Equitable Preparedness for Vulnerable Populations

Session 2 – Deep Dive
June 3, 2020

The Social Determinants of Health Academy

A community health center can serve as an agent of social change, intervening not only in the social determinants of its population's health but also launching a process of structural change that starts to liberate that population through community empowerment from repetitive cycles of poverty and political exclusion.

- Dr. Jack Geiger

In case of technical difficulties – yours or ours – relax!
This session will be recorded and available for you to share with your team.

Please alert Danielle of any technical challenges with Webex through the chat box feature.

About the 2020 SDOH Academy Learning Collaboratives

- **Target Audience:** Staff from health centers, primary care associations, and health center-controlled networks are encouraged to participate.
- **Time Commitment:** Each learning collaborative includes two 90-minute sessions that offer a 60-minute training followed by 30 minutes of office hours, where participants can get coaching and ask specific questions. You can choose to participate in one or both of a collaborative's sessions.
- **Registration:** Use the link at the end of this presentation or in the chat box to register for each session you plan to attend. And yes, you can participate in more than one collaborative!
- **Recordings:** All trainings are recorded and will be available afterward under the "SDOH Trainings" tab on the SDOH Academy website.

SDOH Academy Faculty

The Social Determinants of Health Academy

2020 Steering Committee

National Center for Medical Legal Partnership AT THE GEORGE WASHINGTON UNIVERSITY

Health Outreach Partners HEALTHY PEOPLE. EQUITABLE COMMUNITIES.

CSH The Source for Housing Solutions

National Health Care for the Homeless Council

National Nurse-Led Care Consortium a PHMC affiliate

2020 Additional Faculty

AAPCHO

acu association of clinicians for the underserved

Capital Link

Farmworker Justice

Migrant Clinicians Network MCN

MHP Salud

National Association of Community Health Centers

NCHPH National Center for Health in Public Housing

National Center for Equitable Care for Elders

NCFH National Center for Farmworker Health, Inc.

National LGBT Health Education Center A program of The Fenway Institute

SDOH Academy 2020

The Social Determinants of Health Academy

2020 Topics Addressing Social Determinants of Health:

1. **Humanizing Your Enabling Services Data for Patient Care**
   - February 12 and 26: 2 - 3:30pm Eastern Time

2. **Fostering a Health Care Workforce Able to Address Current and Emerging Needs**
   - March 11 and 25: 2 - 3:30 pm Eastern Time

3. **Reducing Health Disparities through Community Partnerships**
   - April 8 and April 22: 2 - 3:30 pm Eastern Time

4. **Equitable Preparedness for Vulnerable Populations**
   - May 20 and June 3: 2 - 3:30 pm Eastern Time

SDOH Academy Core Competencies Learning Collaborative Series

1. **Improve Access to Quality Health Care and Services:** Health Centers; PCAs; and HCCNs will develop the capacity to improve access to SDOH services and health needs.

2. **Foster a Health Care Workforce Able to Address Current and Emerging Needs:** Health Centers; PCAs; and HCCNs will understand and build the workforce capacity needed to address SDOH.

3. **Enhance Population Health and Address Health Disparities through Community Partnerships:** Health Centers; PCAs; and HCCNs will understand and build capacity to address SDOH through partnerships and system delivery transformation.

4. **Understand Emerging Issues:** Health Centers; PCAs; and HCCNs will obtain a clearer understanding of issues in relation to SDOH.

Today's Session

NATIONAL NURSE-LED CARE CONSORTIUM
a PHMC affiliate

MIGRANT CLINICIANS NETWORK
MCN

Meet the presenters!

The Social Determinants of Health Academy

Alex Lipovtsev, LCSW

Tina Wright

Marysel Pagan Santana, MS, DrPH

Today's Webinar: Learning Objectives

1. Understand the ways in which emergencies—such as the COVID-19 pandemic—disproportionately affect vulnerable populations;

2. Identify strategies to adequately and equitably prepare for disasters and emergencies in a health center setting; and

3. Discuss interventions to assist patients, families, and communities during emergencies.

Brief Session Evaluation

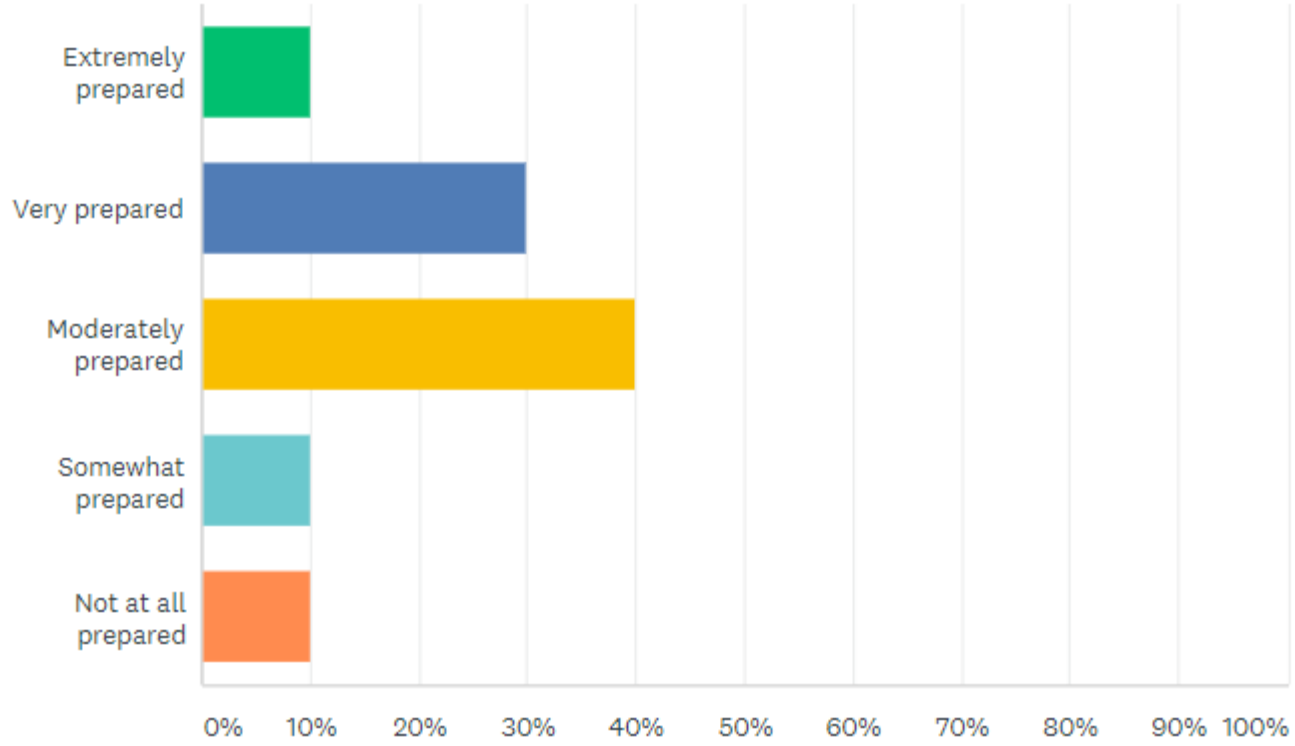
- Please complete the brief follow up survey that will be **launched immediately following this session** and also will be emailed to participants.

Pandemic Assessment Results

The Social Determinants of Health Academy

To what extent was your organization prepared to address SDOH during the COVID-19 pandemic?

Answered: 10 Skipped: 0



POLL

To what extent was your organization prepared to address SDOH during the COVID-19 pandemic?

- Extremely prepared
- Very prepared
- Moderately prepared
- Somewhat prepared
- Not at all prepared

POLL

What would have helped you feel more prepared to address SDOH during COVID-19?

