبدو مخيفة ومؤلمة. لذا يمكننا
طلب رشاش مخدر لثيم راحة على مكان الحقن
قبل عملية الحقن. وهي خدمة مجانية.

7 برنامج علاج البرقان

بعض الأطفال يولدون حاملين لمرض البرقان.
وهو اعتقاد في البثرة نتيجة تسبب العدوية
للجراثيم في الدم. هنا تكون المعالجة الفورية
مهمة كما تتطلب البقاء في المستشفى لأيام
إضافية. ولدينا أسرة معدة يمكن اصطحابها
إلى البيت لجلسات العلاج. هذا الأمر يوفر
التكاليف غير الضرورية.

10 متجر داخلي

يوجد لدينا العديد من الأشياء
الموصى بها في المتجر الموجود في
الموقع لتسهيل الوصول إليها.

عشرة أسباب رائعة لإختيار إنجل كيدز مراكز طب الأطفال...

1 ثلاثة مواقع للعيادات

"BARTRAM" office
13241 Bartram Park Blvd
Unit 209
Jacksonville, FL 32258

"BEACH" office
13770 Beach Blvd
Unit 6
Jacksonville, FL 32224

"ATLANTIC" office
12220 Atlantic Blvd
Suite 112
Jacksonville, FL 32225

2 ساعات مسائية

لا يمرض الأطفال في الأوقات التي تناسبهم. لذا فإننا نعمل حتى ساعات
متأخرة لتواقي الأوقات المصيبة التي يمر بها الأهل بشكل مفاجئ.
التصل بنا على (5437) 904-224-KIDS لتسجيل فريقك المناسب
والأيام والساعات المفضلة.

3 عيادتنا تفتح يومي السبت و الأحد

لأن الأطفال ليست لديهم ساعة خاصة خلال أيام العطلة فإننا نوفر
خدمة المرافقة في نفس اليوم أيام السبت والأحد.

Boston Community Pediatrics (Boston)

Population: Black and Latinx children whose families have low-income; nearly half belong to single-parent households, and over 60% are food insecure.

- Ensuring Equity via Whole-Person and Whole-Community Care



- Providing COVID-19 vaccinations, along with social needs assessment screening and referrals.
- Integrated a new series of questions into their EMR, which allows them to track how many COVID-19 vaccines are offered to patients, caregivers, and community members as patients come in for their regularly scheduled appointments.
- Improvements in tracking administration of SDOH screenings – 97% of patients screened in April 2022.

Boston Community Pediatrics (Boston)

CURRENT STATE OF HEALTHCARE			
LACK OF ACCESS The rate of ER visits is 86% higher for low income families than for their wealthier counterparts	LIMITED MENTAL HEALTH CARE Less than 15% of low income children in need of mental health services receive them	FRAGMENTED SERVICES 38% of people in Massachusetts are currently food insecure	COST-DRIVEN CARE Providers are typically seeing about four patients per hour (~1 patient every 15 minutes)



BOSTON COMMUNITY PEDIATRICS' APPROACH			
ACCESSIBLE	INTEGRATED	COORDINATED	RELATIONSHIP-DRIVEN
Patients will have access to: <ul style="list-style-type: none"> • Telehealth (video, phone, email & text consultations) • In person office visits • Mobile medical visits - patients will be seen in their community 	<ul style="list-style-type: none"> • Behavioral health team is incorporated with medical team • Streamlined referrals for long-term therapy and/or psychiatry 	On-site community health workers will: <ul style="list-style-type: none"> • Collaborate with community organizations • Connect families with social services and health & wellness resources 	<ul style="list-style-type: none"> • Appointments are 30 minutes or longer as needed • Providers actively work to partner with families • Most providers will be bilingual



Primary Care



Integrated Behavioral Health



Care Navigation



Pediatric Wellness Program

Los Angeles LGBT Center (Los Angeles)

