SOCIAL AND HEALTH EQUITY IN DISASTERS

Presented By:

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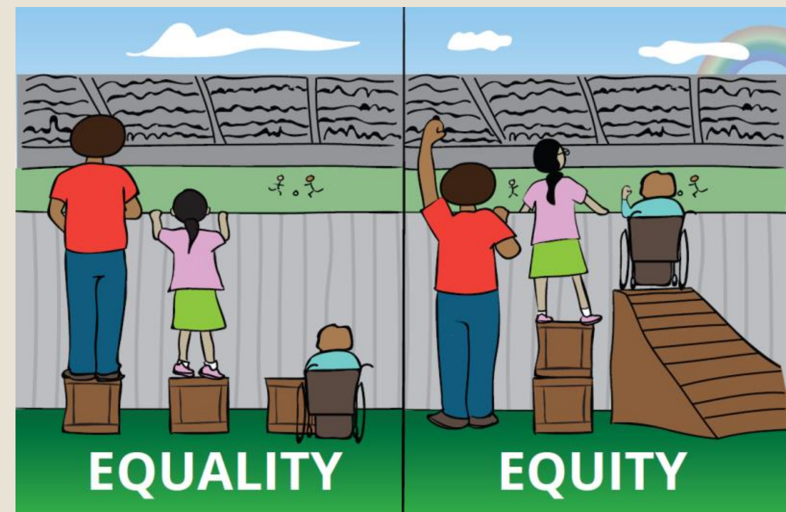
TENEBO ENTERPRISES AND CONSULTING

- Emergency Management Consultation
- Disability Inclusion
- Equity and Bio-ethics in Disasters
- Crisis Standards of Care
- Healthcare and Public Health Emergency Preparedness Planning
- Mass Fatality Management
- Mass Casualty Response
- Whole Community Planning
- Training and Exercises

WHAT IS SOCIAL EQUITY?

- Social equity is impartiality, fairness and justice for all people in social policy.
- "The fair, just and equitable management of all institutions serving the public; and the fair and equitable distribution of public services and implementation" of public policy".
- Equity is not synonymous with equality. Equity is about fairness and justice. Equality refers to equal opportunity access and treatment.
- It considers systemic inequities to ensure everyone in the community has access to the same opportunities and outcomes.

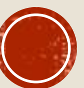


National Academy of Public Administration

WHAT IS HEALTH EQUITY?

- The state in which everyone can attain full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance.
- Putting people first in policies and allocating resources so that people with less resources and those who face exclusion and discrimination see improvements in their health and living conditions.
- Inequities refer to systematic differences in the opportunities that groups have to achieve optimal health, leading to unfair and avoidable differences in health outcomes, and unequal health status is health inequity.

National Academy of Medicine Culture Of Health Program



ROOT CAUSES OF INEQUITIES

- Disasters don't discriminate – society does.
- Underlying social inequalities that create different life conditions.
  - The intrapersonal, interpersonal, institutional, and systemic mechanisms that organize the distribution of power and resources differentially across lines of race, gender, class, sexual orientation, gender expression, and other dimensions of individual and group identity.
  - The unequal allocation of power and resources—including goods, services, and societal attention—which manifests in unequal social, economic, and environmental conditions

Systemic Level
- Immigration policies
- Incarceration policies
- Civil rights
- Predatory banking

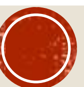
Community Level
- Differential resource allocation
- Racially or class segregated schools

Institutional Level
- Hiring and promotion practices
- Under- or over-valuation of contributions

