## **Health Equity Officer Job Action Sheet**

July 2023

Disasters disproportionately impact historically and presently marginalized individuals and communities. Deliberate planning for populations that have been institutionally underserved and under-resourced is imperative to reduce the physical and mental health impacts when an incident occurs. Though planning is the key to an equitable response, it is also critical that during a major incident those in command roles understand these issues, their communities, and the importance of intentionally and thoughtfully meeting the needs of groups placed at increased risk of harm during public health crises.

Incident command systems are implemented in a wide range of responses, from a water leak in a hospital to a pandemic. Though not all incidents require it, a health equity officer can ensure there is an individual specifically tasked with engaging, prioritizing, and collaborating early and in a sustained way with people and communities that have been historically marginalized and systematically disadvantaged to ensure their input on strategies and resources so they are receiving appropriate and timely communication, resources, support, and access to care to achieve optimal outcomes. This should include consideration of all communities who are directly affected by racism, homophobia, ableism, and other systems of discrimination, including but not limited to communities of color, the LGBTQI+ community, religious groups, people with disabilities and others with access and functional needs, older Americans, and others that may be especially affected due to unjust social, structural, and systematic factors.

This job action sheet (JAS) is modeled after the Hospital Incident Command System (HICS) JAS. It was initially developed by Hennepin Healthcare in Minneapolis, MN and was reviewed and modified by national experts. It is not currently an official HICS component; it may be modified and used by hospitals and health care systems that desire to incorporate a dedicated health equity officer position.

The health equity officer serves within the command group similar to the liaison, safety, and public information officers and should report to the incident commander. This position is designed to liaise within and external to the facility to ensure the response objectives, strategies, and tactics being used destigmatize and meet the needs of disparately impacted populations given the situation and resources available. The health equity officer can also help ensure appropriate information is being disseminated broadly and to the appropriate audiences, including those who may be indirectly affected by the incident (e.g., assigned responsibility for spreading infectious disease when there are disproportionate cases/deaths among marginalized communities). This position in the HICS is equally important during recovery as it is in response; capturing issues and inequities and restoring the community to a better whole may help to mitigate issues of inequity in the future.



This ASPR TRACIE document was reviewed in July 2023 by the following subject matter experts (listed in alphabetical order): Cheryl R. Clark, MD, ScD, Associate Chief, Division of General Internal Medicine and Primary Care, Brigham and Women's Hospital; Emily C. Cleveland Manchanda, MD, MPH, Director for Social Justice Education and Implementation, Center for Health Equity, American Medical Association; Eric Goralnick, MD, MS, Associate Professor of Emergency Medicine, Harvard Medical School; John Hick, MD, Hennepin Healthcare; William B. Jordan, MD, MPH, Director for Health Equity Policy, Center for Health Equity, American Medical Association, former Clinical Operations Section Chief, New York City Department of Health and Mental Hygiene; Richard Serino, Distinguished Senior Fellow at Harvard T.H. Chan School of Public Health, former Deputy Administrator of FEMA and Boston EMS Director; and Karthik Sivashanker, MD, MPH, Vice President of Equitable Health Systems, American Medical Association.



## **HEALTH EQUITY OFFICER**

Site/Location:

Position Assigned to:

Job Shift(s):

You Report to: Incident Commander

You May Supervise: Community Outreach Specialists, Community Health Workers, and Community

**Data Specialists** 

**Introduction:** Disasters disproportionately impact individuals and populations that have been

historically marginalized and placed at increased risk of adverse harm and outcomes. A health equity officer can ensure there is an individual specifically tasked with engaging, prioritizing, and collaborating with groups and communities that have been historically marginalized and systematically

disadvantaged to ensure they are receiving the appropriate communication, resources, supports, and access to care needed to achieve optimal outcomes.

resources, supports, and access to care needed to achieve optimal outcomes.

Mission: Ensure identification of historically and presently marginalized populations, specific

needs, and response plans that address access to health care, build trust, and ensure equity within the facility/health care system and the community. Review the ongoing response and recovery strategies and tactics for equity and health care access issues. As a Health Equity Officer, you have the ability to support and inform incident command, operations, public information, liaison entities, and planning efforts to ensure that the needs of all affected communities and persons

are considered and equitably reflected in the response and recovery.