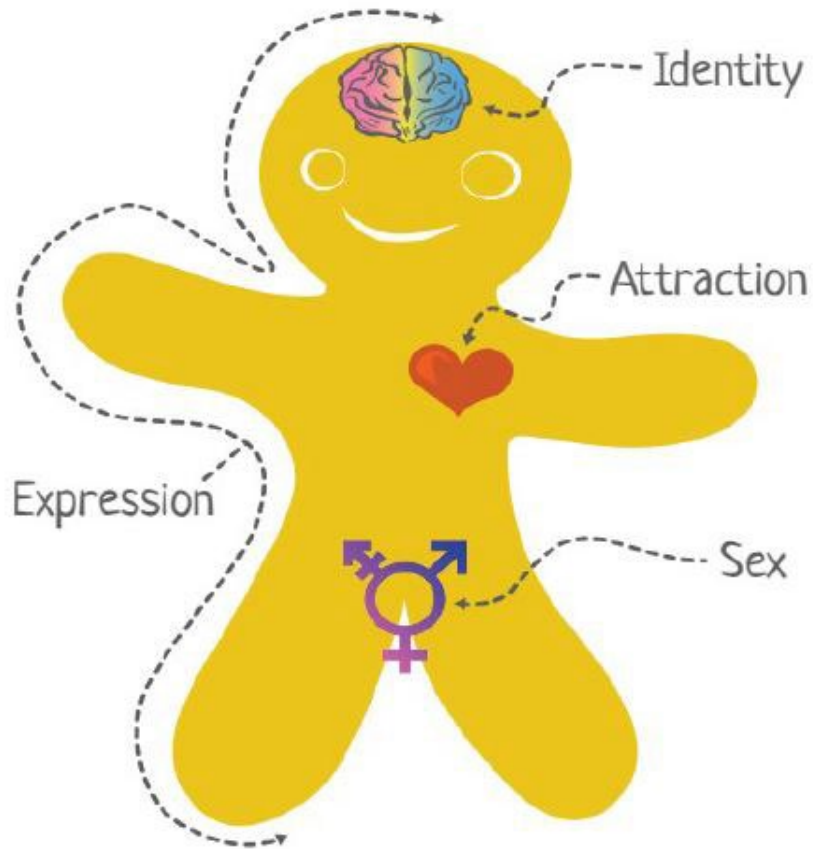
Population: 16,000 patients annually; 75% are either sliding scale or insured with Medi-Cal or Medicare. Many are living with chronic diseases, including HIV.

- Ensuring Equity via Whole-Person and Whole-Community Care and
- Building High-Equity Capacity via Fiscal and Administrative Readiness



- Implementing an electronic health information exchange (HIE).
- Assessing individual and community reasons for vaccine compliance and hesitancy in LGBTQ people.
- Developing best practices for providers to collect sexual orientation and gender identity data. Presented to fellow grantees on best practices for providing care and collecting data for the LGBTQ+ community.

Los Angeles LGBT Center (Los Angeles)



- Invest in workforce development to create a safe, inclusive (open dialogue) and cultural humility/cultural safety.
- Leverage technology to collect SOGI data at patient intake (e.g., Phreesia); data can be synced to electronic health records.
- Ensure data collection informs/influences funding and education; ask questions important to health care and research.
- Ensure all LGBTQ+ information in non-English is conversational and meaningful to the context, using translators that represent or understand the population (someone who will not misrepresent translation due to bias/bigotry).

Los Angeles LGBT Center (Los Angeles)

- Ensuring Equity via Whole-Person and Whole-Community Care and
- Building High-Equity Capacity via Fiscal and Administrative Readiness

Question Name	Question Text		Question Type	Answer Choices
Patient Privacy				
Birth Sex	For medical purposes, please tell us the sex you were assigned at birth.	* 🔗	Multiple	Male, Female, Intersex
Birth Sex Other	If you answered other, please explain	* 🔗	Text	
Gender Identity	What is your gender identity?	* 🔗	Multiple	Male, Female, Trans Female, Trans Male, Non Binary, GenderQueer, Other, Decline to answer, Unknown
Sexual Orientation	I consider myself	* 🔗	Multiple	Gay, Bi, Straight, Lesbian, Queer, Pansexual, Questioning, Other, Decline to answer, Unknown
Sexual Orientation Other	If you answered other, please explain	* 🔗	Text	
Gender Pronoun	My gender pronouns are:	* 🔗	Multiple	He/Him, She/Her, They/Them, No Pronoun
Gender Pronoun Other	If you answered other, please explain	* 🔗	Text	

AltaMed (Los Angeles)

Population: 77% of patients are Hispanic/Latino, 57% live at or below the poverty level, 76% are enrolled in Medi-Cal.