Interpersonal Level
- Overt discrimination
- Implicit bias

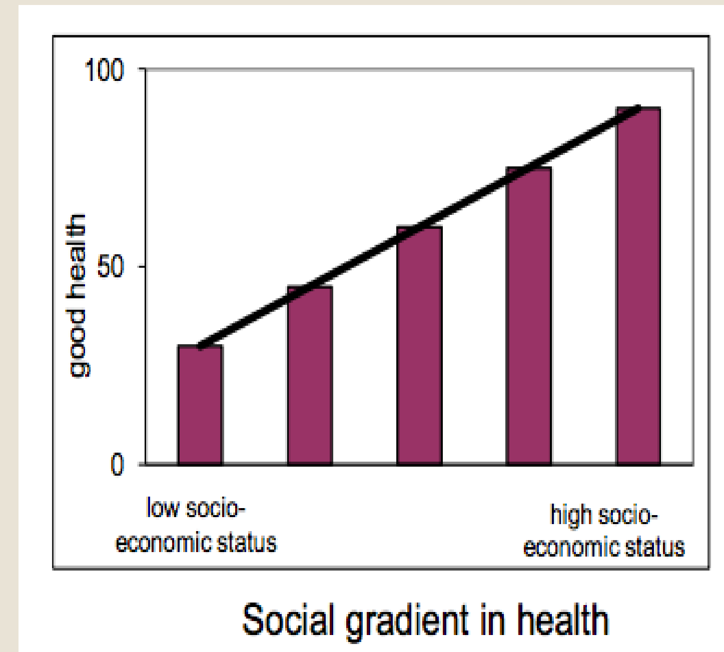
Intrapersonal Level
- Internalized racism
- Stereotype threat
- Embodying inequities

2017 report Communities in Action: Pathways to Health Equity, National Academy of Sciences

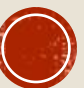


THE HEALTH AND SOCIAL INTERSECTION?

- There are many factors of our society that affect a person's health outcomes.
- These factors include social, economic, environmental and institutional inequities.
- Health and illness follow a social gradient (slope) – the lower a person socioeconomic status (SES), the worse their chances are for healthy outcomes.
- People who have lower SES also tend to be disproportionately impacted in disasters, which compound their chances for having poor health outcomes after disasters.

