# Appendix A.5.3 Health Equity and Access and Functional Needs

## Purpose

The purpose of this document is to outline the role of the Central Minnesota Healthcare Preparedness Coalition (CMHPC) in response to an event that includes communities most impacted by disasters. In healthcare it is essential that health equity is considered when making decisions. This chapter also provides guidance to the CMHPC members and partners for their planning purposes.

## Definitions

* **Communities Most Impacted by Disasters**:
	+ This term is inclusive of:
		- At-risk individuals, including children, pregnant individuals, older adults, individuals with disabilities, or others who have access and functional needs in the event of an emergency.
		- Individuals experiencing certain geographic characteristics, such as living in a rural area.
		- Populations facing structural inequities, which include historically or currently marginalized communities, may also be considered at-risk.
		- Other populations disproportionately impacted by disasters in the Central region, as determined through data collection and assessments.
		- Examples of at-risk populations may include but are not limited to children, pregnant women, older adults, people with disabilities, people from diverse cultures, people with limited English proficiency, people with limited access to transportation, people with limited access to financial resources, people experiencing homelessness, people who have chronic health conditions, and people who have pharmacological dependency.
* **Access and Functional Needs**:
	+ people with access and functional needs that may interfere with their ability to access or receive medical care before, during, or after a disaster or emergency. Irrespective of specific diagnosis, status, or label, the term “access and functional needs” is a broad set of common, crosscutting, access, and function-based needs.
		- Access-based needs require ensuring that resources are accessible to all individuals, such as social services, accommodations, information, transportation, medications to maintain health, etc.
		- Function-based needs refer to restrictions or limitations an individual may have that requires assistance before, during, and/or after a disaster or public health emergency.
* **Health Equity**: The Center for Disease Control and Prevention (CDC) defines Health Equity as the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable disparities.
* **Special Medical Needs:** a person with medical special needs includes someone who:
	+ would need assistance during evacuation and sheltering because of physical or mental disabilities
	+ requires the level of care and resources beyond the basic first aid level of care that is available in the shelters for the general populations

## Role of the CMHPC in Planning for At-Risk Individuals, Functional Needs, and Special Medical Needs

* + - Local Emergency Management and Local Public Health are primarily responsible for Mass Sheltering plans, which include At-Risk Individuals, Access and Functional Needs, and Special Medical Needs. Healthcare facilities may be asked to assist with certain medical needs that may not be available in a shelter environment.
		- Mass Sheltering Operations will occur in accordance with local Emergency Operations Plans (EOPs). Refer to local EOPs for reference.
		- The CMHPC will assist in providing information and resources in the pre-planning, response, and recovery as needed in order to help lessen the impact especially during response and recovery.
		- The Central Region HMAC may be activated to assist with the response. See Chapter 1: CMHPC Regional Coordination Plan.

## Planning Considerations

* + - Planning at a healthcare level may include working with entities within the healthcare agency who interact with people who have a healthcare need that extends outside the agency. Examples may include those who are on or need oxygen, dialysis, infusions, or other medical device, medication, or assistance routinely causing them to interact with a healthcare entity.
		- This planning could take the form of asking individual sections within a healthcare organization to discuss with patients how to manage during a crisis if access to a healthcare agency may be in jeopardy.
		- The planning could also cause the specific section within a healthcare organization to do planning in order to pre-identify patients considered at risk, if access to healthcare or services are in jeopardy. This planning could take the form of prioritizing patients that need more immediate access than others. Working with other local disaster personnel could assure persons whom are considered more in need are accounted for in a timelier manner during crisis settings.
		- Healthcare agencies should be prepared to accept patients during crisis that would otherwise be consider outpatients due to a lack of items such as oxygen, electricity, and other medical items needed to deliver medications or functions that were curtailed at home due to the crisis variables.
		- Medical surge should also be accounted for during crisis events not only for those directly injured, but also for patients who have exacerbations of medical conditions or who are in need of medical supplies, medicines, or device otherwise not planned on but created by the crisis event.
		- Increases in staffing, supplies, and entropy are all impacts during crisis and disaster settings.
		- Planning may also include engaging and developing relationships with members or representatives of communities most impacted by disasters.

## Resources

* Minnesota Department of health
	+ [Center for Health Equity](https://www.health.state.mn.us/communities/equity/index.html)
		- This center was created to help improve health equity statewide. Coalition members are strongly encouraged to participate in health equity training and programs.
	+ [Health Equity Networks](https://www.health.state.mn.us/communities/practice/equityengage/networks/index.html)
		- These networks connect different professionals and agencies to collaborate on health equity efforts and community issues.
		- There are various networks throughout the state. These networks meet regularly and allow anyone to join their meetings. Coalition members are encouraged to engage with these networks through attendance of regular meetings, or subscription to the networks’ newsletter.
* ASPR TRACIE
	+ [HHS/ASPR Access and Functional Needs](https://asprtracie.hhs.gov/technical-resources/resource/7333/hhs-aspr-access-and-functional-needs)
		- Web-based training to define AFN and provide tools and resources to help professionals plan for these populations
* Centers for Disease Control and Prevention
	+ [Paving the Road to Health Equity](https://www.cdc.gov/minorityhealth/publications/health_equity/index.html#:~:text=Health%20equity%20is%20when%20everyone,be%20as%20healthy%20as%20possible.&text=Health%20equity%20can%20be%20characterized,that%20promote%20and%20protect%20health.)
		- Webpage with various resources to further health equity activities and improve health among diverse populations

# Record of Changes

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| --- | --- | --- | --- |
| Date of Revision | Change Made | Revision # | Initials |
| Original Date 6/2016 |  |  |  |
| June 2023 | Updated to correct grammar and include language regarding health equity. |  |  |
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