

Applying Health Equity to Preparedness

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Agenda

How do you define health equity?



What is the role of the health equity officer?



What is a real-world event where health equity principles were used?



Breakout discussion

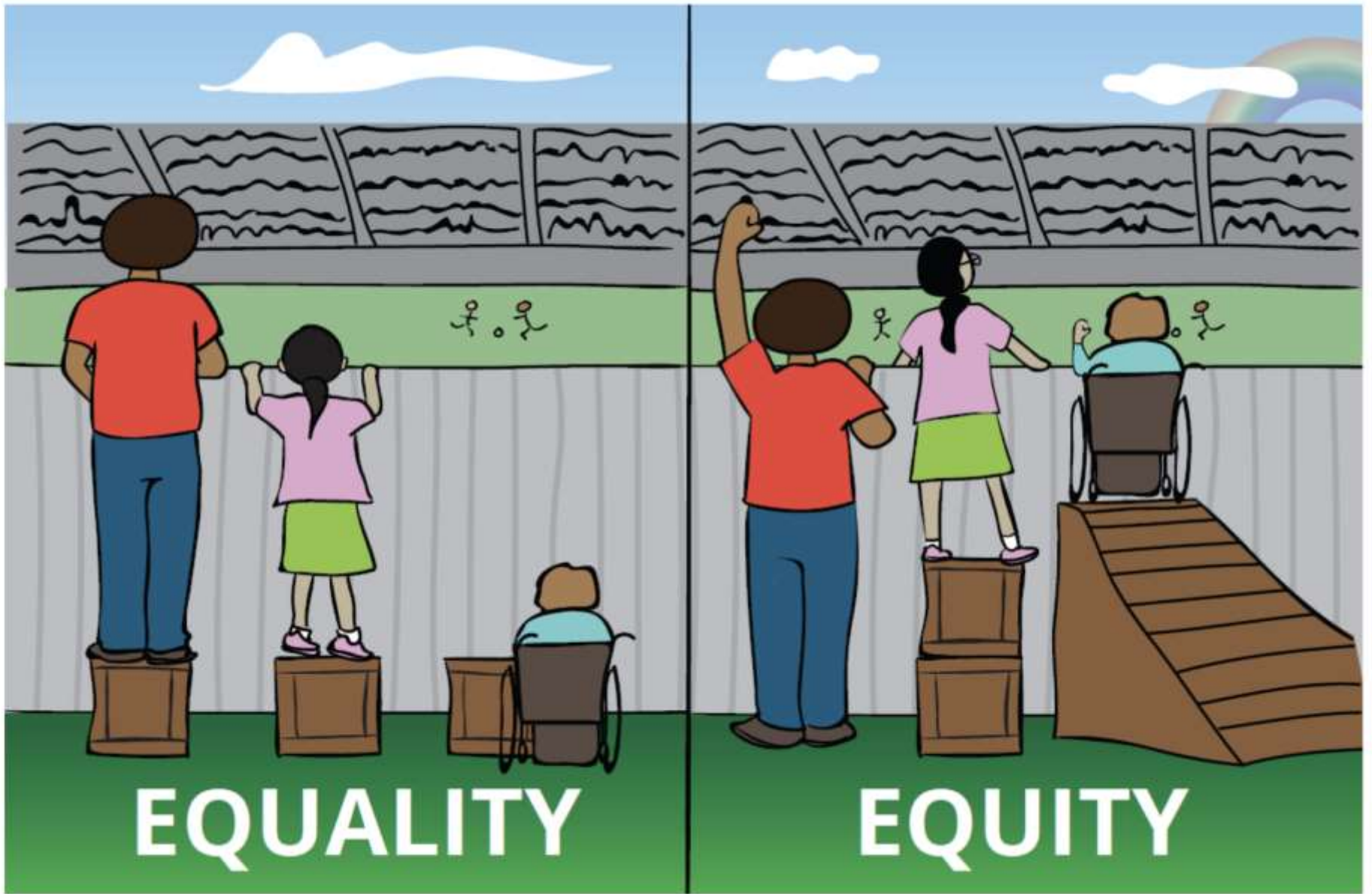
How do you define health equity?



