

# HEALTHCARE READY EQUITY FRAMEWORK

## WHY FOCUS ON EQUITY?

Phases of emergency management include mitigation, preparedness, response and recovery. To be successful, they depend on, and require, the seamless coordination of public and private partnerships. In 2021, the field has arrived at a pivotal moment. **Significant innovations in technology and data transformation give the key sectors in our emergency management and public health ecosystems an increased understanding of vulnerable populations, a mandate to better support them, and an opportunity for deeper integration into discussions of urban planning, resilience, and sustainability like never before.** The legacy opportunity for this moment lies in the field's ability to fully account for, consider, and uphold all patients, especially those with the greatest needs.

[Healthcare Ready](#) is a 501(c)(3) organization that was founded in the aftermath of Hurricane Katrina, a disaster that revealed many forms of inequity, the vulnerability of our healthcare supply chain and the resulting current day impacts of historical decisions and contexts. That historic 2006 hurricane devastated New Orleans and demonstrated the need for approaches to disaster management that considers historical context and other factors that create disparate outcomes post-disaster. Healthcare Ready works to advance equity in several ways and will continue doing so with increasing intent across all bodies of work. This includes being more explicit about the ways that equity is vital to health and emergency management as well as the organization's internal culture and day-to-day practices.

The fields of health and emergency preparedness operate in a greater context that demands consideration of structural and systemic inequities contributing to disparate impact on communities of color, low-income, medically fragile, and other vulnerable communities who are more likely to live in at-risk environments.



Healthcare Ready works to advance equity in communities disproportionately impacted by disasters and emergencies, which often **disrupt access to healthcare.**

communities of color

low-income

medically fragile

other vulnerable communities

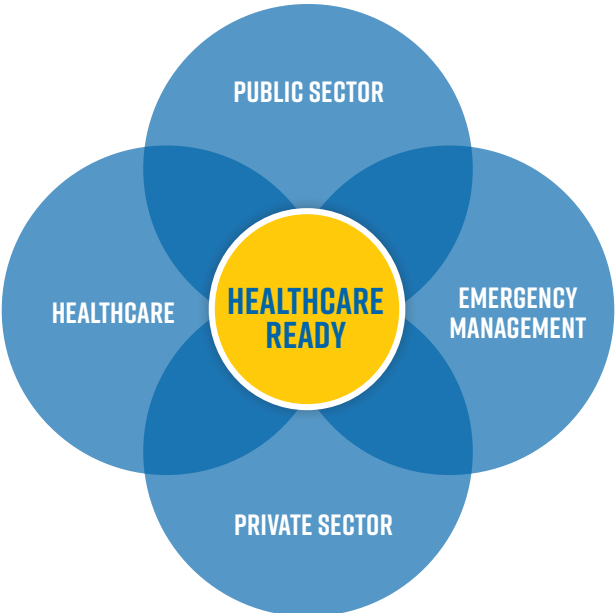
These communities — existing at the intersection of social vulnerability and medical fragility — are disproportionately impacted by disaster, emergencies, and often-resulting disruptions in access to healthcare. Addressing these and related disparities requires an explicit acknowledgement of the historical context and policies that produce them, as well as intentional, targeted actions and measures to serve communities experiencing inequities in emergency scenarios.

THE OPPORTUNITY

The field of disaster management is well-positioned to be equity-driven. Impact in disaster management is necessarily centered on community vulnerability to disasters and emergent events, so success is both enhanced and defined by Healthcare Ready’s ability to respond to those groups who are most vulnerable. Yet, with few exceptions, the emergency management field has not been known to center equity. While the topic has recently grown more popular — with attention to the disparate impacts of COVID-19 and increasing frequency of natural disasters — there is the space and the need for leadership on the issue. Healthcare Ready is positioned to lead particularly at this intersection of emergency management and health, recognizing that the impact of crisis on health outcomes creates a unique intersection of disaster inequities and health inequities.