- Engaging with Partners to Co-create a Community-wide Response and
- Cultivating a Protected, Supported, and Engaged Staff
- Trained and activated a culturally sensitive street vendor ambassador program to promote vaccines, COVID-19 outreach/education, and pandemic recovery, reaching 15,000 community members per week.
- Partnering with 13 public health organizations to conduct outreach for community vaccination events in at-risk neighborhoods.
- Hired Community Healing Consultant who hosted internal trauma-informed capacity-building sessions and external community healing sessions. Consultants focused on bridging the gap in available mental health services for community members.



AltaMed (Los Angeles)

Engagement Level 5: Empower

1. Community-driven and approved messages and materials

Engagement Level 4: Collaboration

1. Partner Co-development
2. Community co-developed curriculums, strategies and messages



Engagement Level 1: Inform

1. Community events
2. P2P Texting
3. In-bound Call Center
4. Social media outreach campaign
5. Townhalls

Engagement Level 2: Consult

1. Door-to-door canvassing
2. Virtual town halls
3. Apartment Complex & Neighborhood-based tabling
4. K-12 and college-based tabling
5. Outreach phone banks



AltaMed
Institute for
Health Equity

East Hawaii IPA Big Island Docs (Hilo, HI)

Population: 52% Pacific Islander/ Native Hawaiian ethnicity, approximately 20% speak a language other than English, and 23% are living below the poverty level.

- Ensuring Equity via Whole-Person and Whole-Community Care
- Developed “Community First” posters and COVID-19 community informational posters and have translated these posters into 20 languages
- Focused on identifying patients with complex medical needs, referring them for follow-up, and implementing SDOH screenings and referrals.
- Successfully implemented the PRAPARE SDOH assessment tool, increasing the number of SDOH assessments completed by training an additional navigator.
- Made advancements in their internal reporting system to allow for a complete breakdown of SDOH interventions and successes.



Grady Health System (Atlanta)

Population: Approximately 160,000 patients, 74% identify as Black or African, an estimated 25% of patients seen in primary care clinics are food insecure, 18% lack access to transportation and 17% have a hard time paying for basic needs.

- Engaging with Partners to Co-create a Community-wide Response
- Ensuring Equity via Whole-Person and Whole-Community Care
- Hired patient navigator to ensure patients at Grady's East Point Clinic connect to community resources to address food insecurity, transportation, and housing concerns.
- Hired SDOH champion to train Grady clinics on the social needs screening and referral processes, provide technical assistance, screening rate monitoring and overall quality improvement initiatives to improve the process for patients and staff.
- Created SDOH Ambulatory Work Group, launching Unite Us and completing its training of Grady users.



Wellness and Equity Alliance (Texas)

Population: Immigrant, asylum, and farming communities in South Laredo, Texas, near the US/Mexican border, 26.7% in poverty, 30% without health insurance, high housing instability and homelessness.

- Integrating Equity into Crisis Operations and Decision-making
- Ensuring Equity via Whole-Person and Whole-Community Care
- Providing COVID-19 vaccination services to people released from the Laredo U.S. Immigration and Customs Enforcement (ICE) detention centers.
- During the 15–30-minute observation period after each vaccination, brief screeners are used to assess for food and housing insecurity and connect patients to a primary care medical home.
- Gained support from local politicians and community stakeholders to provide services to 13 Colonias properties.
- Contractual agreement with Pieces Connect, which provides automated referral, referral tracking and data analysis tools to optimize referrals to community-based organizations and track the effectiveness of the intervention.



Southern Nevada Health District (Las Vegas)

Population: Hispanic, Black, estimated 135,000 persons/or 6% of the population are undocumented immigrants with 90% from Mexico, 13% under 65 years lack health insurance and high poverty.

- Integrating Equity into Crisis Operations and Decision-making
- Engaging with Partners to Co-create a Community-wide Response



- Implemented Mobile Health Clinic to reach approximately 2.2 million patients, provided vaccines, testing, referrals to primary care services, and social needs assessment screenings.
- Hired three CHWs to support community outreach and engagement efforts: identified and engaged with at-risk communities, provided COVID-19 testing and vaccinations and primary and preventive care services, and enrolled members in Medicaid to facilitate access to other resources and support.
- Partnered with a preventive medicine residency program for data analysis and support.