Health Equity means Social Justice

- Ethical concept that is values based
- Distributive justice—distribution of resources and other processes that drive a particular kind of health inequality
- Equity can be defined as the absence of *systematic* disparities in health between more and less advantaged social groups.





EQUALITY

EQUITY

Equity is not Equality

- *Health inequalities* is not a synonym for *health inequities*
- Health equity focuses attention on the distribution of resources and other processes that drive a particular kind of health inequality
- Not all health disparities are unfair
 - young adults to be healthier than the elderly population
 - men have prostate problems, while women do not



Social determinants of health

Social factors that cause increased health disparities

The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life



Social determinants of health

SDOH highlight the importance of "upstream" factors usually unrelated to health care delivery:

- Income and social protection
- Education
- Unemployment and job insecurity
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Access to affordable health services of decent quality



Health Equity and Human Rights: Equal Rights and Opportunities to be Healthy

- The *right to health* as set forth in the WHO Constitution, the equal right to be healthy
 - Equality can be assessed with respect to specified measurable outcomes
 - Human rights concept of non-discrimination—discrimination in opportunities to be health
- Equality versus equity



Health Equity and Human Rights: Equal Rights and Opportunities to be Healthy

- Equity in health implies resources are distributed and processes are designed in ways most likely to move toward equalizing the health outcomes of disadvantaged social groups with the outcomes of their more advantaged counterparts



How do you define health equity?



A definition of equity in health is needed that can guide measurement and hence accountability for the effects of actions.



Health equity is the absence of systematic disparities in health (or its social determinants) between more and less advantaged social groups.



Social advantage means wealth, power, and/or prestige—the attributes defining how people are grouped in social hierarchies.



Health inequities put disadvantaged groups at further disadvantage with respect to health, diminishing opportunities to be healthy.



Health equity, an ethical concept based on the principle of distributive justice, is also linked to human rights.

The role of the health equity officer?



Health Equity Officer

Hospitals are in a unique position to confront inequities, given their central role in providing health services.

Several legislative, industry, and regulatory initiatives support these expanded obligations.

- Affordable Care Act
- American Hospital Association
- Centers for Medicare and Medicaid Services
- Joint Commission