As a coordinator and convener across private, public, and nonprofit sector disaster management efforts, Healthcare Ready holds a comprehensive vantage point and has garnered cross-sector rapport that can be harnessed in its equity efforts. As described by a Healthcare Ready staff member, “Our position between sectors allows us not just to see the bigger picture but see how the actions of one actor can inequitably affect another.” Healthcare Ready has the visibility, partnerships, convening power, influence, applied experience, and internal structures necessary to lead the charge in pursuit of equity. Healthcare Ready is in a unique position to share their equity perspective and practices to spur dialogue and influence the broader field. In their frequent public communications – op-eds, news appearances, podcasts, publications — Healthcare Ready has developed a platform to share their work and discuss practical strategies to support equity at the intersection of emergency management and health.

In addition to influencing the field of disaster management through public and professional dialogue, Healthcare Ready has the clear opportunity to continue advancing equity through their community resilience, response, and recovery practice on the ground. Through its partnerships that serve community healthcare needs, it can activate and strengthen new and existing partnerships to explicitly address equity



challenges. Healthcare Ready's intentional partnership development can help dial in targeted responses for vulnerable communities. Furthermore, Healthcare Ready continues to build its status as strategic partner, convener, and respected decision-maker among upstream private and public sector stakeholders, where Healthcare Ready can influence equity dialogue and practice in emergency management.

Healthcare Ready is a respected coach, mentor, and advisor on the topic of healthcare and equity. Through its trainings, education, and capacity-building efforts there is abundant opportunity to help frame the challenge of disparate outcomes for particular populations in an emergency, the imperative to serve those groups in a targeted way and provide actionable steps that specific stakeholders can take to do so.

## HEALTHCARE READY'S APPROACH TO EQUITY

### Equity Statement

Healthcare Ready understands equity to be both a structural outcome and an intentional process. We know that social determinants affect how communities and individuals can navigate and heal after a crisis. We work to overcome health disparities caused by disasters and disease outbreaks so that everyone, regardless of their socioeconomic or medical status, can thrive after a hazardous event. The many systems and structures related to health readiness, response, and recovery must actively address the inequities and disparate outcomes experienced by specific groups. These individuals include, but are not limited to, those defined by race, ethnicity, income, gender, sexual identity, age, disability, health/medical status, and geography.

Equity in emergency management requires that the many systems and structures related to health and emergency preparedness, response, and recovery actively address the inequities and disparate outcomes experienced by specific groups, including those defined by race, income, gender, sex, age, health/medical status, and geography.

Health equity relies on racial equity and social equity — and all are relevant to Healthcare Ready's work. Each form of inequity strips away the ability to recover from an emergency and therefore the ability to survive and maintain or develop resilience. Achieving equity in disaster management means that there are layers of support for communities being impacted, and that different types of equity are being addressed.

Central to Healthcare Ready's understanding of equity is the role of history and of historical policy decisions in determining how populations are impacted by natural disasters and emergency scenarios. Historical and structural factors create the disparate impact experienced by individuals

### HEALTH EQUITY

*"Racial equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing 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,"*

*Robert Wood Johnson Foundation's definition of health equity*  
<https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

and communities in an emergency and, in its pursuit of equity, Healthcare Ready must be mindful of the context from which a community comes to experience a disaster – that context, historical and present, are critical to supporting them in all phases of the emergency management lifecycle. Disasters will continue to happen, and unless there are radical changes to the system, there will be disproportionate need; as such, Healthcare Ready's role is not linear, and its work touches on the many points of convergence within disaster to protect vulnerable communities.

## Operationally, equity at Healthcare Ready looks like:

- **Gathering public and patient perspectives:** Healthcare Ready practices equity through gathering data on community attitudes towards disasters, disaggregated where feasible by either race, age, or income. For example, through its 6th annual National Disaster Preparedness Poll where data is captured on patient concerns, needs, and behaviors related to disaster resilience, response, and recovery throughout the nation`.
- **Workshops/training programs:** Healthcare Ready facilitates direct training and outreach to local community organizations and leaders to strengthen their ability to recognize and support their clients' diversity of needs in times of crisis. Through data presentation and facilitated discussion, these trainings encourage participants to consider subgroups such as low-resourced communities, aging adults, and communities of color. Healthcare Ready also supports partner organizations to identify how preparedness principles are relevant to and advance their missions.
- **Summits/roundtables:** Healthcare Ready leads and participates in conversations with experts about the relationship between health disparities and community resilience. It pushes partners to consider less traditional disaster management and healthcare partners and, when possible, brings affected community members or the organizations that serve them to these discussions.
- **Patient and community web resources:** Healthcare Ready works to create approachable, accessible resources that empower community members to take steps to prepare for disasters and navigate disaster recovery.
- **Data:** Healthcare Ready seeks to disaggregate data by race and segmenting data whenever possible and pushes itself and its partners to examine disaster management data with an eye for identifying disparities and understanding their sources. It is committed to bringing the data to life by marrying quantitative data with qualitative stories of lives affected.
- **Education and advocacy:** Healthcare Ready equips decision makers with disaggregated data and structural policy levers that will increase health equity and strengthen health outcomes for under-resourced and underserved communities.