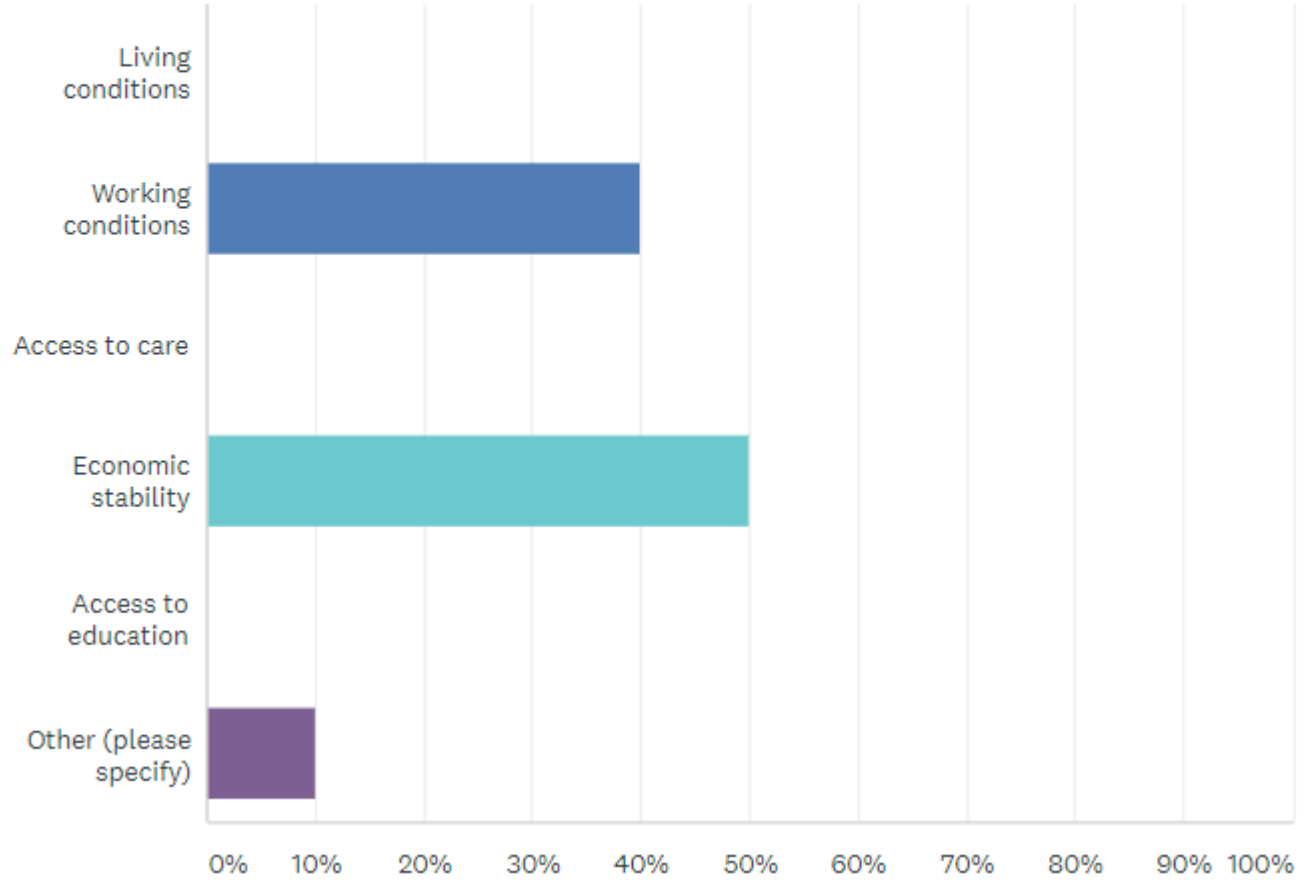
- Increased awareness of community resources
- Regular check-ins about emergency preparedness with staff
- Patient data about working conditions
- Patient data about financial insecurity
- Designated pandemic response staff
- Contingency plans for staff redeployment
- Other (type in chat)

Pandemic Assessment Results

The Social Determinants of Health Academy

Which of the following factors have been worsened/exacerbated for your patients and families?

Answered: 10 Skipped: 0



Pandemic Assessment Results

The Social Determinants of Health Academy

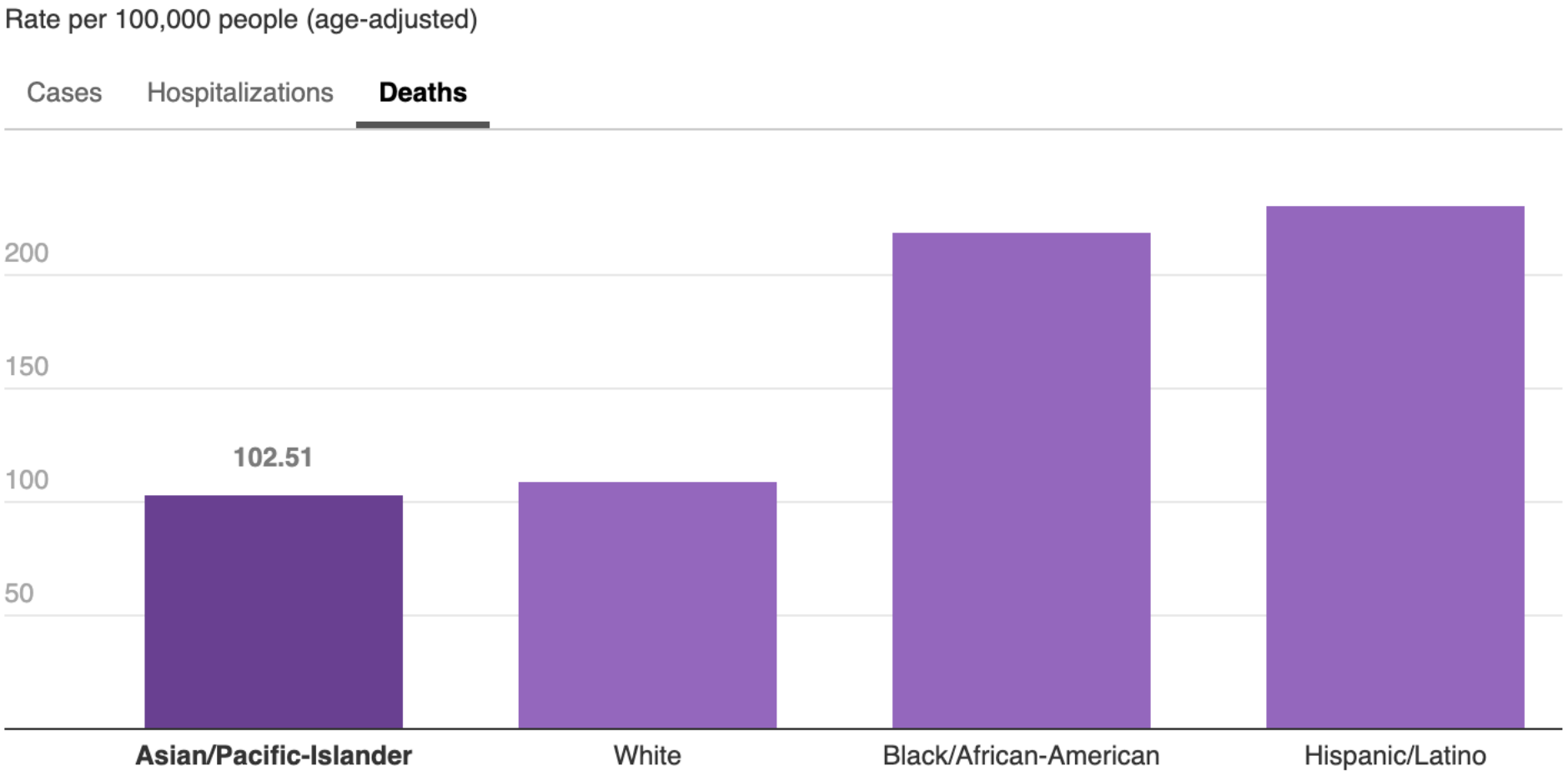
Promising Practices:

- Weekly community outreach meetings to keep a pulse on the needs of our patients and the community as well as the available services for our patients.
- Daily resource updates
- Providing masks and telehealth appointments
- Giving out phones

Pandemic Assessment Results

The Social Determinants of Health Academy

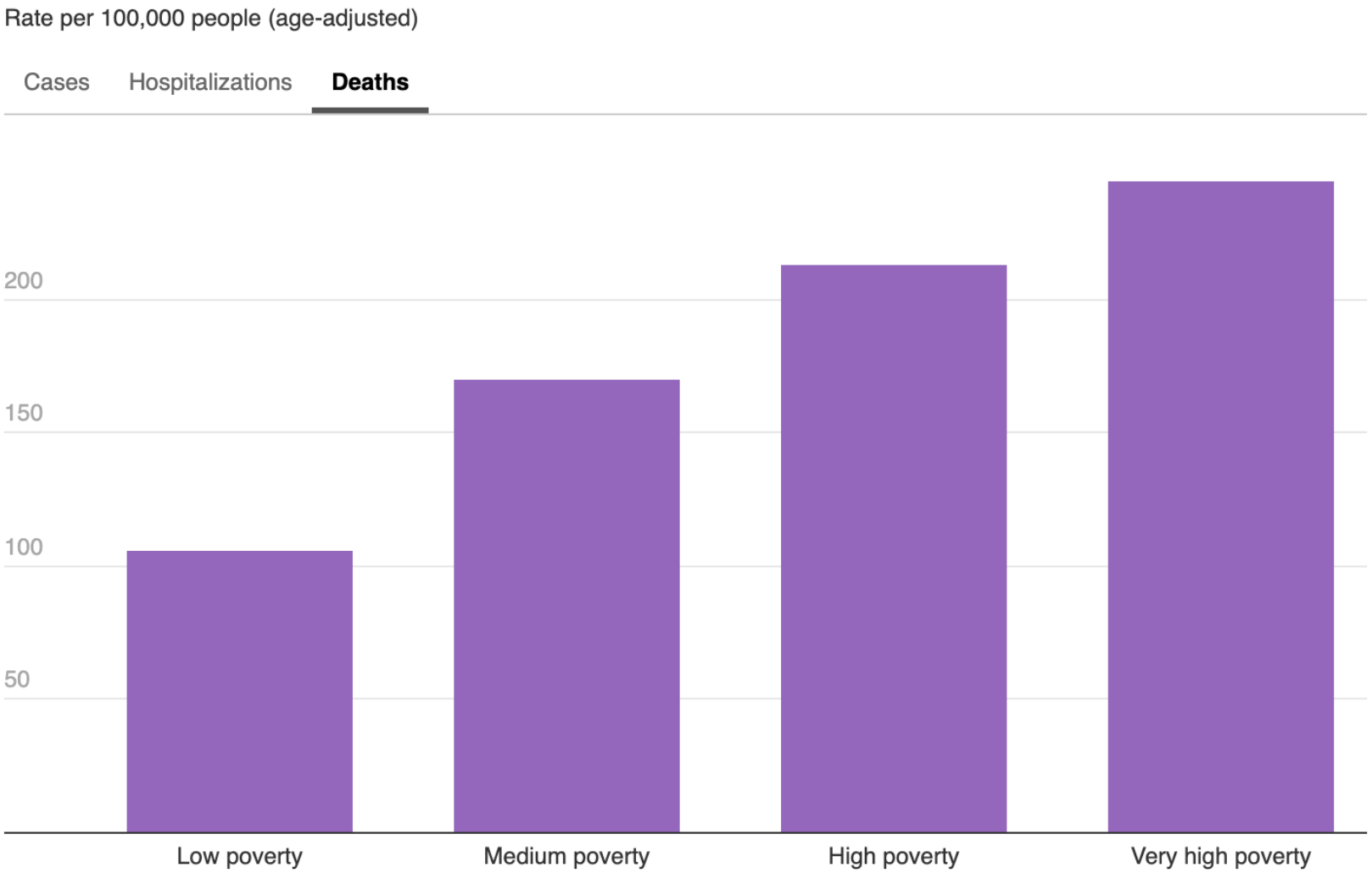
Race / Ethnicity in NYC COVID-19 Pandemic Rates



