



Health Equity, Social Justice and Emergency Preparedness and Response

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Key Points to Cover Today

- Poor outcomes are concentrated in certain geographic communities; usually poor communities and communities of color. These disparities are further exacerbated during emergencies.
- The root cause of disparities relates to structural racism and other forms of systemic oppression.
- We must work together across government and with communities to address. This includes systemic interventions and training to change thinking, reduce disparities, and improve outcomes for all populations.



Presentation Outline

- ❑ Defining the problem
 - NYC Health Department's racial equity and social justice work
 - Connection to emergency preparedness and response
- ❑ Community partner engagement and the COVID-19 response
- ❑ Discussion



Inequities and Link to Emergency Preparedness and Response



Health Equity Definitions

- **Health equity:** The attainment of the highest level of health for all people. Additionally, no one is disadvantaged from attaining the highest level of health “because of social position or other socially determined circumstances.” (Source: Adapted from Healthy People 2020 <https://www.minorityhealth.hhs.gov/Default.aspx>)
- **Health inequity:** Differences in health outcomes, rooted in social and structural inequities that are avoidable, unfair, and unjust. (Source: Adapted from NAACHO and BPHC <https://bphc.org/whatwedo/racialjusticeandtheequity/Pages/Racial-Justice-and-Health-Equity-Framework.aspx>)
- **Health disparities:** The metrics we use to measure progress toward achieving health equity. (Source: Adapted from Paula Braveman <https://cdn2.sph.harvard.edu/wp-content/uploads/sites/13/2013/07/5-Braveman.pdf>)



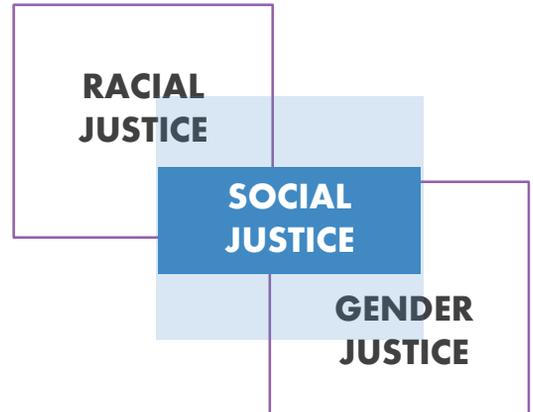
**RACE TO
JUSTICE** | Advancing
Racial Equity
& Social Justice

RACE TO JUSTICE

Racial equity and social justice are necessary to achieve our mission

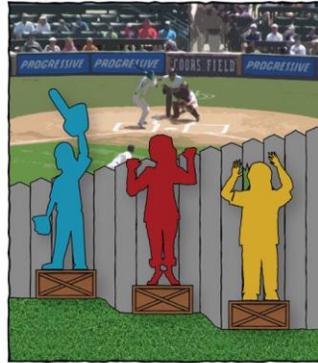
Promote racial equity and social justice and build internal capacity to improve health outcomes and close health inequities by:

- Building staff awareness and skills
- Examining impact of structural racism and other systems of oppression in institutional policies and practices
- Strengthening collaborations with NYC communities



HEALTH EQUITY Is...

- Achieving the **highest level** of health for all people.
- No one is kept from reaching the highest level of health because of **social position** or **social identities**.



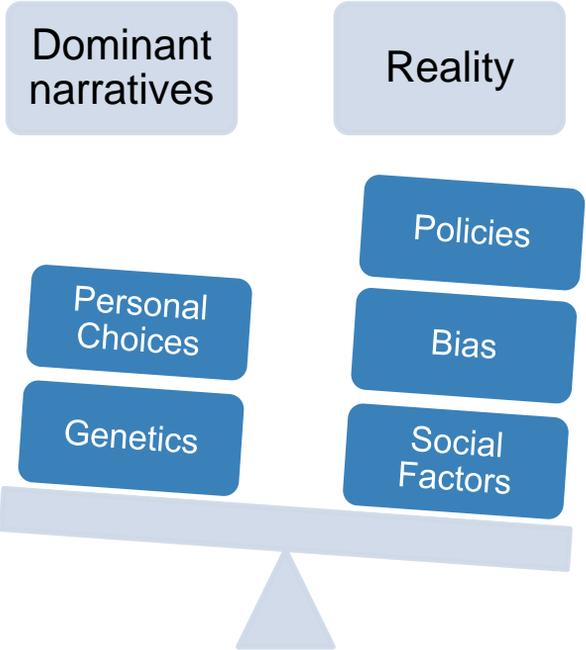
EQUALITY



EQUITY



What Creates Racial Inequities in Health?