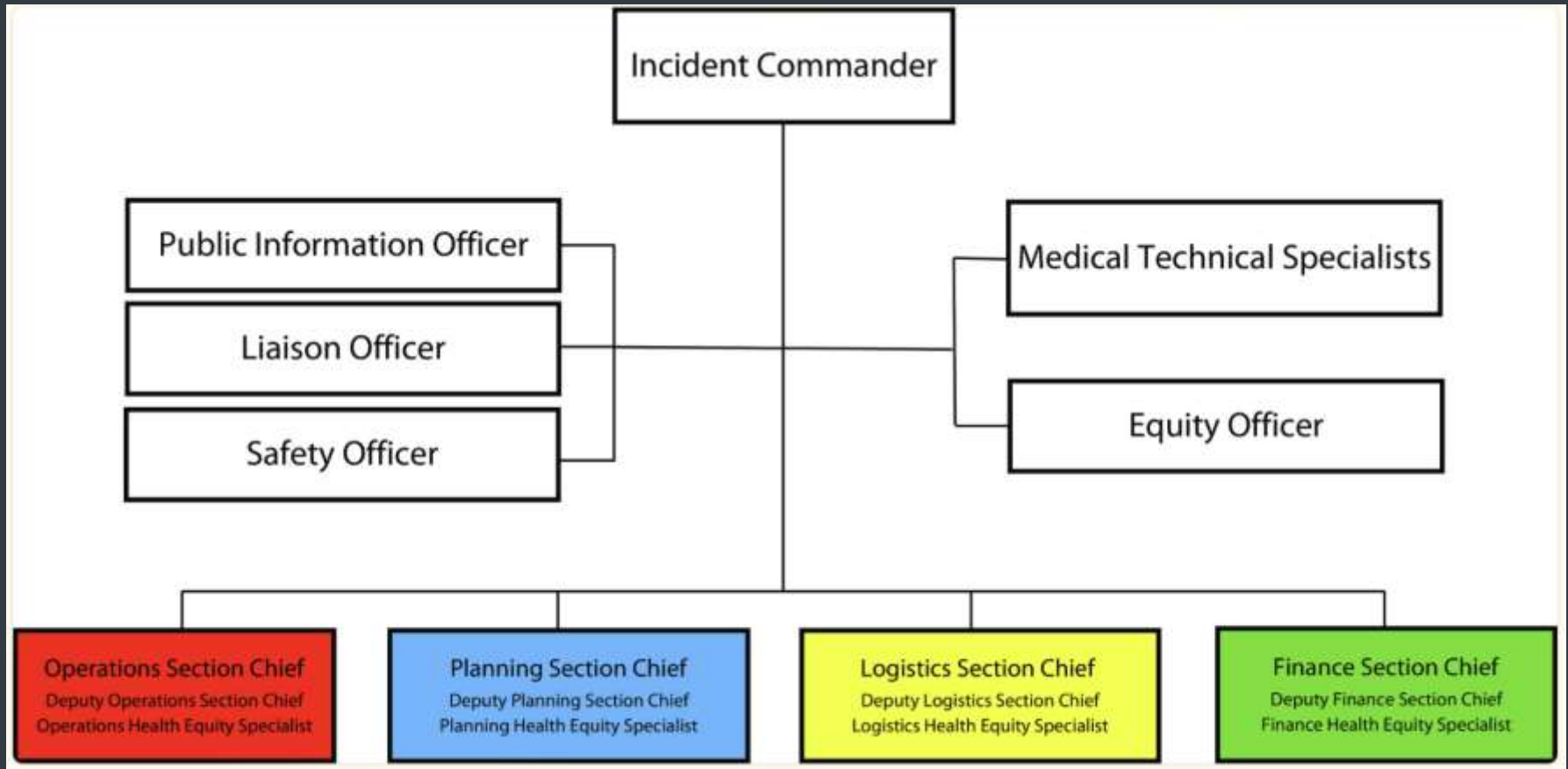


Health Equity Officer

- Equity officers can examine their own institutional policies for potential biases, including the use of clinical algorithms
- Respectful interactions with the surrounding community are also essential, whether partnering with local or neighborhood organizations or removing barriers that prevent community members from getting hospital jobs



Hospital Incident Command System Organizational Chart



Goralnick E, Serino R, Clark CR. Equity and Disasters: Reframing Incident Command Systems. *Am J Public Health.* 2021 May;111(5):844-848. doi: 10.2105/AJPH.2021.306171. PMID: 33826394; PMCID: PMC8034005.



Equity Officer and Response

Embed an equity element in HICS

- A defined equity officer (EO) and subject matter experts in health care equity
- Not currently an official HICS component

Responsibility for:

- efforts to strengthen data collection and monitoring
- build liaisons for community engagement
- embed activities that address equity in each phase of a disaster



Equity Officer

Equally important to use AAR to ensure health equity gaps are identified

Key findings and recommendations to mitigate issues of inequity in the future



**What is a real-world event
where health equity principles
were used?**



Equitable allocation of scarce resources team



- Pharmacy
- Infectious Disease (iCAP)
- Medical Directors (Geriatricians)
- Ethics
- LeadingAge (advocacy groups)
- Emergency Preparedness



COVID-19 Treatment: investigational monoclonal antibody therapy bamlanivimab

Allocated 1000 doses of mAb to Assisted Living Facilities and Long-Term Care Facilities in Nebraska.

REDCap survey to be filled by ALFs and LTC.

Pharmacy ran the survey report daily to assess demand for the drug and coordinate distribution.

Baseline data of facilities that can administer themselves vs those needing a team of nurses.



Number of eligible patients likely to exceed supply

- EUA criteria are very broad
 - Over 65 or
 - BMI>35 or
 - certain comorbidities
- Supply is limited



Patient Population

- ▶ 204 Nursing Homes in Nebraska + 1CLC
- ▶ 18k residents in Nebraska
- ▶ By age 65, a person's lifetime risk of a nursing home admission is about 46%.
- ▶ Average length of stay in LTC is 2.3 years
- ▶ Who lives in Nursing Homes?
 - ▶ 1/3 have vision and hearing impairment
 - ▶ < 10% ambulate independently



To make things worse



LTC and ALF were mostly hit with cases early on



46% of deaths in Nebraska were in LTC and ALF



Psychosocial Aspects

What medical conditions do residents usually have?