As of June 2, 2020

Source: NYC DOHMH

Poverty in NYC COVID-19 Pandemic Rates

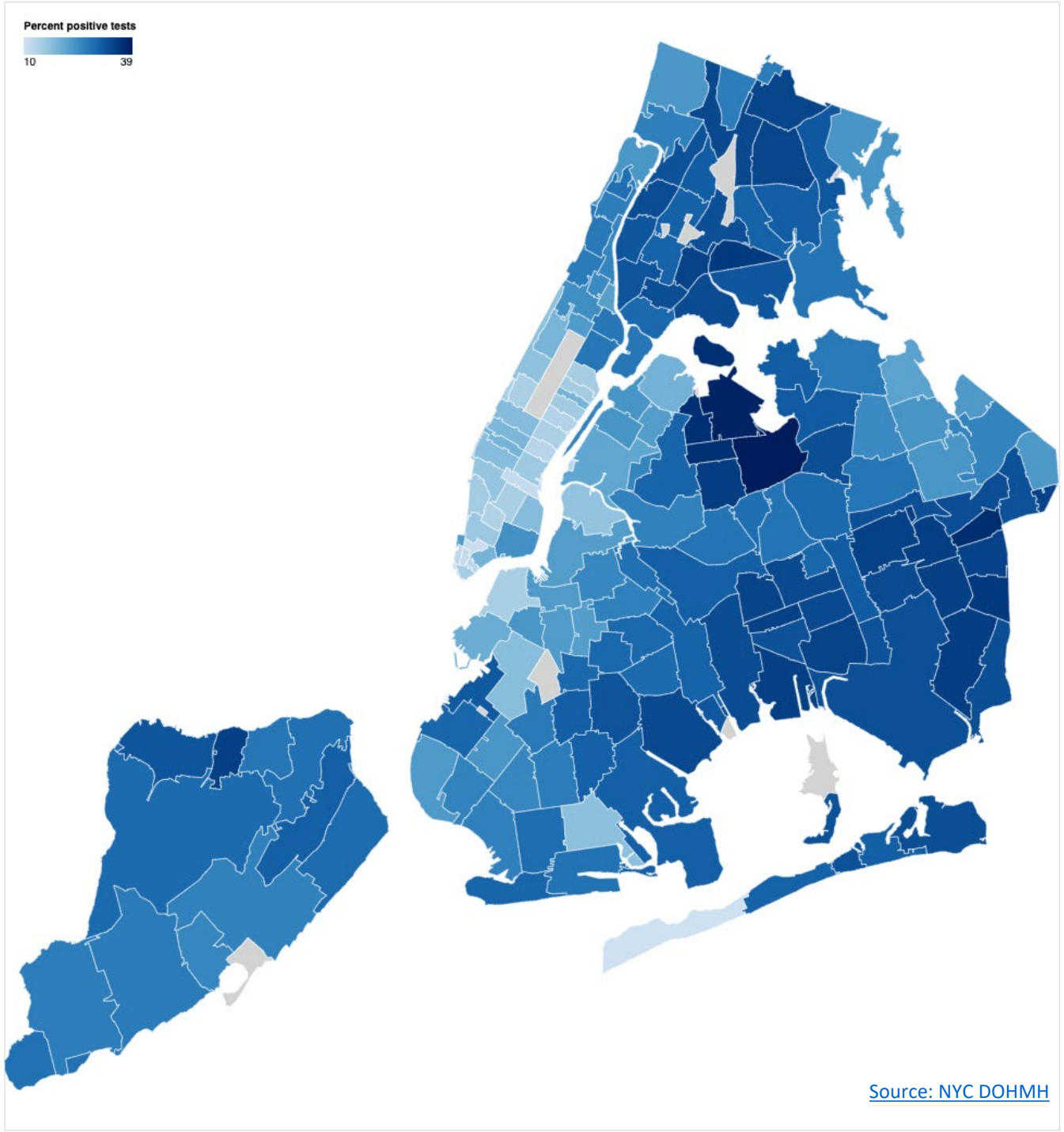


As of June 2, 2020

Source: NYC DOHMH

COVID-19 Data by ZIP Code of Residence in NYC

- Percent positive tests

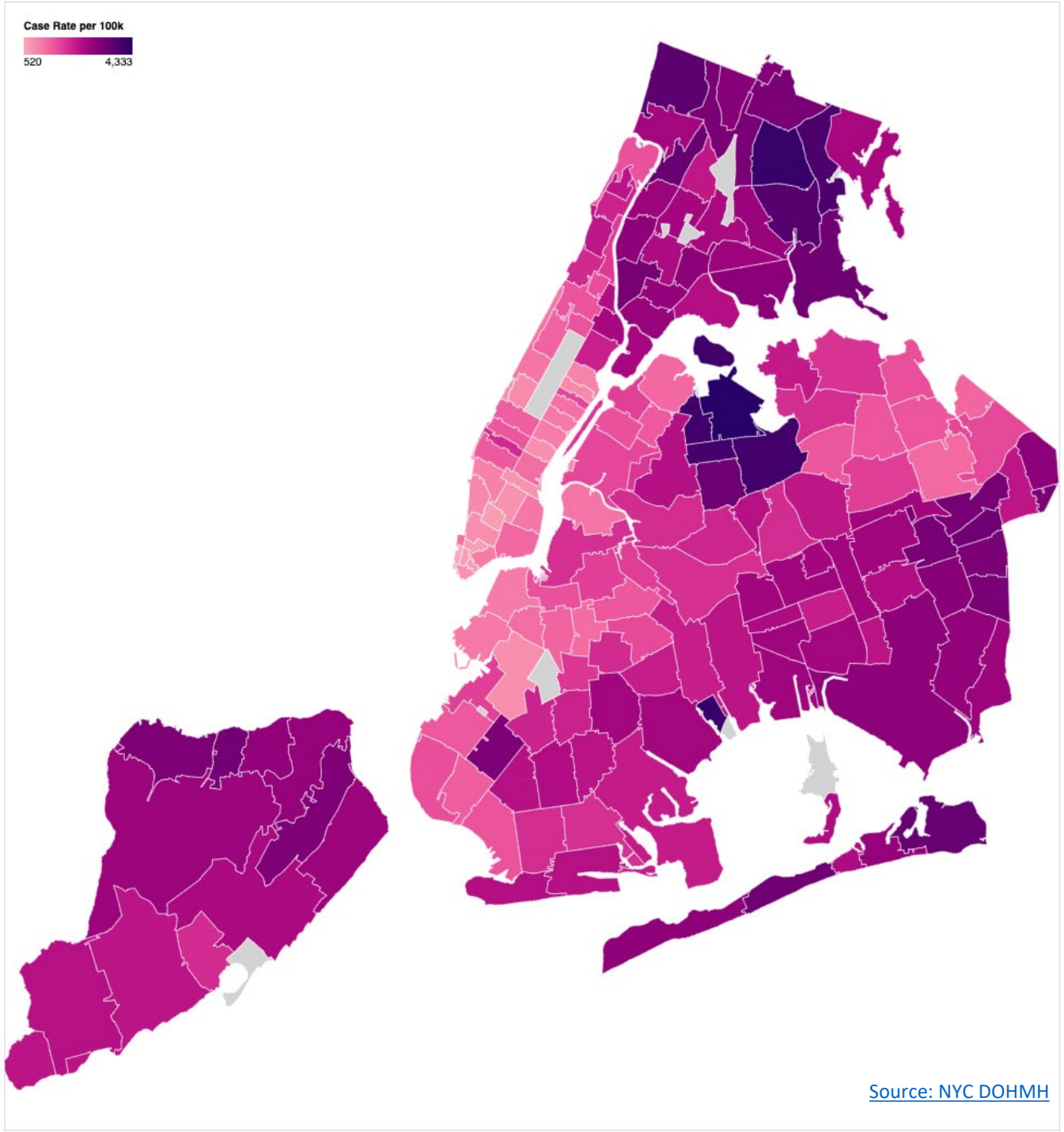


As of June 2, 2020

Source: NYC DOHMH

COVID-19 Data by ZIP Code of Residence in NYC

- Case rate

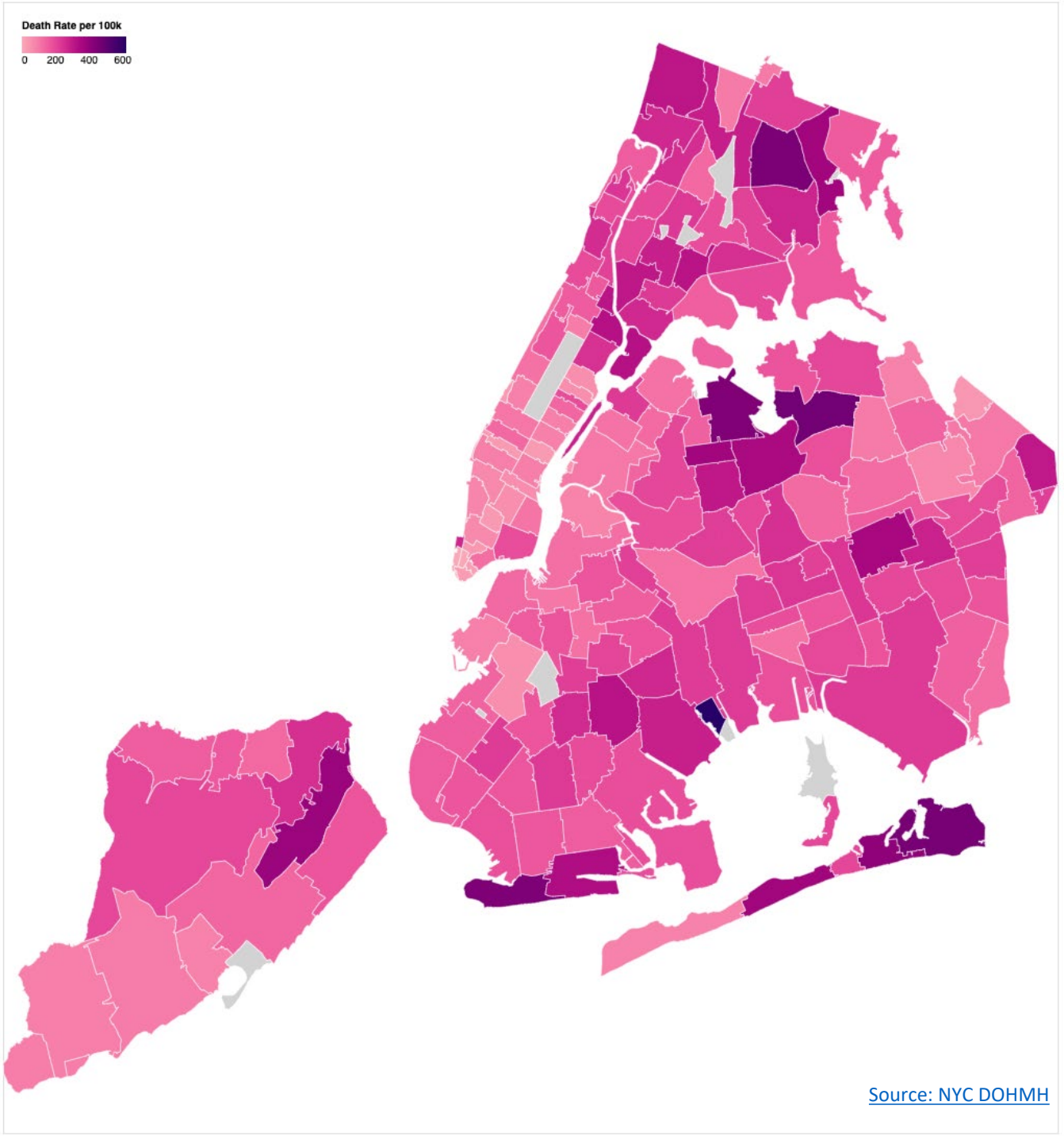


As of June 2, 2020

Source: NYC DOHMH

COVID-19 Data by ZIP Code of Residence in NYC

- Death rate



As of June 2, 2020

Source: NYC DOHMH

Fatalities by Race/Ethnicity (Non-NYC)

Testing data as of: 6/01/2020 Midnight
Testing data last updated on: 6/2/2020
(Updated daily before 2 PM)

Age-Adjusted Rate of Fatality COVID-19 Cases per 100,000 by Race/Ethnicity Group

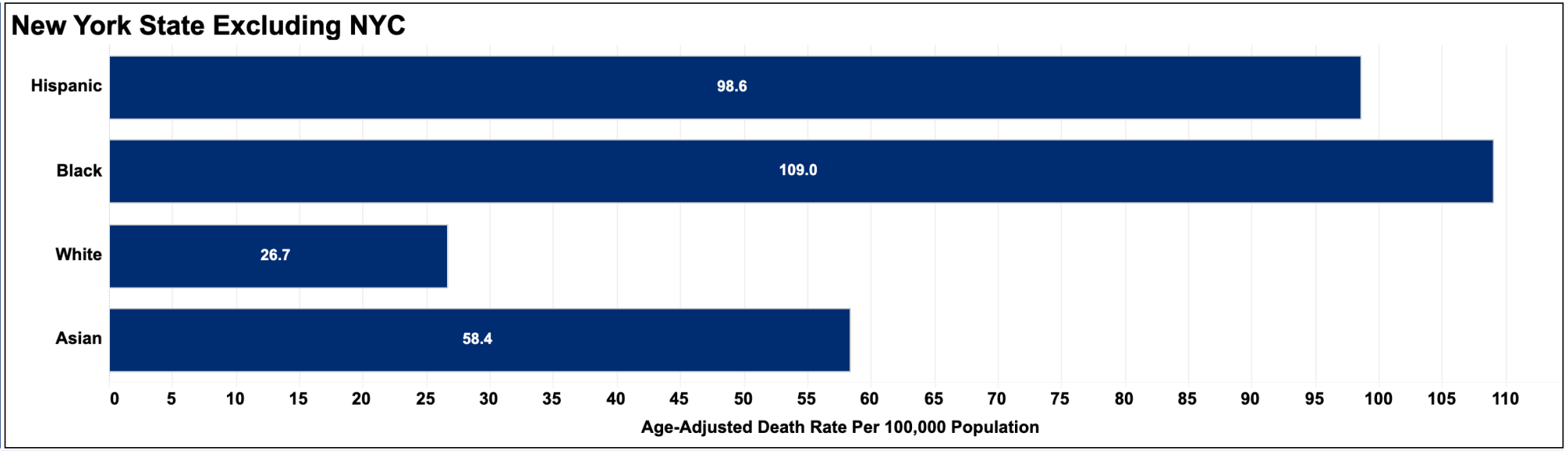
Data is preliminary. With 99% reporting, below is the breakdown for NYS Excl. NYC.

For a complete explanation of age-adjusted rates, click here: https://www.health.ny.gov/statistics/cancer/registry/age.htm

Select Region to See Detail

Currently there is insufficient data to allow county specific tables for remaining counties.

- NYS Excl. NYC
- Nassau
- Suffolk
- Westchester
- Rockland
- Erie
- Orange
- Monroe
- Dutchess*
- Onondaga*
- Albany*
- Putnam*
- Ulster*
- Niagara*
- Oneida*
- Schenectady*
- Columbia*
- Sullivan*



Race/Ethnici..	Fatality Count	% of Fatalities	Population	Crude Death Rate Per 100,000 Population	Age-Adjusted Death Rate Per 100,000 Population
Black	1,041	18%	2,954,965	98.9	109.0
Hispanic	849	14%	3,754,130	65.1	98.6
Total	5,925	100%	19,542,209	53.2	39.1
Asian	254	4%	1,778,467	50.1	58.4
White	3,531	60%	10,984,149	42.9	26.7
Other	250	4%	70,498		