Root Causes of Health Inequities

racial prejudice + power = racism

Racism is...

- a **system** of power and oppression that:
 - **structures opportunities** and
 - **assigns value**

based on race, unfairly disadvantaging people of color, while unfairly advantaging people who are White.



Forms of Racism

Internalized

Operates on a psychological level within individuals. These may be conscious or unconscious beliefs about ourselves and others based on race.

Interpersonal

Occurs between people. Inter-personal racism exists when we bring our private beliefs and biases into our communications and interactions with others of a different race

Institutional

Occurs on the level of institutions. This is when policies, practices, and systems within institutions create and sustain racialized outcomes.

Structural

Racial bias across institutions and society. It is the system of structures, institutions and policies that work together to advantage White people and disadvantage people of color.



Implicit/Explicit Bias

- Brain cannot effectively process all information so takes mental short cuts
- Implicit bias
 - ▶ Operates at the **subconscious level**. We are NOT aware that we have them.
 - ▶ Can run **contrary to our stated beliefs and attitudes**.
 - ▶ Triggered **automatically** through the **rapid association** of people/groups/objects and our attitudes AND stereotypes about them
 - ▶ Happens at individual and institutional level



What About Emergencies?

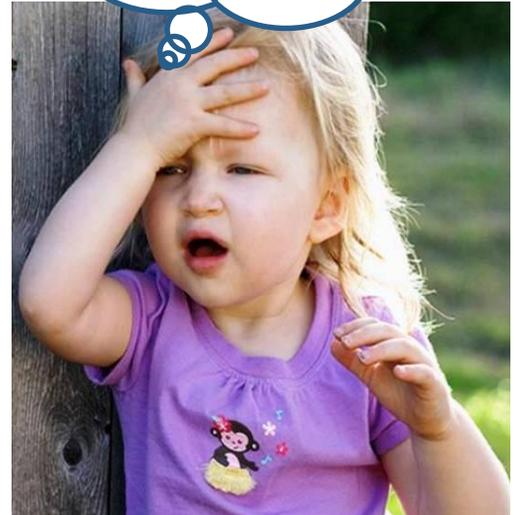
- Disasters occur within a social, cultural, and historical context of preexisting health disparities, and, in some populations, underlying mistrust of government
- Emergencies magnify inequities facing communities everyday
- Populations at risk of disproportionate impacts are the same groups facing health disparities daily



Groups Experiencing Inequities in Emergencies

- ✓ People living as homeless
- ✓ People who are blind or with low vision
- ✓ People of color
- ✓ People with physical disabilities
- ✓ People who are limited English speaking
- ✓ People who are chemically dependent
- ✓ People who are medically dependent
- ✓ People who are deaf, deaf-blind, hard of hearing
- ✓ People living with mental illness
- ✓ People with developmental disabilities
- ✓ People without documentation of citizenship

Doh!
These are the same groups who experience health disparities on a daily basis!!





Benefits to Applying Equity Approach

- Leverage resources more effectively by focusing on those who are **worse off**
- Increase success of response
- Moral mission!



Community Partner Engagement Unit (CPE):

A Whole Community Approach



THE CASE OF HURRICANE SANDY (2012)

Community partners were:

1. Not sufficiently incorporated into emergency plans
2. Not adequately identified prior to storm via existing or new relationships
3. Left facing urgent on-the-ground conditions
4. Faced poor information sharing
5. Tried to serve groups that fell through the cracks of services



"The challenges faced during Sandy mirrored experiences by CBOs [community-based partners] during Hurricane Katrina, where a vast majority of CBOs indicated that they were unconnected with the City's emergency management.

The City must take immediate action to establish partnerships with CBOs and ensure they have the necessary support to assist communities in need in the event of the next major disaster."

- Public Advocate Bill de Blasio, June 2013



CASE OF EBOLA RESPONSE

One of the greatest risks to public health is fear and discrimination.



- Distributed **public messaging** through Medical Reserve Corps (MRC), press, Community Outreach Teams, social media outlets, etc.
- Communities of New Yorkers were **targeted with stigma** (West African communities)
- Identified **where stigma-affected populations lived and community partners serving them**
- Worked with NYC Health Department subject matter experts and community partners to mitigate fear and discrimination

Medical Reserve Corps (MRC) volunteers take part in outreach during Ebola response.