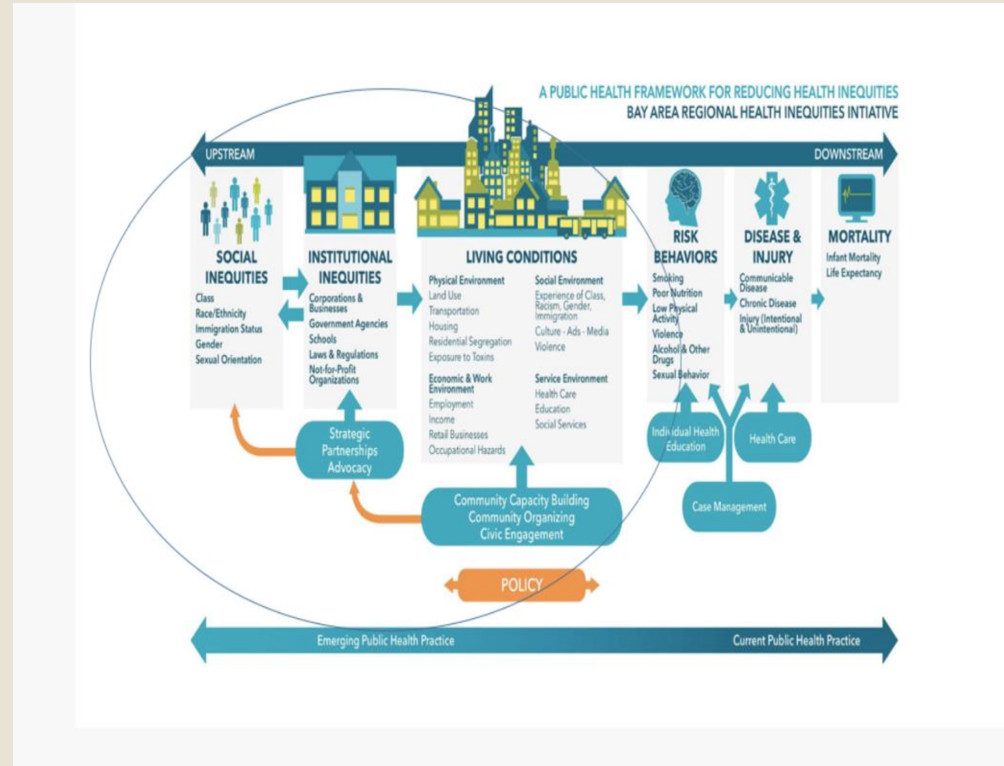


Social gradient in health

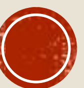


Social Determinants of Health

- Income Level and Social Status
- Social Support Networks
- Education and Literacy
- Employment and Working Conditions
- Social Environments
- Physical Environments
- Personal Health Habits and Adaptability
- Early Childhood Development
- Biological and Genetic Heritage
- Health Services
- Gender
- Culture and lifestyle

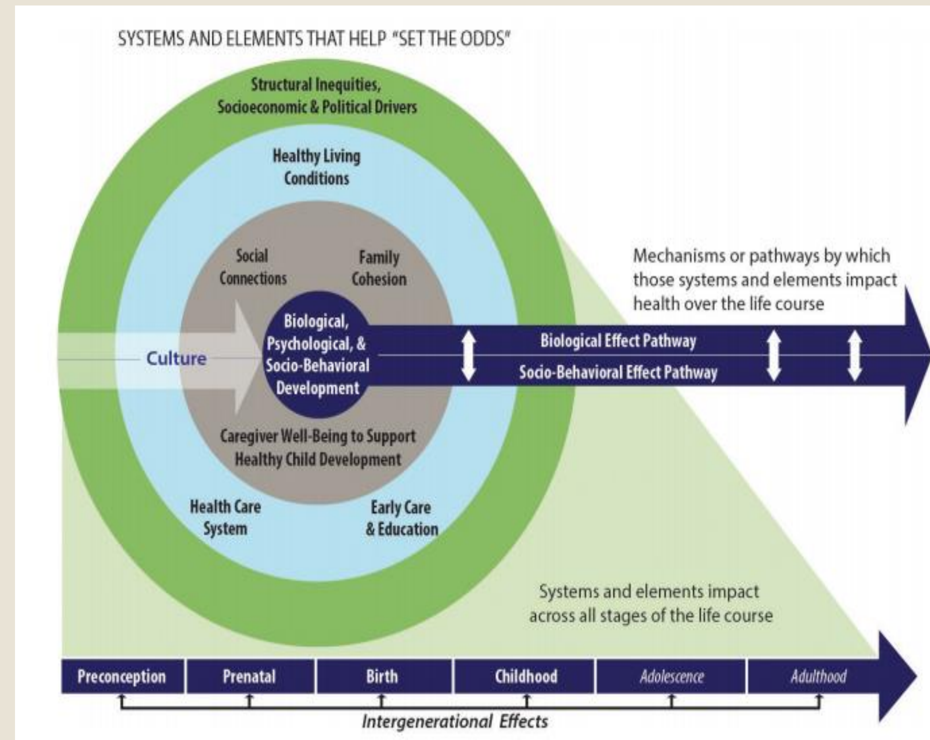


BARHII model

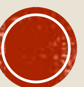


INEQUITY IMPACTS EVERY STAGE OF LIFE

- Circles illustrate complex sociocultural environment that shapes development at the individual level
- The outer circle represents the level at which structural inequities operate.
- Next level represents social, economic, and environmental conditions (health system, employment, education).
- Next level represents the factors that most directly and proximally shape daily experiences and routine patterns (social connections, family cohesion).



Vibrant and Health Kids Aligning Science, Practice and Policy to Advance Health Equity, National Academy of Sciences



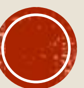
ZIP CODE VS. GENETIC CODE- WHICH HAS MORE IMPACT?

- Lower income neighbors can mean:
  - Less safe to exercise outdoors
  - Lack resources for access to exercise, walk, play
  - Lack resources to variety of stores - fresh healthy foods
  - More exposure to poverty, violence - toxic stress reaction
  - Lack access to transportation - less access to healthcare services
  - Lower quality education = lower paying jobs = poor health coverage
  - Embedded cultural community - poor eating habits, mistrust of authority
  - Greater exposure to urban environmental pollutants - higher respiratory illnesses
  - Worse outcomes in chronic and infectious disease process

Communities in Action: Pathways to Health Equity, National Academy of Sciences 2017

SO, WHAT DOES THIS HAVE TO DO WITH DISASTERS?