Source: NYS DOH

Tracking the Trends

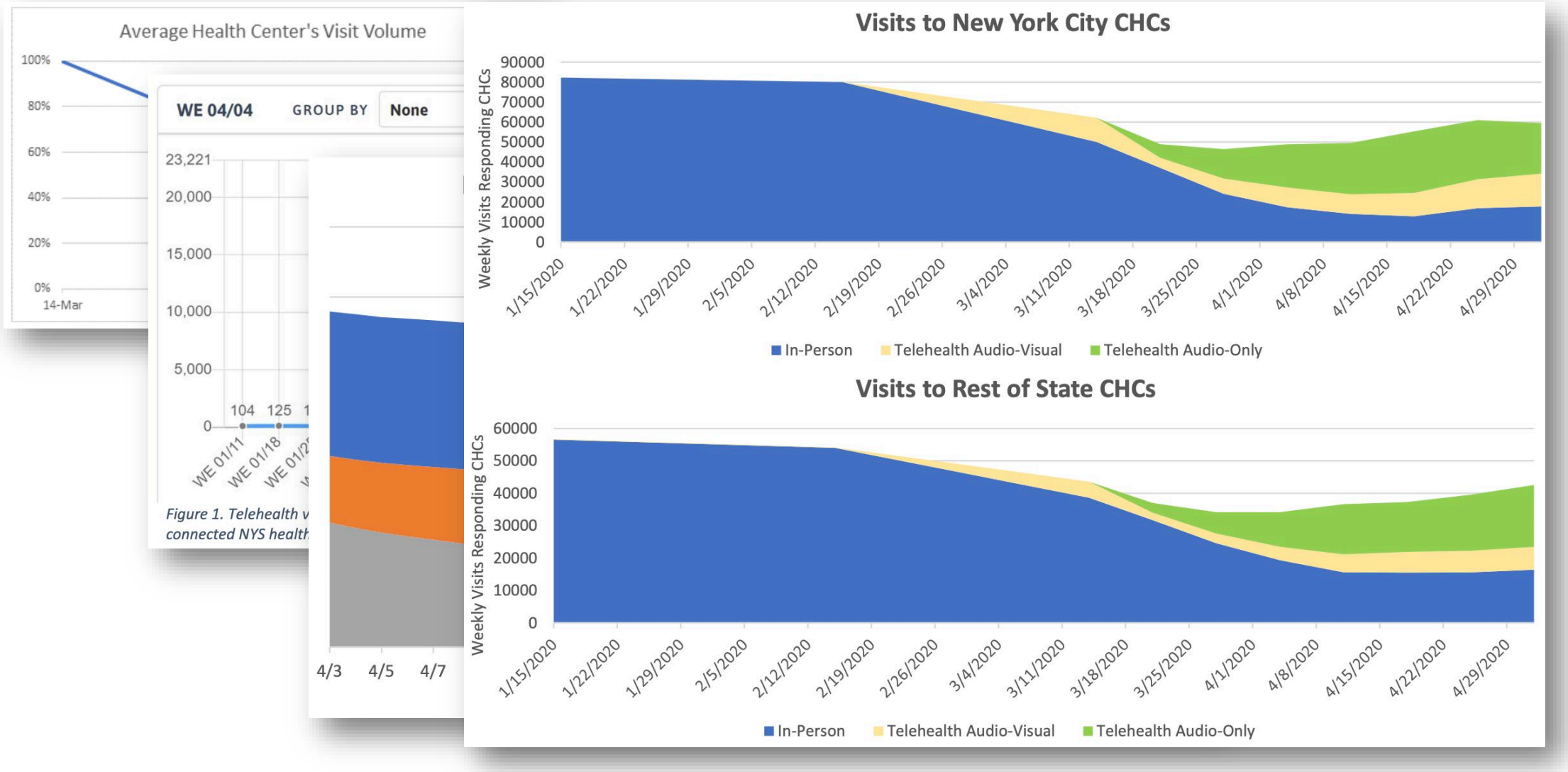


Figure 1. Telehealth v
connected NYS health

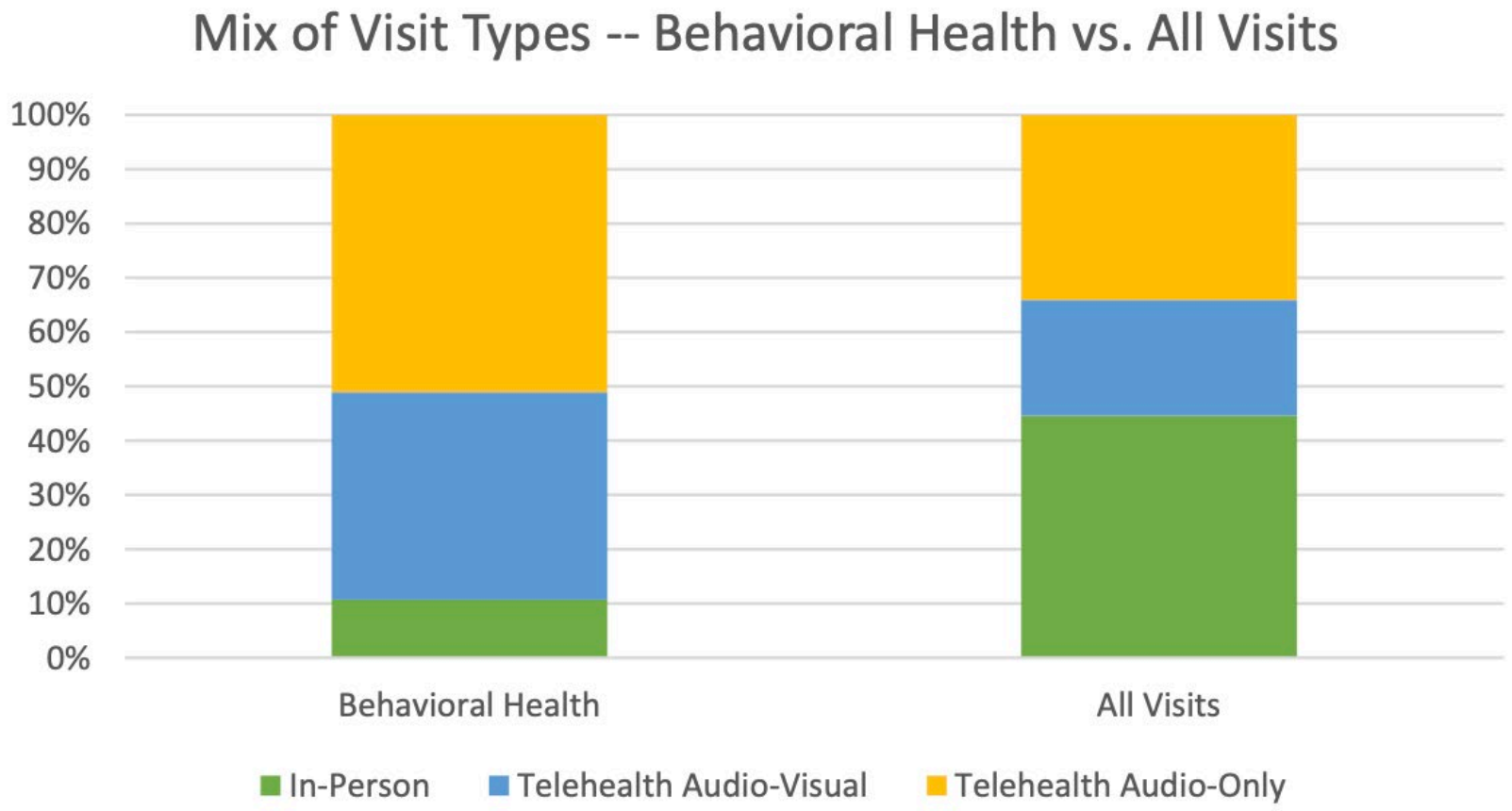
CHCANYS COVID-19 Survey Results
June 1, 2020

Visits provided via telehealth, especially via the telephone, have become the new normal.

- 100% of responding CHCs are currently offering virtual visits (either audio-visual or via the telephone).
- Among behavioral health visits, 89% occurred remotely.

[1] This weekly survey ended on May 31, 2020 had a response rate of 65%.

CHCANYS COVID-19 Survey Results
June 1, 2020



[1] This weekly survey ended on May 31, 2020 had a response rate of 65%.

