NACCHO
National Association of County & City Health Officials

# HEALTH EQUITY IN ACTION PLAYBOOK

This document summarizes lessons learned and best practices discussed during the January 25, 2024, Rural Café meeting. Local health departments can reference this playbook when looking for strategies to consider when implementing health equity efforts in their communities.

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## Introduction on How to Use this Playbook

This playbook results from the discussion during the January 25, 2024, Rural Café on Health Equity. During the meeting local health department representatives weighed in on their health equity challenges and goals, particularly as they related to emergency preparedness. They also worked through an applied emergency preparedness and health equity scenario related to wildfire smoke and air quality.

This playbook is not meant to be exhaustive; it captures and packages the ideas and practices shared by Rural Café attendees. Local health departments can consider using it as a tool to jumpstart discussion or brainstorm ideas on health equity, emergency preparedness, and air quality efforts.

## Grounding Health Equity for Public Health Preparedness

The NACCHO Health Equity and Social Justice Team facilitated a discussion on key health equity terms and their applications to emergency preparedness through the lens of community resilience. During the discussion, Local Health Department representatives weighed in on the following questions:

1. What health equity obstacles does the community face? How does this affect your work?
2. What opportunities do you hope to create in your community?
3. What does it mean to incorporate a health equity lens to public health preparedness?

### Health Equity Challenges

*Below are examples of health equity challenges that Local Health Department representatives identified in their respective communities.*

- Social Determinants of Health
    - Limited access to transportation
    - Limited access to healthy foods
    - Limited internet access
    - Limited partnerships and funding
    - Limited translation resources and language barriers
    - Homelessness
- Root Causes
    - Refugee inequities
    - Sex-based class oppressions
    - Tribal relations
    - Geographic distribution of people over space

**Key Health Equity Terms**

**Health Equity** is the assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need.

**Health Inequity** refers to differences in the distribution of disease, illness, and death that are systematic, unjust, actionable, and associated with imbalances in political power.

**Social Determinants of Health** are the results of injustice that produce the conditions in which people are born, grow, live, work, and age.

**Root Causes** are underlying social injustices that have accumulated over a long history that cause or drive health inequities.

**Community Resilience** is a more protective and positive expression of community engagement.

These key terms were defined during the Rural Café, for additional details please reference the session recording Rural Cafe: Health Equity in Action, lessons learned and best practices

## Health Equity Goals

*Below are examples of opportunities local health departments hope to create to advance health equity in their communities.*

- Increase quality of and access to care, housing, and social services
- Increase awareness of the various types of disparities that exist in communities and the resources available to address these inequities
- Increase partnerships to aid with access to resources
- Increase trust between community members and state and local governments
- Address the health inequities for rural women who are domestic violence and sexual assault survivors
- Plan *with* community members rather than *for* community members
- Rally partners willing to support community health initiatives with an intentional focus on equity.

**Best Practices from a Rural Local Health Department**

Clay County Health Department in Illinois shared a spotlight on how it is using funding from the Illinois Department of Public Health's Activating Relationships in Illinois for Systemic Equity (ARISE) grant program to advance health equity in the county.

**Key challenges:**

- Behavioral Health
- Heart Disease & Obesity
- Access to Care

**Underlying Root Causes and SDOHs:**

- Lack of transportation
- Lack of behavioral health providers

**The Solution: Clay County partnered with a local 501(c)(3) to stand up a Resource Lab and tele-health lab. The labs offer:**

- Life Coaching and Emotional Intelligence
- English as a Second Language Class
- Classes to complete GED
- Bridge Class
- Narcotics Anonymous

*Below are examples of how local health departments incorporate a health equity lens to public health preparedness.*

- Consider the unique needs of each community
- Involve those we want to help most in our planning
- Link interventions with public health outcomes derived from epidemiological data