- Marginalized populations have the least amount of resiliency.
- Some populations may require more assistance during the disaster (to evacuate, to maintain their independence) that may not be available or is insufficient.
- Prejudices or judgmental thinking may affect how resources are allocated.
- Systemic and institutional policies that discriminate against populations.
- Perception and mistrust by many underserved populations make messaging and compliance more complex.



HISTORIC RESPONSE – THE KATRINA DEBACLE

- People with disabilities comprised 25% to 30% of those impacted by Hurricane Katrina
- 50% of the people who died in New Orleans were over 75 years of age, although they only made up 11.7% of total population
- Over 35% of those who did not evacuate in Katrina were either physically unable to leave or were caring for a person with a disability
- Most impacted neighborhoods were poorer black parishes with limited resources, lack of transportation

Mario Tama/Getty Images

Justin Sullivan/Getty Images

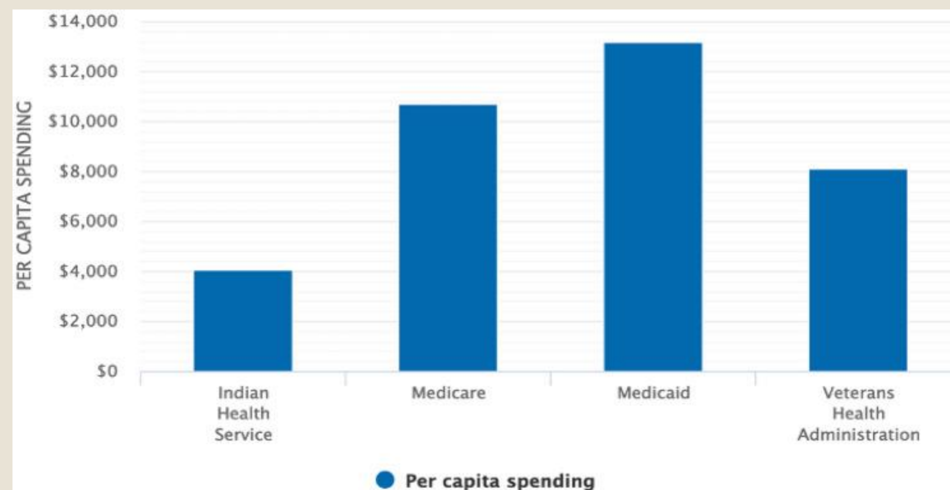
REALITIES FOR PEOPLE WITH DISABILITIES DURING DISASTERS

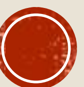
- Most disproportionately impacted
- Least likely to evacuate
- Least likely to return to baseline state (health, economic)
- May require the most response resources
- Recovery process more difficult
- Further exacerbated by intersectionality of being a person with a disability and being a member of another marginalized population.

Vilissa Thompson, founder of Ramp Your Voice

NATIVE AMERICANS

- More than 1/4th of AI and AN live in poverty (40% for some tribal groups)
- Lack of access to health care services - Lowest per capita health expenditures by federal government
- Some of the highest unemployment rates due to geographic isolation and availability of low-wage jobs
- Fewest children with high level education diplomas
- Rural locations with proximity to health hazards
- 1 in 3 Navajo native residents do not have running water or electricity
- Lack of access to healthy foods/variety



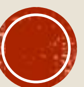


Poverty and Health Disparities for American Indian and Alaska Native Children: Sarche and Spice, National library of Medicine

DISASTERS AND INDIGENOUS COMMUNITIES

- 2016 - FEMA only approved 117 of 566 tribal disaster mitigation plans (3/4 of all tribes plan not approved) which makes them ineligible to apply for federal funding for disaster projects
- Harder for indigenous communities to access federal programs
  - Federal cost sharing requirements
  - Lack of access to technical assistance
  - Limited data availability
  - Cumbersome application requirements
  - Lack of clear title to property
- Lack of understanding of Native Indian/Alaskan Native culture