Cook County Health (Chicago)

Population: People living with HIV, immigrants (Mexico), people without a high school diploma (37.6%), limited employment options, and many of the patients hold labor-intensive minimum wage jobs.

- Integrating Equity into Crisis Operations and Decision-making

- Implementing the Long COVID Post-Acute Sequelae of SARS CoV-2 infection (PASC) module in their electronic health record (EHR) to enable care coordinators to identify patients at risk of PASC and refer them for follow-up diagnostics and care.
- Program staff also finalized the list of clinical champions who will be providing care to patients, standardized symptom surveys in English and Spanish, a standardized note template, and finalized list of specialists who will accept referrals.

Are the following symptoms bothering you more now than compared to before your COVID illness?

3. Are you more out of breath, with or without moving around? (YES/NO)
4. Do you get any palpitations (heart all of a sudden beating fast)? (YES/NO)
5. Do you get nausea or digestive issues (such as stomach pain, diarrhea, constipation)? (YES/NO)
6. Do you feel more fatigued (worn out/lacking energy or zest)? (YES/NO)
7. Do you feel so weak that it is still limiting what you can do? (YES/NO)
8. Do you feel myalgia (as in muscle pain)? (Yes/No)
9. Do you have more trouble sleeping? (YES/NO)
10. Do you feel any brain fog, as in problems with memory or concentration? (YES/NO)
11. Do you find yourself feeling anxious/worrying more? (YES/NO)
12. Do you find that your mood is lower? (YES/NO)



Getting Started

Making Changes



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10 Emerging Practices for Advancing Equity During Crises

1. As a leader, explicitly acknowledge equity barriers out loud.
2. Consider equity first in every step of crisis response.
3. When making decisions, ask, “who benefits and who is burdened?”.
4. Discuss and identify ways to prioritize equity over equality.
5. Compile a list of mutual-aid resources and share it with patients and staff.
6. Develop and disseminate information and messaging with trusted community partners.
7. Elevate partner and community demands at the local, state, tribal, territorial and federal levels, and mobilize volunteers safely to meet community needs.
8. Prioritize personnel equity.
9. Acknowledge and address the spike in discrimination crises will bring.
10. Use trauma-informed language and practices.

Poll Question:

Which goals do you feel your organization should most prioritize to enhance current efforts at centering equity during a crisis/emergency?

- A Integrate Equity into Crisis Operations and Decision-making
- B Cultivate a Protected, Supported, and Engaged Staff
- C Engage with Partners to Co-create a Community-wide Response
- D Ensure Equity via Whole-Person and Whole-Community Care
- E Build High-Equity Capacity via Fiscal and Administrative Readiness

Poll Question:

During the COVID-19 pandemic or other past emergencies, have you implemented any of the 10 recommended equity-centered strategies exemplified by our grant partners?

- A Yes
- B No

Challenging Assumptions and Biases

Respond to the following:	Answer here:
What assumptions do you bring to this work? (What are you assuming about the clients, the resources needed, the people on your team, the communities you serve, the way this work is traditionally done)	
What assumptions show up in this work? In what ways do they show up?	
Who do we assume has power during an emergency response? Who do we assume doesn't have power? What determines those assumptions?	

Organizational Assessment

Trunk Goal #1: Integrate Equity into Emergency Operations and Decision Making					
Level 1 <i>No work in this area</i>	Level 2	Level 3	Level 4	Level 5 <i>Equity is continually at the forefront of preparedness, infrastructure, and operations.</i>	
Does the organization have an Equity Team within its incident command system (ICS) or emergency operations center (EOC) structure?	Level: 1 2 3 4 5				
Have you named equity as its own response, process, and objective during crises?	Level: 1 2 3 4 5				
Has the organization committed adequate staff and resources to equity objectives?	Level: 1 2 3 4 5				
Have you built a mechanism to address social determinants of health into your ICS/EOC?	Level: 1 2 3 4 5				
Does the organization use disaggregated/inequities data to inform decisions and education efforts?	Level: 1 2 3 4 5				
Does the organization use equitable decision-making tools and protocols?	Level: 1 2 3 4 5				

Emergent Strategies - *How do we make sure that all staff feel safe, heard and supported during a crisis?*

Branch best practice

Share information (no matter how negative) as transparently as possible.