## Health Equity Resources

*Below are additional health equity resources shared during the Rural Café.*

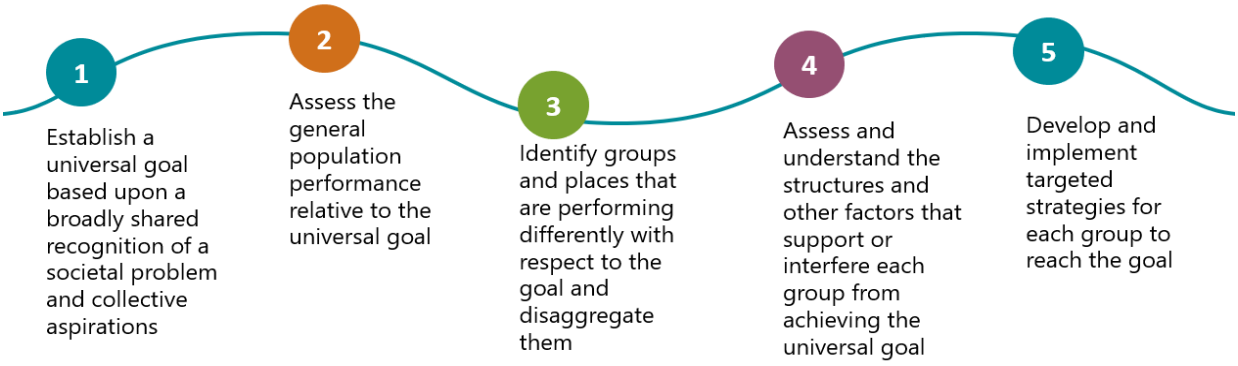
| Resource | Description |
|---|---|
| Roots of Health Inequity Course | The site is an online learning collaborative that offers a starting place for those who want to address systemic differences in health and wellness that are, actionable, unfair, and unjust |
| MAPP 2.0 Assessment Tools | A community-driven strategic planning process to achieve health equity. MAPP provides a structure for communities to assess their most pressing population health issues and align resources across sectors for strategic action |
| Center for Community Resilience | The Center for Community Resilience provides technical assistance, facilitation, analysis and policy guidance to help institutions, organizations and collaboratives create measurable, lasting change. |

# Application of Health Equity in Emergency Preparedness & Response

Participants applied the Targeted Universalism[1] framework to health equity in emergency preparedness and response through a wildfire smoke and air quality scenario. Targeted Universalism sets universal goals for the general population that are accomplished through targeted approaches based on the needs of different groups.

## 5 Steps Toward Targeted Universalism

*Below are the five steps to Targeted Universalism.*




## Best Practices to Address Poor Air Quality

Local health department representatives shared approaches for addressing poor air quality at each step of the targeted universalism framework.

### Step 1: Establish a universal goal based upon a broadly shared recognition of a societal problem and collective aspirations

**Universal Goal:** Minimize the community's exposure to harmful levels of particulate matter to mitigate negative health consequences

### Step 2: Assess the general population performance relative to the universal goal

*The general population could minimize their exposure to particulate matter by:*

- Altering schedules so outdoor exposure happens when air quality has improved
- Establishing clean air policies
- Following air quality alerts
- Reducing outside activities
- Staying inside
- Staying with friends with homes more equipped to keep smoke out
- Using air filters or air purifiers

[1] *Targeted Universalism*. Community Commons. https://www.communitycommons.org/entities/6a5b1ab8-dbbc-4041-b4ca-9dfb525f9e1d

- Using HVAC and seal home
- Using personal protective equipment (PPE)
- Using recirculate air in vehicles
- Leaving the impacted area

### Step 3: Identify groups and places that are performing differently with respect to the goal and disaggregate them

*The following groups are more likely to be exposed to poor air quality:*

- Houseless community members
- Outdoor workers (construction, agriculture, mail delivery service workers)
- People in areas with high local levels of pollution (highways, factories)
- People in valley's where wind may stagnate
- People with low economic status (more likely to live in areas with higher levels of local pollutants and in housing that isn't easily sealed)
- People with poorly insulated homes
- People who use public transportation
- People with disabilities (Additional support may be needed to minimize exposure)

*The following community members would most likely experience negative health effects from poor air quality:*

- Children
- Elderly
- Houseless community members
- Individuals with chronic health conditions (COPD, CVD)
- Smokers
- Uninsured individuals (less likely to seek care if experiencing negative health effects)

*More information about at-risk life stages and populations can be found in Chapter 2 of Wildfire Smoke: A Guide for Public Health Officials.*[2]

### Step 4: Assess and understand the structures and other factors that support or interfere each group from achieving the universal goal