House Subcommittee on Homeland Security: Ensuring Equity in Disasters, Preparedness, Response and Recovery



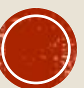
CASE STUDY – PARADISE CAMP FIRE

- Disability population In Paradise double the State average. Represented 25% of community
- Retirement community - majority of victims (77%) over 65 years old
- 100 miles of dead-end private roads
- Reliance on voluntary opt in programs (SNAP, CodeRed)
- CodeRed alert system – 60% calls went to voicemail or busy
- SNAP placards – not utilized
- County did not use WEA – afraid to panic public

Elijah Nouvetage/Getty Images

Noah Berger/ AP

Source L.A. Times, Emergency Management Journal 12.4.19



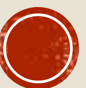
COVID 19 AND INEQUITIES

- COVID 19 highlighted disparities for underserved populations.
- Impacted individuals in lower economic strata = most likely to be front line workers resulting in greater exposure, limited health care coverage, limited ability to isolate, higher health risk.
- Increased isolation for people who were already isolated.
- Separation from caretakers limited care and needed support.
- Shortage of supplies created discriminatory allocation and triage criteria.
- Brought out examples of "ableism" in medical care, particularly as it applies to subjective views about quality of life.
- Failure to incorporate reasonable modifications in receiving treatment.
- Authorizing re-allocation of ventilators from chronic ventilator users to other patients.

INEQUITIES IN RECOVERY

FEMA Library

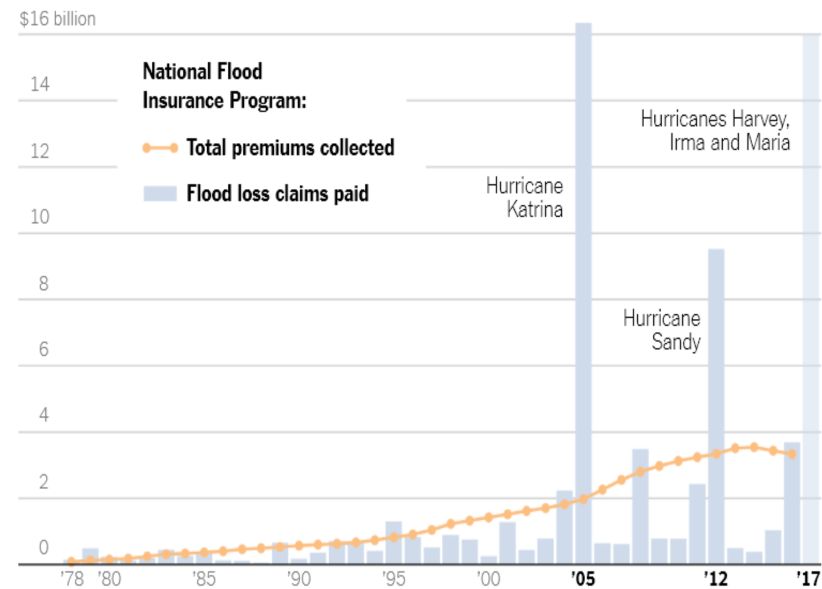
- Disaster Recovery applications:
  - Prohibitively complex and inaccessible forms
  - Lack of access to on-line/internet access
  - Long telephone and on-site wait times
  - Conflicting information
  - Lack of transportation to DRC’s
- FEMA vouchers requiring proof of ownership
  - Puerto Rico and USVI – Informal land development is common practice
  - Deeds that did exist were destroyed/disappeared in hurricane
- FEMA claims rejected due to “insufficient damage”
  - Harvey – FEMA funds repairs to make house “safe and sanitary” and to repair the home to pre-existing condition, no improvements. ‘Safe and sanitary’ in many low-income Texas homes, did not meet FEMA standards
- Stafford Act - limits federal reconstruction efforts to restoring the status quo ante (before the storm)

