Health Equity and Disaster Response

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**Mission:** Healthcare Ready leverages unique relationships with government, nonprofit and medical supply chains to build and enhance the resilience of communities before, during and after disasters.

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**Lessons Learned**

- Protecting public health after a disaster requires continued access to essential medicines
- Better coordination & communication between sectors was needed
- Partnership to resolve issues in real-time was needed

**Call to Action**

Rx Response (now Healthcare Ready) was built as a critical new asset to help ensure the continued flow of medicine to patients during:

- Severe natural disaster
- Large-scale terrorist attack
- Pandemic influenza
The Landscape

Whole of Society Challenge
Understanding Disasters And Continuity of Care

Populations
Populations whose health is already compromised are more vulnerable than healthy people to the stresses and disruptions caused by disasters.

Preparedness
Early decisions and plans can help decrease later exacerbations of chronic conditions after a man-made or natural disaster.

Training
The challenge of teaching people to be prepared: Similar barriers in teaching people self-management skills for any chronic condition, but there is no “one-sized-fits-all” solution.
Definitions Of Vulnerable US Pandemic And All-hazards Preparedness Act (PAHPA) “At-risk Populations”

- People with limited English language skills
- Geographically or culturally isolated people
- Homeless people
- Senior citizens
- Children
- People who are physically or mentally disabled
Health Preparedness
Focusing on Populations of Greatest Need
Percentage of Americans that believe a catastrophic disaster is likely to impact them in the next five years. Darker areas indicate a great percentage of people thought disasters likely to affect them. Broken down by US Census Divisions.

Percentage of Americans most concerned about a natural disaster, where darker areas indicate a higher percentage of people concerned. Broken down by US Census Divisions.
25% of respondents believe they couldn’t go more than three days without serious negative effects from a lack of medication or necessary medical equipment.

- One-third of those polled reported they would not be likely to keep a copy of their medical records in a safe place as a preparedness measure.
Linking hazards with vulnerability (holistically)

- **Hurricanes/Natural Disasters**
  - Chronic care
  - Functional and access needs/low mobility
  - Low income/unable to evacuate

- **Disease outbreaks**
  - Immunocompromised (elderly, children, etc.)
  - Co-morbid patients
  - Unvaccinated

- **CBRNE events**
  - Co-morbid patients
  - Functional and access needs/low mobility
  - Immunocompromised
How we support during emergencies

**Facilities**
- **Healthcare Facilities**
  - Sit-Reps
    - Vital updates on challenges and resources
    - Shared daily with ESF-8

**People**
- **Providers, Patients, Staff**
  - Event-specific Web Pages
    - Amplify messages & resources
  - Coordination Calls
    - Expedited information sharing
    - Introduce partners & foster collaboration
  - Social Media
    - Amplify messages & resources
    - Connect partners to resources
  - Training & Convenings
    - Just-in-time training
    - Cross-sector collaboration

**Patients**
- **Patient Assistance**
  - Donation coordination
  - Rx programs
  - Refill assistance
Linking to Populations of Need

**Emergency Solutions**
(Disaster Infrastructure)
- Shelters
- Mobile clinics
- NGO medical teams
- Disaster Medical Assistance Teams (DMATs)

**Existing Infrastructure**
(Healthcare Infrastructure)
- Healthcare systems (hospitals, outpatient clinics)
- Ancillary care (dialysis centers, pharmacies, health clinics)
- New partners (urgent care clinics)
The Challenge Ahead

- Getting more local (building community-level resilience)
- Integrating disaster resilience into broader efforts (planning, sustainability)
- Clarify core equity issues
- Building disaster health readiness into all systems and programs
Let's Connect!

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