*The following strategies could be used to connect with groups disproportionately impacted by public health issues:*

- Collaborate with Human Services to connect with people who may be unhoused or in low-income housing, which maybe poorly sealed
- Connect with childcare provider networks
- Use partnerships to reach and support at-risk individuals:
    - Libraries
    - National Council on Aging

[2] *Wildfire Smoke*: A Guide for Public Health Officials. https://www.airnow.gov/sites/default/files/2021-05/wildfire-smoke-guide-revised-2019.pdf

    - Community Health Workers
    - Community leaders and influencers
    - Trusted individuals in the community
    - Health centers
- Meet people where they regularly visit and feel safe
- Present/listen at school board meetings
- Ask other local health departments and organization for pre-developed resources:
    - Translated materials
    - Surveys
    - Social media template language
    - Newspaper ads
- Provide information at warming and cooling centers
- Hold community events (community baby showers, resource fairs, health fairs, soup kitchens, free health screenings)
- Provide free bag giveaways on weekends in the park (masks, hand sanitizer, pamphlets)
- Work with local chambers of commerce to provide education to employers on how to protect outdoor workers

### Step 5: Develop and implement targeted strategies for each group to reach the goal

*The following mitigation strategies could be implemented to minimize the community's exposure to harmful levels of particulate matter:*

- Use an air cleaner/purifier
    - Use a Portable HEPA air cleaner
    - Build a Do-It-Yourself Box Fan Air Cleaner
    - Replace filters in central heating ventilation and air conditioning (HVAC) systems regularly
    - Use a MERV 13+ filter in HVAC system
- Educate the Community
    - How to create a clean room to protect indoor air quality
    - How poor air quality community alerts will be disseminated
    - How to prepare for fire season
    - How to reduce smoke exposure
- Use Partnerships
    - Work with community partners to temporarily expand indoor shelter capacity
- Use Personal Protective Equipment
    - Encourage employers to provide outdoor workers with fitted KN95s of outdoor workers to wear a fitted KN95
    - Provide PPE to each employee exposed to poor air quality
    - Train employees on proper techniques to wear PPE
- Reduce car emissions:
    - Carpool campaigns
    - Ride free summers to reduce emissions
    - Reroute commercial vehicles away from residential areas

- Stay indoors
    - Encourage schools to have indoor recess
    - Implement work from home policies
    - Postpone outdoor work
    - Limit time outside
- Work in spaces with better air quality
    - Temporarily relocate outdoor work operations to another outdoor location with better air quality when work permits
    - Change employee work schedules to when better air quality is forecasted

*More information about specific strategies to reduce exposure to wildfire smoke can be found in Chapter 3 of Wildfire Smoke: A Guide for Public Health Officials.*[3]

## Air Quality Resources

*Below are publicly available air quality and wildfire smoke resources.*

| Resource | Description |
|---|---|
| National Environmental Public Health Tracking Network | Uses non-infectious disease and environmental data to deliver a core set of health, exposure, and hazards data, information summaries, and tools to enable analysis, visualization and reporting of insights drawn from data. One of those environmental hazards addressed is air quality, including current and historical air quality, forecasted air quality, wildland fire predicted surface smoke, and concentrations of toxins. |
| AirToxScreen Mapping Tool | Displays cancer risks, emissions data, and other AirToxScreen data by census track |
| PurpleAir | Used by community scientists to collect hyper-local air quality data and share it with the public |
| Wildfire Smoke Guide | Provides state, tribal, and local public health officials with information to prepare for smoke events, communicate health risks, and take actions protect the public |
| Air cleaner/air purifiers | Provides details on how to assemble and use a DIY air cleaner |
| CDC Protect Yourself from Wildfire Smoke<br><br>CDC Wildfire Smoke Health Officials & Professionals Resources<br><br>EPA Preparing for Fire Season<br><br>EPA Smoke-Ready Toolbox for Wildfires | Public health officials and others can use these resources to help educate community members about the risks of smoke exposure and the actions they can take to protect their health |

[3] *Wildfire Smoke*: A Guide for Public Health Officials. https://www.airnow.gov/sites/default/files/2021-05/wildfire-smoke-guide-revised-2019.pdf