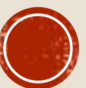


Source; Partnership for Inclusive Disaster Strategies (PIDS)

NATIONAL FLOOD INSURANCE PROGRAM

- Helps homeowners pay for damage from floods
- Incentivizes people to rebuild in areas that are likely to flood again.
- Only provides funds to rebuild exactly the way they were before, leaving community as vulnerable as before
- No incentive to build flood resistance structures or move to less flood prone areas
- Disproportionately favors the wealthier
- NFIP $20.5 billion in debt before Hurricane's Florence and Michael





USA Today, Craig Fugate/David Paulison Contributors 11/2018

THE HUMAN COST

Joe Raedle/Getty Images

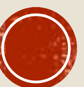
- Loss of social structure
  - natural supports and networks of resources
  - Communication isolation and inability to access recovery services
  - Loss of cultural community
- Decreased individual social and health resilience
  - Disaster trauma impacts community mental health and decision making
  - Limited Mental Health resources that are crisis response focused
  - Decreased likelihood of returning to baseline social or health status
- Decrease in community resiliency

Audra Melton / New York Times

BARRIERS TO IMPROVING OUTCOMES IN DISASTERS

- Inability to understand how disasters are different today than yesterday. No change in strategies, especially for disaster prone areas.
- Aging infrastructure and federal limitations on rebuilding back to "status quo"
- Exclusion of affected population in decision making process (land management for Native Americans, urban gentrification in African-American neighborhoods).
- Stereotyping and bias on the part of health care providers and responders, particularly for racial/ethnic and disability populations.
- Geographic isolation of certain populations in high-risk neighborhoods or rural environments.
- Not understanding culturally norms and difficulty applying atypical recovery strategies for people from culturally diverse populations, and people with disabilities.
- Unequal criteria in federal policy for recovery (flood insurance, disaster recovery) and restrictive policy requirements that exclude certain populations.

Source: Getting It Wrong: An Indictment with a Blueprint for Getting It Right. Partnership for Inclusive Disaster Strategies

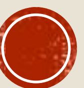


WHAT ARE WE DOING RIGHT?

CERT training/ Sarah Miller

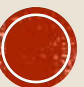
Shelter Training/ Dawn Skaggs

- Better at anticipating and tracking (hurricane forecasts)
- Better at pre-positioning assets and personnel
- Emphasis on resiliency at the local level
- Non-governmental partnerships for people with chronic medical conditions and people with access and functional needs (Partnership for Inclusive Disaster Strategies)
- Better at rapid mass communication technology



STRATEGIES FOR SOCIAL AND EQUITABLE HEALTH

- Examining policies that perpetrate exclusion, marginalization
- Inclusion of marginalized population in planning (need to first know who is in your community)
- Cultural competency training for staff
- Culturally diverse agencies
- Multi-disciplinary task force to assess and address inequities in communities
- Improve screening to identify SDOH effects on marginalized populations

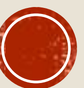


CULTURALLY AWARE STRATEGIES

FEMA Library

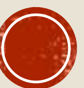
Carl Wake; www.LDS.org

- Employ whole community concepts - recognize and leverage community assets and resources
- Pre-disaster planning to identify potential effective communication strategies
- Build flexibility into response and recovery efforts to allow individuals equitable access to services
- Include culturally competent resources in response programs
- Partner with community leadership to build buy-in and understand community priorities



MOVING FROM LESSONS LEARNED TO NEW PRACTICES

- Act on AAR information to modify process
- Prioritizing public information and education to create force multipliers
- Focusing on cultural and human need in planning process
- Develop and distribute industry-wide culturally competent inclusive standards, guidance, training and technical support for assisting individuals with disabilities and access and functional needs in response and recovery
- Enforce existing inclusionary and accessibility laws
- Review FEMA process for disaster assistance, including re-design of forms and applications
- Disaster planning for the “new normal”
- Integrating community demographics into the planning group so plans reflect the community
- Revise National Flood Insurance Program
- Community future land use practices need to reflect growing population demands away from disaster prone areas



QUESTIONS?

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