How to operationalize

1. Understand the importance of sharing bad news.
2. Share all news — bad, good, and hopeful — in a timely fashion.
3. Build a hub of trusted information and establish a 24-hour email address or other mechanism staff can use to always get the latest.

How it helps us center equity

- Transparency engenders trust.
- If we want others to speak up with their observations, concerns, and ideas, it has to start with leaders admitting the bad news and the problems that lay in front of us.
- We risk losing the trust of staff and community partners if we withhold good, bad, or hopeful news. Additionally, their confidence in our ability to solve problems directly and collaborative

Measuring Whole-Person and Community Care

Patient access:

- ☐ Percent of Medicaid/uninsured patients served by your organization versus total in the region/state
- ☐ Training and utilization of patient navigators
- ☐ Use of accessibility services (interpretation services, ADA compliance for hard-of-hearing/deaf, and blind patients, as well as patients with mobility challenges)

Patient outcomes:

- ☐ Health outcomes and readmission rates for patients disaggregated by race and other disparity indicators
- ☐ Health metrics against population (e.g., vaccination rates at your site vs. public)
- ☐ Depth of connection to local health department (these partnerships tend to drive more equitable care⁹⁹)
- ☐ Depth of connection to community organizations

Health care professional whole-person and whole-community outcomes:

- ☐ Patient feedback & experience surveys that suggest:
 - ☐ Staff deliver whole-person and whole-community care
 - ☐ Physical space conveys welcome and belonging for all people
- ☐ The racial profile of the staff (across levels of the organization) adequately reflects the patient population
- ☐ Consideration of organization's impact on the local community
 - ☐ Organization limits its carbon footprint and greenhouse gas emissions

Opportunities For Physician Allyship In Patient Care

- **Increased advocacy and education regarding:**
 - The needs of safety net institutions and minoritized/marginalized communities.
 - Expansion of telehealth policy with increased reimbursement rates and attention to multi-cultural/able-bodied accessibility.
 - Community health worker (CHW) models of care.
 - Sexual Orientation and Gender Identity (SOGI)/Race/Ethnicity data collection.
 - Review of regulatory restrictions on mobile service delivery in the community and increased reimbursement rates for service provision.
 - Advocacy for and formal position on ICD coding supports of increased reimbursement for screening referral for social needs.
 - Advocacy for Medicaid expansion across states.

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Resources

American Journal of Preventive Medicine

ACPM NEWS

The Power of Prevention: Prevention and Preparedness in Public Health

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INTRODUCTION

The crises that preceded and exacerbated the COVID-19 pandemic—social and racial injustice, the opioid epidemic, climate change—laid bare the myriad of ways public health must intervene to improve the level of health experienced by individuals, families, and communities, not only on a day to day basis but also to be prepared for the next pandemic. We already have many of the blueprints Preventive Medicine physicians can use to support a strong public health system that connects the dots between all aspects of public health as a form of individual, community, and national preparedness. Below we describe how we can move toward preparedness with the best components of these approaches, while also improving in areas Preventive Medicine has particular expertise.

THE ROLE OF GOVERNMENT IN PUBLIC HEALTH

Federal, state and local governments play a critical role in public health. Often, healthcare players look to governmental public health officials for guidance and direc-

both at the federal level and in physician training at the institutional level.

Preventive medicine training can add great value as health system leaders. As the only specialty specifically devoted to training physicians with the skills to lead local and state health departments, with residency rotations based in public health settings, Preventive Medicine physicians are well suited to assume the role of Community Chief Health Strategist in order to achieve the goals of Public Health 3.0.

Drawing on the experience of 72 accredited Preventive Medicine training programs, the practice of Preventive Medicine has the opportunity to lead and collaborate with other organizations, including the Association of State and Territorial Health Officials (ASTHO) and National Association of County and City Health Officials (NACCHO), to develop training solutions and opportunities for public health officers at local and state health departments across the country. In this way, the specialty of Preventive Medicine may serve as the epicenter for broader changes to the way medicine and public health are practiced to meet the healthcare challenges of the future.

As part of the Affordable Care Act, the National Pre-



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Questions?

Please type the questions into the Chat Box.



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