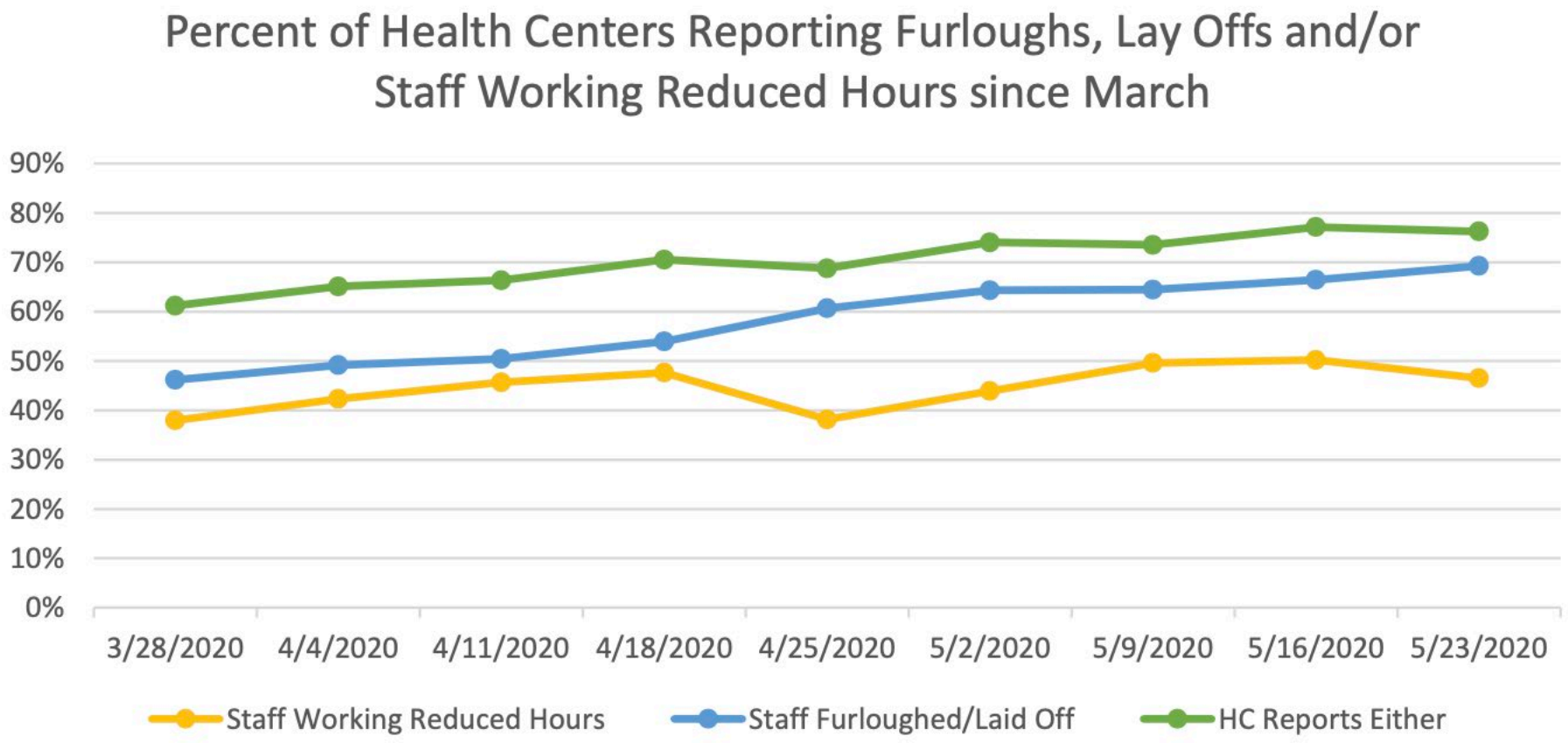
CHCANYS COVID-19 Survey Results
June 1, 2020

Community Health Centers (CHCs) are looking towards reopening, but challenges remain

- 73% of responding health centers have temporarily closed at least one health center site
- Among survey respondents, about 48% of sites were closed
  - 93% of school-based health center sites were closed
  - 80% of dental only sites were closed
- 76% of responding CHCs have staff that are currently furloughed, laid off, or working reduced hours
  - 15% of employees from responding CHCs are furloughed or laid off
  - 8% of employees are working reduced hours

[1] This weekly survey ended on May 31, 2020 had a response rate of 65%.

CHCANYS COVID-19 Survey Results
June 1, 2020



[1] This weekly survey ended on May 31, 2020 had a response rate of 65%.

The New York Times Magazine

FEATURE

A Shadow Medical Safety Net, Stretched to the Limit

In New York City and around the country, community health centers — which serve vulnerable, hard-to-reach populations — are being strained like never before.

Source: New York Times

- **‘For many community health centers, dealing with the immediate impact of Covid-19 is drawing down resources at the very moment they need to be making preparations for a more extended public-health crisis.’**
- **‘It’s even more critical that we stay on top of their care now.’**
- **‘Morale has been harder to maintain the longer we have to keep this up.’**

Trauma-Informed Care (TIC)

Source: ITTIC

Health Equity and Addressing Structural Determinants of Health Amongst COVID-19

June 3, 2020

by Tina T. Wright

Massachusetts League
of Community Health Centers

Highlights

- Data driven equations for advocating for telehealth
- Advances to share
  - Keep telehealth
    - Behavioral health access increased for those unwilling to seek care in person
  - Work with legislators to advocate for coverage
  - Outreach and advertisement for patients
- Public awareness campaign - "New rules, new tools, same great care"

Data Driven Approach for Addressing COVID-19 Inequities in MA

Task Force on Coronavirus & Equity, March 2020

a) **Drive equitable, statewide change with *focused policy* recommendations** to combat the ways in which racism, poverty, and xenophobia are exacerbating the inequities in Massachusetts that were extreme even before the COVID-19 outbreak.

b) **Act together and move quickly in the face of the outbreak**, as communities face unprecedented challenges that are evolving rapidly.

c) **Ensure that policy proposals are led or supported by communities hardest hit** by COVID-19 and its economic repercussions, including people of color, low-income communities, immigrants, people with disabilities, older adults, people who are incarcerated, and people experiencing homelessness.

Massachusetts Department of Public Health COVID-19 Dashboard - Sunday, May 31, 2020

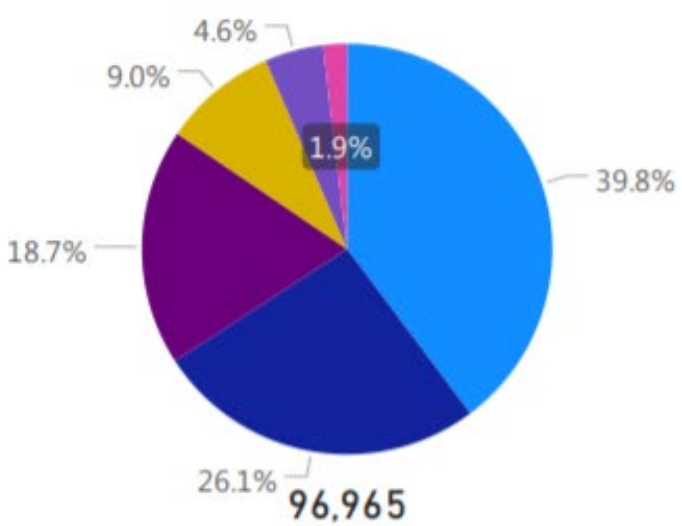
Cases, Hospitalizations, & Deaths by Race/Ethnicity

The following caveats apply to these data:

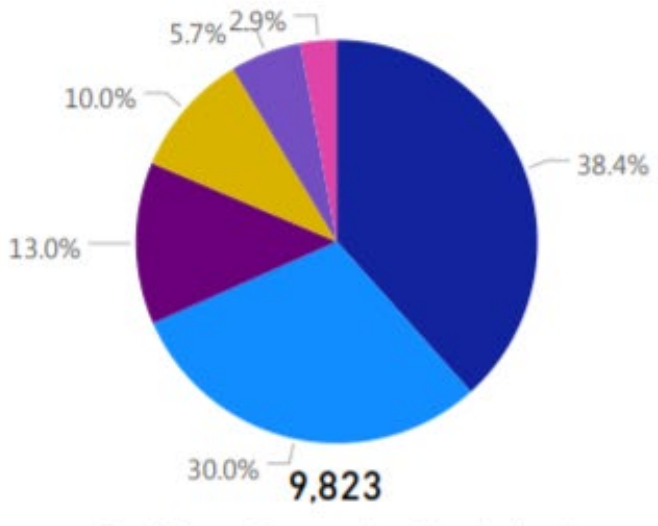
1. Information on race and ethnicity is collected and reported by laboratories, healthcare providers and local boards of health and may or may not reflect self-report by the individual case.
2. If no information is provided by any reporter on a case's race or ethnicity, DPH classifies it as missing.
3. A classification of unknown indicates the reporter did not know the race and ethnicity of the individual, the individual refused to provide information, or that the originating system does not capture the information.
4. Other indicates multiple races or that the originating system does not capture the information.

Note: COVID-19 testing is currently conducted by dozens of private labs, hospitals, and other partners and the Department of Public Health is working with these organizations and to improve data reporting by race and ethnicity, to better understand where, and on whom, the burden of illness is falling so the Commonwealth can respond more effectively. On 4/8, the Commissioner of Public Health issued an Order related to collecting complete demographic information for all confirmed and suspected COVID-19 patients.

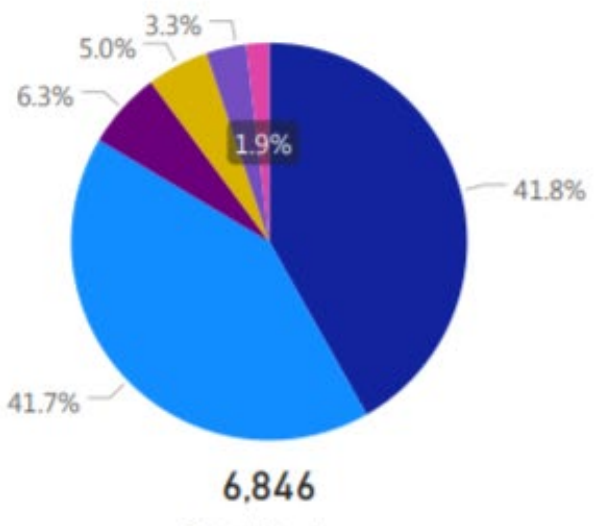
Cases by Race/Ethnicity



Cases Reported as Hospitalized* by Race/Ethnicity



Deaths by Race/Ethnicity



Hispanic · Non-Hispanic Asian · Non-Hispanic Black/African American · Non-Hispanic Other · Non-Hispanic White · Unknown/Missing

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; Demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital survey; Tables and Figures created by the Office of Population Health.