**Equipment**: Access to a landline, portable computer (laptop) or tablet with keyboard, wired

Internet connectivity, mobile phone, mobile hotspot, and portable charger for electronic devices, at a minimum. Also consider long-range walkie talkies (for

use when there are utility outages).

**Qualifications:** Knowledge of incident management and health equity principles. Familiarity with

groups and communities cared for by or residing in the catchment area of the facility / health care system, who are placed at increased risk of adverse outcomes due to historical and present-day marginalization. Understanding of cultural, religious, health belief practices, and structural and system barriers to accessing health care. Preferably, background in outreach work to historically marginalized communities and experience in planning or implementation of equity-specific

policies, procedures, systems, programs, data, communications, quality

improvement, and safety practices.

**Physical Requirements**: Able to work extended shifts in a variety of work settings.



<u>Immediate</u>	Receive appointment and authority from the Incident Commander. Read this entire JAS and review the Situation Report or receive direct situational briefing from the Incident Commander. NOTE: The Incident Commander should receive health equity training and incorporate appropriate information in the situational briefing. For references, refer to the ASPR TRACIE Disasters and Healthcare Disparity Topic Collection.  Confirm with the Incident Commander any specific actions/issues to address or liaisons to establish based on the event.  Identify and address any health access or equity concerns throughout the response. NOTE: All positions should receive health equity training that is regularly updated and share the responsibility for addressing identified equity concerns.  Establish briefing schedule with the Operations Section Chief, Planning Section Chief, Logistics Section Chief, Finance and Administration Section Chief, and Liaison Officer.  Document communications during your shift.
Intermediate	<ul> <li>Based on the incident, and historical and evolving data, identify communities, information, resources, and actions needed to support marginalized populations during the healthcare response.</li> <li>Assist the Liaison Officer in identifying community liaisons (e.g., political figures, community- or faith-based leaders, health care coalition leaders, frontline hospital staff, and public health leaders) with marginalized populations that may provide insight into current issues and avenues for education about the response and available resources. Community liaisons can also provide input on how to adjust response strategies that would be more effective for the community.</li> <li>Assist the Planning Section Chief in reviewing the Incident Action Plan for potential equity issues as well as advising on potential strategies and tactics that can improve access to information and medical care and reduce or eliminate gaps in outcomes.</li> <li>Assist the Public Information Officer in developing culturally humble and incident-appropriate talking points for use by the facility/health care system as well as by trusted members of the community groups, that help build trust and foster a safe environment.</li> <li>Meet with Labor Pool Unit Leader and affected unit supervisors to determine any issues to be addressed and strategies to be used to provide accommodation and support for staff identifying with, or serving, marginalized populations.</li> <li>Ensure understanding and support for religious and cultural practices relevant to the incident (e.g., decedent management, specific dietary needs/fasting practices, space and supplies for religious practices).</li> <li>Participate in meetings as requested by the Incident Commander or Section Chiefs.</li> </ul>



Work with the Public Information Officer and Liaison Officer to monitor social media and major media for equity and access issues. Work with Planning Section
Chief to determine facility/facilities strategies to address these issues. Work with the Liaison Officer to support risk communications and interventions with marginalized populations.
Determine specific issues for the marginalized populations as well as potential
solutions. Use real-time disaggregated data in a dashboard with geographic
visualization as well as qualitative rapid assessment and response methods (e.g., Rapid Assessment, Response and Evaluation [RARE]).
Inform Incident Command and Planning, Operations, and Logistics Sections of the
resources, strategies, and tactics needed to address disparate resource allocation
that may impair timely and appropriate care for the impacted community.
Work with the Public Information Officer to develop talking points on religious and
cultural practices for staff as appropriate to the incident.
Collaborate with staff (e.g., department managers) within the facility/health care
system to identify those who may be at particular risk for moral or psychological
trauma and physical health impacts based on prior experiences, their social
identities, and other factors. Determine with the Behavioral Health Branch Directo any potential current and ongoing resources and solutions.
Identify community-based issues and potential recovery/mitigation solutions for
meaningful inclusion in after-action analysis and future work plans.
Consult with Section Chiefs as well as line employees to identify any staff or
systems issues within the facility/health care system that may need modification to
improve access, equity, or service to marginalized populations. Consider
modifications to staffing policies (e.g., enhanced personal protective equipment).
Join Command Staff in a post incident internal debriefing.
Assist with post-event report development including after-action report and corrective action plan. Determine how equity will be included in the recovery
phase.