63% have Dementia (mod to severe)



Heart disease



Diabetes



Stroke



Depression



COPD, HTN, Arthritis



5% have a pressure ulcer

Provider Concerns



Role of the provider in making allocation decisions?



Communication to patients about the program and decisions



IF scarcity, ensuring those who stand to benefit receive infusions

With limited data, providers use two approaches for allocation decisions



Rely on lottery



Rely on baseline risk



Fundamental values

“Twin moral impulses animate public health: to advance human well-being by **improving health** and to do so particularly by **focusing on the needs of the most disadvantaged.**”

**Promote population
health outcomes**

Mitigate disparities

Gostin L. Health Affairs; 2006
White DB, Lo B. AJRCCM; 2020

Equity concerns for allocation

- Not everyone has equal access to infusion sites
 - Limitations of geography
 - Socioeconomic disadvantage



THE HASTINGS CENTER

REPORT

Article |  Free Access

Weighted Lotteries and the Allocation of Scarce Medications for Covid-19

Lynn A. Jansen, Steven Wall

First published: 25 February 2021 | <https://doi.org/10.1002/hast.1218>

“Many different considerations—including a patient's occupation, membership in a disadvantaged group, and potential to benefit from a particular drug—are relevant in allocating scarce Covid-19 vaccines and therapeutics. But how should these various factors be balanced with one another? A useful model for thinking through this problem employs a weighted lottery.”



Centralized Lottery

Primary goal: equitable allocation of scarce resource

Secondary benefits:

- Can create randomization, which can further the generation of evidence
- Alleviates pressure on providers through a centralized allocation committee