## RACIAL EQUITY

*“At Race Forward, we define racial equity as both an outcome and a process. As an outcome, we achieve racial equity when race no longer determines one’s socioeconomic outcomes; when everyone has what they need to thrive, no matter where they live. As a process, we apply racial equity when those most impacted by structural racial inequity are meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives.”*

*Race Forward definition of racial equity*  
<https://www.raceforward.org/about/what-is-racial-equity>

## Key terms related to equity and disaster management:

- **Preparedness gap:** The disparity between the resources required for emergency response and the ability of state and local governments and community assets to respond adequately and fully; gaps are often impacted by multiple forms of inequity.
- **Vulnerability:** Levels of vulnerability change based on the disaster and threat and mean different things for different disasters.
- **Vulnerable populations:** These groups are often defined as those who are at greater risk for negative health outcomes, especially as a result of natural disasters or disease pandemics. They experience significant disparities in life expectancy, access to and use of healthcare services, morbidity, and mortality. Contributing factors can include residing in low-income communities or areas that are geographically endangered by storms or wildfires.
- **Community resilience:** Communities have the capacity and resources to adapt to, withstand and recover from a disaster or emergency, recognizing that individuals are not equally or equitably protected from crisis.
- **At-risk:** Historical patterns and policies help us identify communities and individuals that are more likely to be impacted, or impacted to a greater degree, in an emergency or crisis.

## SOCIAL EQUITY

*Johnson and Svava (2011) proposes a definition of Social Equity as “Social Equity is the active commitment to fairness, justice, and equality in the formulation of public policy, distribution of public services, implementation of public policy, and management of all institutions serving the public directly or by contract.”*

*Justice for All: Promoting Social Equity in Public Administration*

## Equity Commitments:

Healthcare Ready recognizes a set of actionable commitments which, in addition to communicating its relationship to equity, reflect and inform organizational decision-making, planning, and program review as well as in evaluating and enacting partnerships.

### Healthcare Ready is committed to:

#### Helping the helpers:

- Supporting boots on the ground responders with the tailored resources and community connections to meet unique community needs
- Centering those most impacted at the core of solutions

## Intentional partnership:

- Working with partners before, during, and after disaster, not just in the moment of crisis and offering formal and informal education and guidance to partners on equitable decision-making practices in disaster management
- Building relationships and pursuing partnerships with those who are not traditionally offered a voice within disaster management
- Recognizing that it matters who is providing assistance in disaster recovery, and crafting partnerships and response strategies accordingly

## Connecting and educating:

- Calling attention to policies and practices that harm or overlook specific communities or subgroups and equipping high-level government and private sector decision makers with critical context about individual communities for which they are making decisions
- Helping decision makers connect the dots between the supply chain and public/community health and well-being
- Naming specific communities and subgroups when they are left out of or disproportionately impacted by proposed disaster management solutions

## Leading by example:

- Facilitating cross-sector accountability to correct inequitable practices
- Modeling through its own internal practices and external work how an organization can practice equity in disaster management
- Championing the connection between social determinants of health and disaster management and crafting strategies that reduce structural barriers to health and safety

## EQUITY TOOLS AND REFERENCES

### Core Principles of Practicing Racial Equity

While designed as a set of core principles of practicing racial equity, this guide can be used to ensure equity more broadly. Healthcare Ready has begun taking several of these steps already; this list can be very helpful to refer back to on a regular basis to ensure forward momentum.

1. **Guide your work through a racial equity framework:** Following a structured framework to shift your work to include a racial equity lens can help provide a pathway to make the needed changes. There is no “one size fits all” approach when it comes to building a racially equitable organization. Each organization needs to determine the levers to pull and the actions to take, to make progress and define what success looks like. But a common framework and principles can help.