MANDATE



A Whole Community Approach to
Emergency Management: Principles,
Themes, and Pathways for Action

FDOC 104-008-1 / December 2011



FEMA

Whole Community

**Preparedness is a shared
responsibility; it calls for the
involvement of everyone – not
just the government.**



Community Partner Engagement (CPE) Unit Purpose

- Sustain **continuous, bi-directional engagement** with **community partners** during ICS activations, connecting them with relevant ERG operations and objectives
- Leverage **existing relationships & resources** across the NYC Health Department and external stakeholders in order to identify and support community partners
- Expand response capabilities to better address **needs, knowledge, input, & inequities** identified through community partners



USE CASE: 2019 MEASLES RESPONSE

RESPONSE OBJECTIVES

1. Support **grassroots vaccine education/promotion campaigns by partners in impacted communities** (Haredi families in Williamsburg) via materials distributed by mail/digitally, home consultations, events, and hotlines
2. Mitigate **risks of transmission and counter discrimination/stigma/fears in potentially at-risk communities** (domestic workers in outbreak zones), through proactive engagement and communications

SUPPORTING OBJECTIVES

1. **Identify and leverage resources/relationships across NYC Health Department**, notably Emergency Partner Engagement Council (EPEC) and Public Health Partners Connect
2. **Equip community engagement staff** with talking points and materials for bidirectional engagement.
3. **Develop a common operating picture of community engagement across ICS**—tracking successes, gaps, and inequities across the response through data collection



WHAT WORKED

Operationalizing the Whole Community Approach to Emergency Management

SAVE THE DATE
HAREDI HEALTH COALITION

THURSDAY
JUNE 6, 2019
10AM - 12PM

HELIX HYPERIA
ROOM 431
1257 38TH ST
BROOKLYN, NY 11218

CONTACT
AMASOR@
HEALTH.NYC.GOV

BREAKFAST WILL
BE PROVIDED

Babies Need Their Shots on Time!

Dial 311 For Information
New York City Department of
Health and Mental Hygiene
Bureau of Immunization



A SLICE OF PIE
Parents Informed & Educated

Making PIEs Out of PEACH:
MMR Edition

Bringing Current and Reliable
Vaccine Information to Frum Families

Jewish Orthodox Women's Medical Association
תאגיד נשים

100% שטרענג געהיים און פריי פון אמאנאל
וואקסין קאמפיין
אנטקען באקומענליכקייט פון איינער איינציקע שטרענג

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JOWMA איז א פריוואטע ארגאניזאציע וואס ווערט געוויינטלעך
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אנטער ליט איר די וואקסין און וועב זייטל די ווערן.

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USE CASE: 2019 COVID-19

EARLY RESPONSE OBJECTIVES

1. Mitigate **risks of transmission** and **counter discrimination/stigma/fears** in **potentially at-risk communities** (i.e. Asian Americans & Pacific Islander and immigrants,), through **listening sessions in targeted neighborhoods**.
2. Outreach to partners with **education/hygiene campaigns** in **impacted and marginalized communities** (i.e. Chinese Americans residents in Sunset Park) via materials distributed by NYC Health Department mail/digitally and events.

SUPPORTING OBJECTIVES

1. **Identify + leverage resources/relationships across the NYC Health Department**, notably EPEC and *Public Health Partners Connect*
2. **Equip community engagement staff** with talking points and materials for bidirectional engagement.
3. **Develop a common operating picture of community engagement across ICS**—tracking successes, gaps, and inequities across the response through data collection/



WHAT'S WORKING

- Building internal capacity by identifying additional Community Engagement staff and expanding the NYC Health Department's community partners for outreach
- COVID-19 Equity Taskforce
- Co-creating strategies and contributing to resources for communities impacted hardest by COVID-19 operationalizing an equity lens



WHAT'S WORKING

- ❑ Leveraging key partnerships across other city agencies to ensure that the needs of communities traditionally marginalized (Black/African American, Latino/X, AAPI, immigrants, Indigenous, LGBTQI, TGNC) are heard and have equitable access to resources
- ❑ Identifying, responding and elevating the needs of NYC Health Department staff and working to provide support during the agency's long term COVID-19 response
- ❑ Tracking successes, gaps, and inequities across the response through data collection



Questions and Discussion