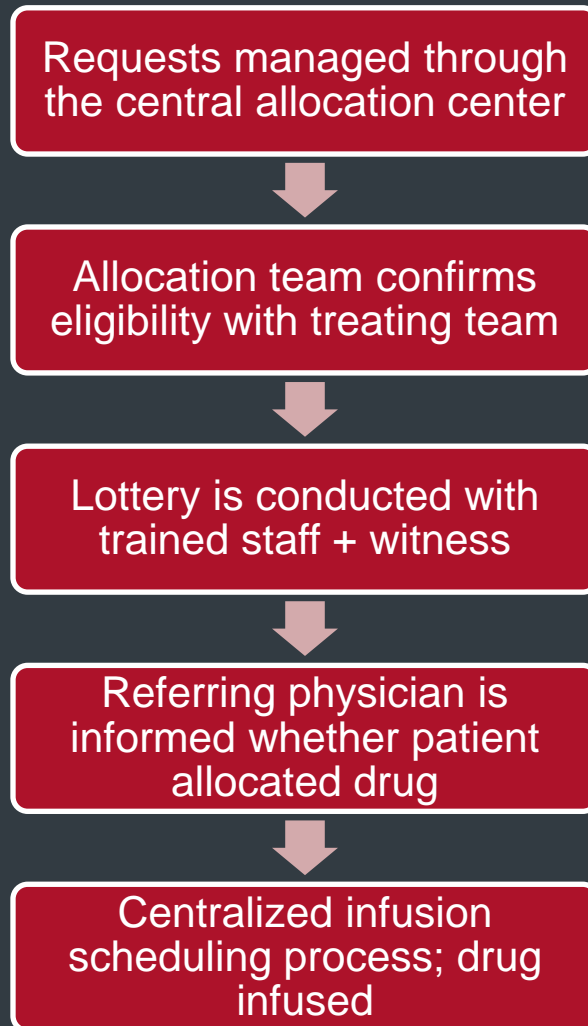
Weighted Lottery

Eligible patients: all who meet eligibility

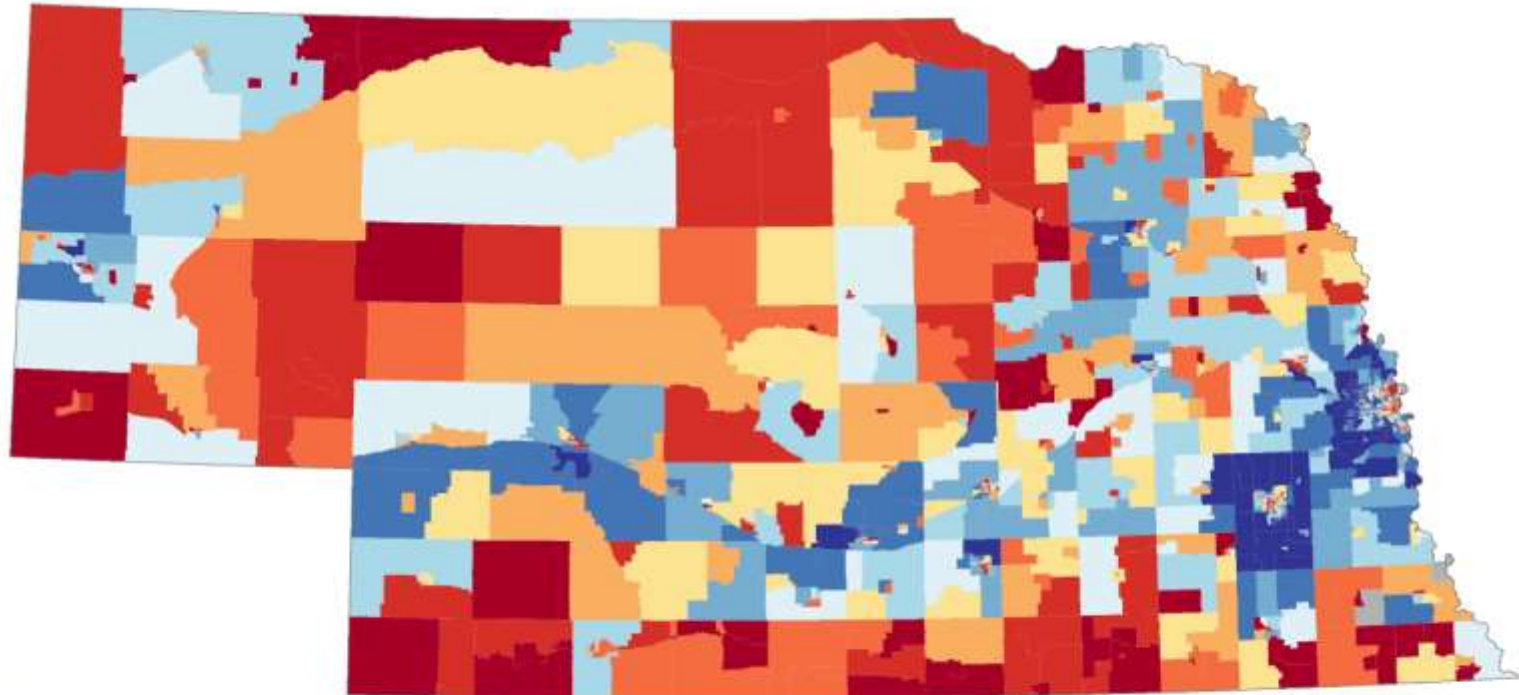
Allocation mechanism:
weighted lottery

- Every eligible patient has a chance to receive mAb
- Weighting to achieve equity goals

Achieving Equitable Access: Centralized Lottery and Scheduling of Monoclonal Antibody Infusion



Is the patient from a disadvantaged community?



Weighted chances to receive treatment for each patient group

Group	Chances to Receive Treatment
Disadvantaged community member	1.25 x (general chances)
Death likely within 6 months	0.5 x (general chances)
Disadvantaged community member + death likely within 6 months	0.75 x (general chances)



Lessons learned



Thoughtful consideration of scarce resource allocation should be done in advance



Interdisciplinary approach is needed to prepare for complex issues



Framework stands to mitigate inequity, benefit patients, reduce burden on providers, and increase consistency in clinical decision making

Breakout discussion

- Share an example of how you've applied a lens of health equity to your work during a recent emergency?
- What additional resources are needed to better embed equity into preparedness?



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