2. **Prepare your organization for transformation:** Building a racial equity lens into your organization's work requires a clear articulation of why the organization is prioritizing racial equity, developing an understanding among staff on the issues that drive inequity, why it is relevant to your work and the use of a shared vocabulary to engage in meaningful discussions.
3. **Define and build the culture the organization believes in:** Define and create a culture in which everyone can thrive, be respected, and valued and feel supported to take risks. Develop Mission, Vision and Values statements that articulate this priority and can be referenced back to for values alignment.
4. **Build knowledge, competencies and support continued learning:** Ensure that all staff have a shared understanding of interpersonal (including implicit bias), institutional and structural racism and all are equipped to make decisions that contribute to undoing it every day. It is important to develop a comprehensive learning curriculum based on key racial equity competencies, recognizing that people learn differently, learning should be conducted in a number of ways including through reading and discussions, training, and workshops and racial equity learning groups.
5. **Operationalize equity for the long-term:** As a clear action plan takes form, your organization should consider strategies that embed racial equity practices into routine organizational processes. Integrating this work into your communications, human resources, contracting, policy analysis, reporting and organizational planning processes can help ensure your efforts lead to a permanent cultural shift that contributes to equitable results. It is important to consistently and systematically using racial equity as a lens for internal and external decision-making. In the early stages of the work, it is often helpful to identify leaders within the organization to help champion the cause of racial equity and to name racial equity work as a strategic imperative in your organizational planning documents.

## Equity Assessment Tool

While applicable to all decision-making across the organization, the following assessment tool can be particularly helpful in relation to your approach to partnerships and advocacy.

There is a simple set of questions, adapted from [Living Cities](#), that can be used regularly to approach decision-making and assess impact:

- **Proposal:** What is the policy, program, practice or budget decision under consideration? What are the desired results and outcomes?
- **Data:** What does the data tell us about the problem or the solution? When we disaggregate data by race and income, what does that tell us?
- **Community engagement:** How have communities—especially those most impacted—been engaged? Are there opportunities to understand more deeply or expand engagement?

- **Analysis and strategies:** Who will benefit from or be burdened by the proposal? What are the strategies for advancing racial equity or mitigating unintended consequences?
- **Implementation:** What is the plan for implementation?
- **Accountability and communication:** What is the plan to ensure accountability, communicate and evaluate results, especially to and for those most impacted?

## Five-Questions of Equity Analysis

["Race Matters: Racial Equity Impact Analysis - Assessing Policies, Programs, and Practices."](#)

Annie E. Casey Foundation, December 5, 2006

This series of questions, while developed as a tool for racial equity, can be used or adapted across equity areas to assess impact.

1. Who are the racial/ethnic groups in the area? For this policy/program/practice, what results are desired, and how will each group be affected?
2. Do current disparities exist by race/ethnicity around this issue or closely related ones? How did they get that way? If disparities exist, how will they be affected by this policy/program/practice?
3. For this policy/program/practice, what strategies are being used, and how will they be perceived by each group?
4. Are the voices of all groups affected by the action at the table?
5. Do the answers to #1 through #4 work to close the gaps in racial disparities in culturally appropriate, inclusive ways? If not, how should the policy/program/practice be revised? If so, how can the policy/program/practice be documented in order to offer a model for others?

## Principles for Just Recovery

Holdemen, Eric. "Equity and Social Justice Applied to disaster management."

*Government Technology*, March 20, 2019.

### Equity in disaster management

- All community members can exercise their agency through free and informed choice
- Any different or unequal treatment must be justified by the discriminator
- Harness community transformative and adaptive capacity, while honoring community definitions of resilience.



## **Within Emergency Management and Government**

- Cultivate relationships
- Hire staff who are representative of the community
- Establish core values
- Assign clear responsibility for adhering to those values
- Build and use assessment mechanisms
- Design aid formulas that prioritize assistance to those with the greatest needs.

## **Partners and Community Organizations Can Help**

- Identify needs and assets, as well as pre-existing vulnerability and resilience
- Include vulnerable populations in the planning process
- Communicate with a diverse constituency