Note: all data are cumulative and current as of 10:00am on the date at the top of the page; *Hospitalization refers to status at any point in time, not necessarily the current status of the patient/demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital surveys

15

Massachusetts (MA) COVID-19 Hotspots

Coronavirus Disease 2019 (COVID-19) Cases in MA

As of May 27, 2020

Count and Rate (per 100,000) of Confirmed COVID-10 Cases in MA by City/Town, January 1, 2020 – May 27, 2020

Penetration Rate Source: UDS Mapper for FQHCs only

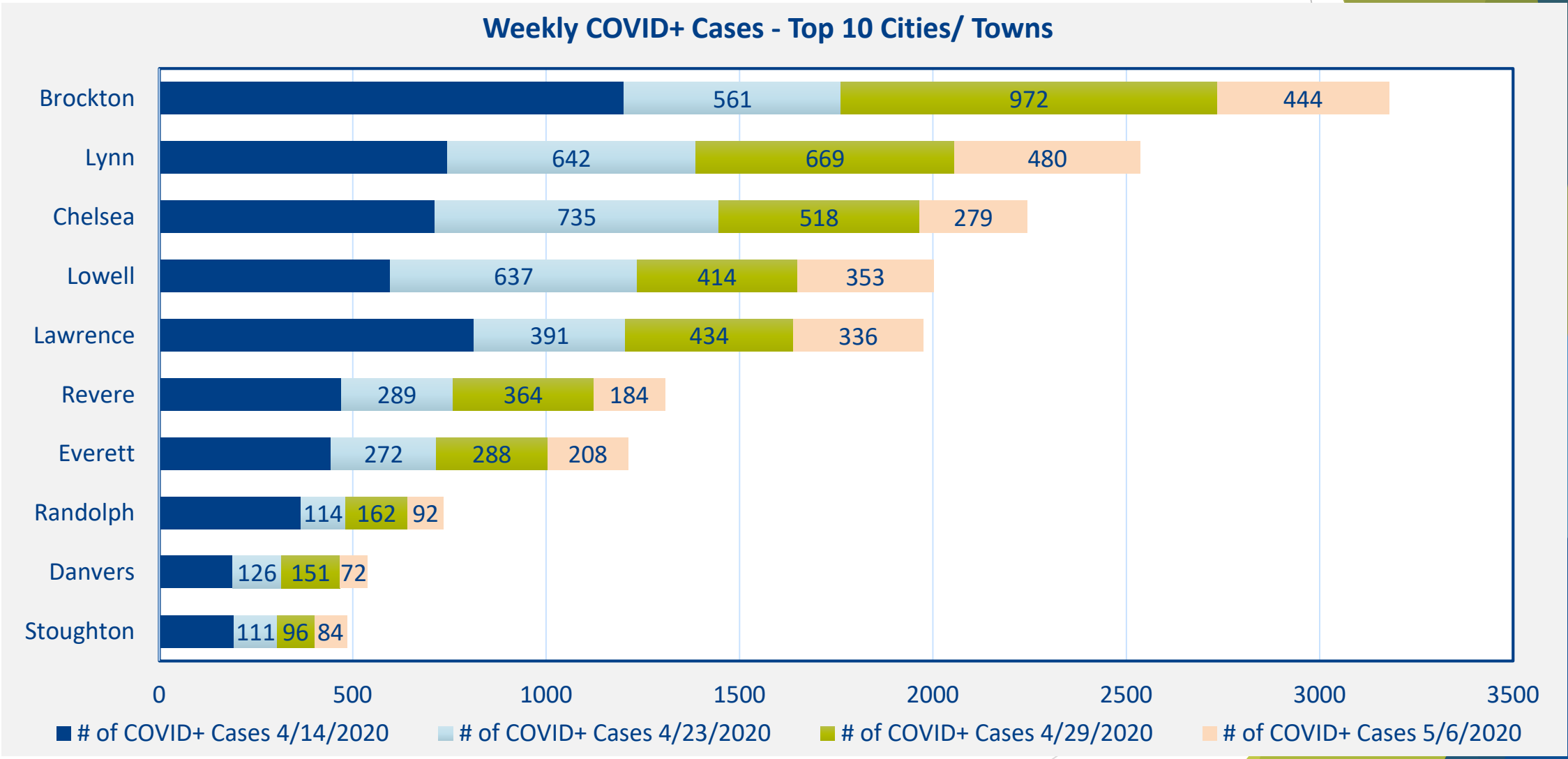
City/Town	Positive Count	Positive Rate	Total Persons Tested	Tested Rate	Percent Positivity	Rank Order # (Per Rate	CHC Physical Location of Site (FQ + HL)?2	Penetration Rate of Low Income Pop. (FQ Only)	Lead DQHC
Chelsea	2713	7203.05	6742	17900	40.2%	1	Yes	89%	EAST BOSTON NEIGHBORHOOD HEALTH CENTER
Brockton	3961	4031.62	13555	13797	29.2%	2	Yes	85%	BROCKTON NEIGHBORHOOD HEALTH CENTER, INC.
Lawrence	2939	3333.11	10172	11536	28.9%	3	Yes	104%	GREATER LAWRENCE FAMILY HEALTH CENTER, INC
Lynn	3281	3251.63	10491	10397	31.3%	4	Yes	115%	LYNN COMMUNITY HEALTH CENTER, INC.
Everett	1565	3224.38	5122	10553	30.6%	5	Yes	41%	EAST BOSTON NEIGHBORHOOD HEALTH CENTER
Randolph	894	2612.58	3483	10179	25.7%	6	Yes	81%	CODMAN SQUARE HEALTH CENTER
Revere	1582	2597	5778	9485	27.4%	7	Yes	87%	EAST BOSTON NEIGHBORHOOD HEALTH CENTER
Worcester	4681	2439.69	20118	10485	23.3%	8	Yes	37%	FAMILY HEALTH CENTER OF WORCESTER, INC.
Danvers	678	2374.3	3319	11623	20.4%	9	Yes	12%	NORTH SHORE COMMUNITY HEALTH, INC.
Lowell	2581	2208.65	14027	12003	18.4%	10	Yes	67%	LOWELL COMMUNITY HEALTH CENTER
Framingham	1625	2182.2	6988	9384	23.3%	11	Yes	40%	EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC.
Marlborough	918	2113.31	4181	9625	22.0%	12	Yes	39%	EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC.
Stoughton	576	2082.61	2637	9534	21.8%	13	Yes	50%	BROCKTON NEIGHBORHOOD HEALTH CENTER, INC.
Milford	609	2078.27	2809	9586	21.7%	14	Yes	57%	EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC.
Shirley	167	1981.24	2198	26076	7.6%	15	Yes	11%	COMMUNITY HEALTH CONNECTIONS, INC.
Braintree	777	1974.1	3213	8163	24.2%	16	Yes	79%	SOUTH COVE COMMUNITY HEALTH CTR, INC.
Holyoke	804	1951.25	3139	7618	25.6%	17	Yes	51%	HOLYOKE HEALTH CENTER, INC.

Analytic Team:

Mary Ellen McIntyre, *Vice President, Compliance & Special Populations*

Mehezbin (Zabin) Munshi, *Coordinator, Workforce Data and Business Systems***

MA Hot Spots Overlapped with CHC UDS data



Source: MA DPH COVID testing, through 5/6/2020; UDS Mapper

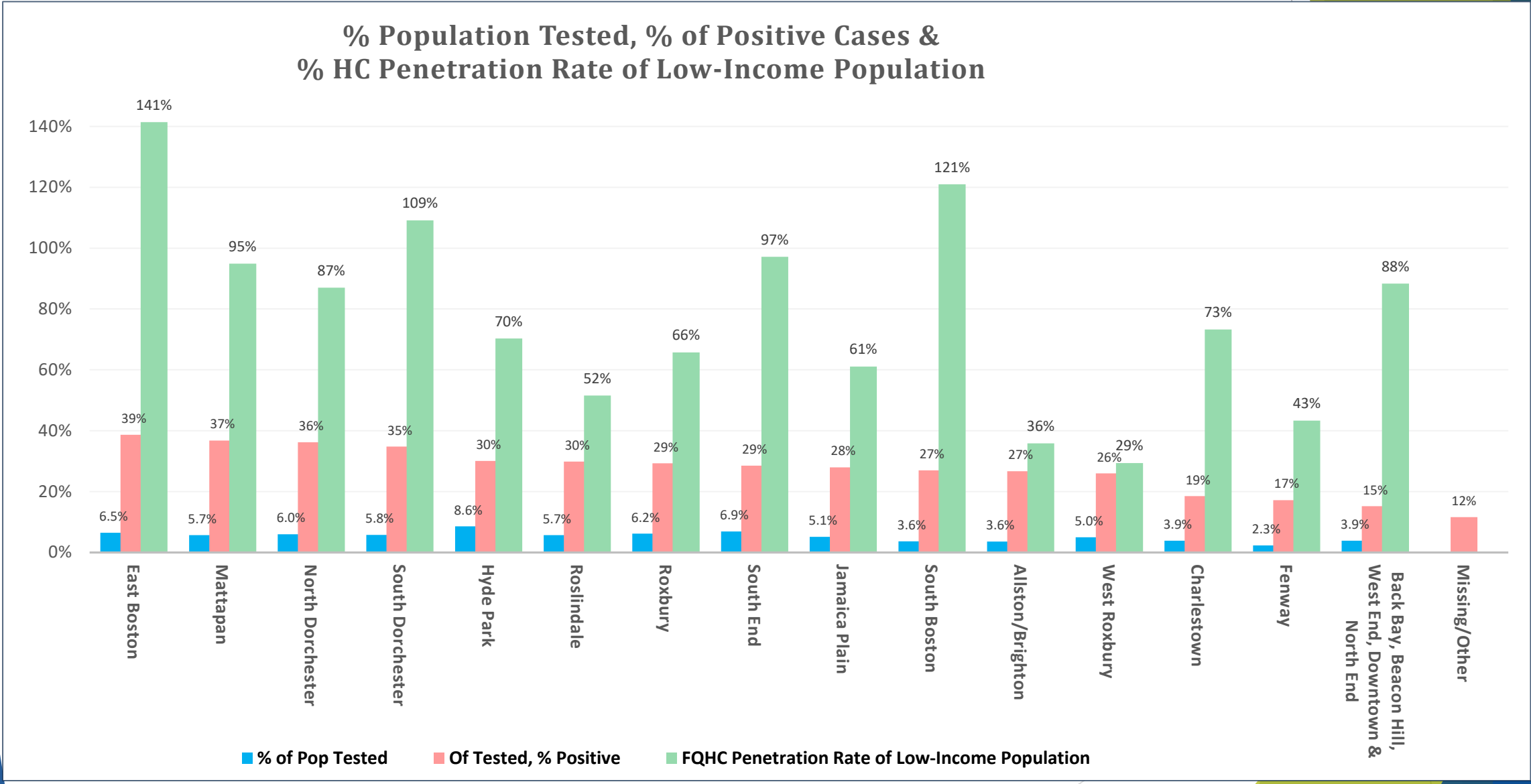
Boston Hot Spots

Boston Neighborhood	Zip Code(s)	Total Population	# Tested	% of Pop Tested	# Positive	Of Tested, % Positive	Lead FQHC / Share of Patients per UDS	FQHC Penetration Rate of Low-Income Population	CHC Testing Sites by Zip Code, as of May 4
East Boston	02128	46,927	3,053	6.5%	1,182	39%	East Boston NHC: 86.3%	141%	East Boston NHC
Mattapan	02126	29,591	1,686	5.7%	620	37%	Mattapan CHC: 29.9% Codman Square HC: 24.9%	95%	Mattapan CHC
North Dorchester	02121, 02125	64,277	3,865	6.0%	1,399	36%	Upham's Corner HC: 24.8% Whittier Street HC: 17.1% Dimock CHC: 13.7% Harvard Street NHC: 13%	87%	Harvard Street NHC Upham's Corner HC
South Dorchester	02122, 02124	80,880	4,661	5.8%	1,622	35%	DotHouse Health: 42.6% Codman Square HC: 34.5%	109%	Bowdin Street HC DotHouse Health Codman Square HC
Hyde Park	02136	34,223	2,947	8.6%	887	30%	Mattapan CHC: 24.8% Codman Square HC: 20.2%	70%	
Roslindale	02131	33,771	1,937	5.7%	579	30%	Dimock CHC: 14.9% Whitter Street HC: 13.4%	52%	
Roxbury	02119, 02120	43,127	2,659	6.2%	779	29%	Whittier Street HC: 47.2% Dimock CHC: 25.7%	66%	Dimock CHC Whittier Street HC
South End	02111, 02118	35,756	2,476	6.9%	706	29%	South Cove CHC: 72.8% Boston Health Care for Homeless: 28.7% South End CHC: 28.6%	97%	
Jamaica Plain	02130	40,377	2,073	5.1%	580	28%	Fenway CHC: 32.0%	61%	
South Boston	02127, 02210	40,094	1,457	3.6%	393	27%	South Boston CHC: 66%, 43.7% Fenway CHC: 26.8% North End WH: 26.8%	121%	
Allston/Brighton	02134, 0 02163, 2135	66,585	2,397	3.6%	640	27%	Charles River CHC: 52.0%, 37.4% Fenway CHC: 23.2%, 22.6%	36%	
West Roxbury	02132	28,487	1,414	5.0%	368	26%	Fenway CHC: 23.9%	29%	
Charlestown	02129	19,414	757	3.9%	140	19%	North End WH: 52.4%	73%	
Fenway	02215, 02115	54,727	1,278	2.3%	220	17%	Fenway CHC: 80.6%, 47.7%	43%	
Back Bay, Beacon Hill, West End, Downtown & North End	02108, 02114, 02116, 02199, 02222, 02109, 02110, 02113	55,698	2,168	3.9%	330	15%	North End WH: 90.7% Boston Health Care for Homeless: 75.5% Whittier Street HC: 56.9% Fenway CHC: 43.1%	88%	
Missing/Other			1,244		144	12%			
Boston		**673,934**	**36,072**	**5.4%**	**10,589**	**29.4%**		**78%**	

Source: Boston Public Health Commission COVID testing, released weekly (Fridays): https://www.bphc.org/onlinenewsroom/Blog/Lists/Posts/Post.aspx?ID=1282
Source: UDS Mapper for FQHC Penetration Rate
Source: Commonwealth of Massachusetts testing sites https://www.mass.gov/doc/ma-covid-19-testing-sites/download

Source: Boston Public Health Commission COVID testing, through 5/7/2020; UDS Mapper; Commonwealth of MA testing sites

Boston Hot Spots



Source: Boston Public Health Commission COVID testing, through 5/7/2020; UDS Mapper; Commonwealth of MA testing sites

Qualitative Reports

- Incidence and testing: We are facing the highest incidence of COVID-19 in our … service area and city data show **communities of color are disproportionately impacted by COVID-19**, particularly essential worker populations who live in densely populated neighborhoods, cannot work from home and must use public transportation for work.
- We continue to increase our testing capacity and strategy. Most recently, using GEO mapping software, **we identified areas where more testing is needed**.

Data Highlights: 32 FQHCs responded

	Patients Tested by race and ethnicity:[2]	*Patients Tested Positive by race and ethnicity:*[2]
White, Non-Hispanic/Latino Patients	22.60%	10.48%
White, Hispanic/Latino Patients	28.89%	31.04%
Black/African American, Non-Hispanic/Latino Patients	16.79%	17.68%
Black/African American, Hispanic/Latino Patients	4.29%	6.71%
Asian Patients[3]	2.41%	3.55%
American Indian/Alaska Native Patients[3]	0.44%	0.67%
Native Hawaiian/Other Pacific Islander Patients[3]	0.87%	1.11%
Patients with More than one race[3]	4.62%	6.04%
Hispanic/Latino Ethnicity Patients (Unreported/Refused to report race)	6.89%	8.54%
Non-Hispanic/Latino Ethnicity Patients (Unreported/Refused to report race)	5.99%	4.16%
Unreported/Refused to Report Race and Ethnicity	6.20%	10.03%

[1]Only health centers that responded having COVID-19 testing capacity are included, n=28.
[2]Percentages may not sum to 100% due to rounding to the hundredths.
[3]Includes Hispanic/Latino and Non-Hispanic/Latino.

Data driven decisions re: SDOH

Formula calculation sources:

- State released zip code/municipality level data on testing and positive rates
- UDS mapper for CHC penetration rate
- Public CHC testing sites
- US Census data (by neighborhood)
- HRSA data (not sharable) to drive storytelling and advocacy beyond data points

Use of the data and telehealth

- Telehealth use – from 2-3 years to 2-3 weeks!!
- Telehealth and telephonic rate advocacy for reimbursement
  - Financial Crisis of CHCs with “stay at home” orders messaging
  - Medicaid-expansion state, Division of Insurance
- Success of Behavioral Health via telehealth
  - Stigma “bypassed”
  - No show rates – notable decline
- Still SDOH challenges with telehealth:
  - Safe private space to conduct encounter
  - Lack of “Smartphone” with video
  - Lack of technology use knowhow
  - Shortage of data “minutes” for telehealth use
  - Fear and lack of knowledge of technology
- Average Percent of Health Center Visits Conducted Virtually - 73.21%

“New rules, new tools. Same Great Care.”

DON’T PUT YOUR HEALTH ON HOLD.

- Literacy tested targeted ads in 7 languages.
- Targeted ads – channel 5, Facebook ads by zip code and language messaging
- “We didn’t close… we adapted to the needs of our patients.”

Massachusetts League
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40 Court Street, 10th Floor, Boston, MA 02108
phone 617-426-2225 fax 617-426-0097
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Questions?
Thank you.

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Emergency Management Program
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Preparing for the big "what if…" of someday helps us manage everyday.

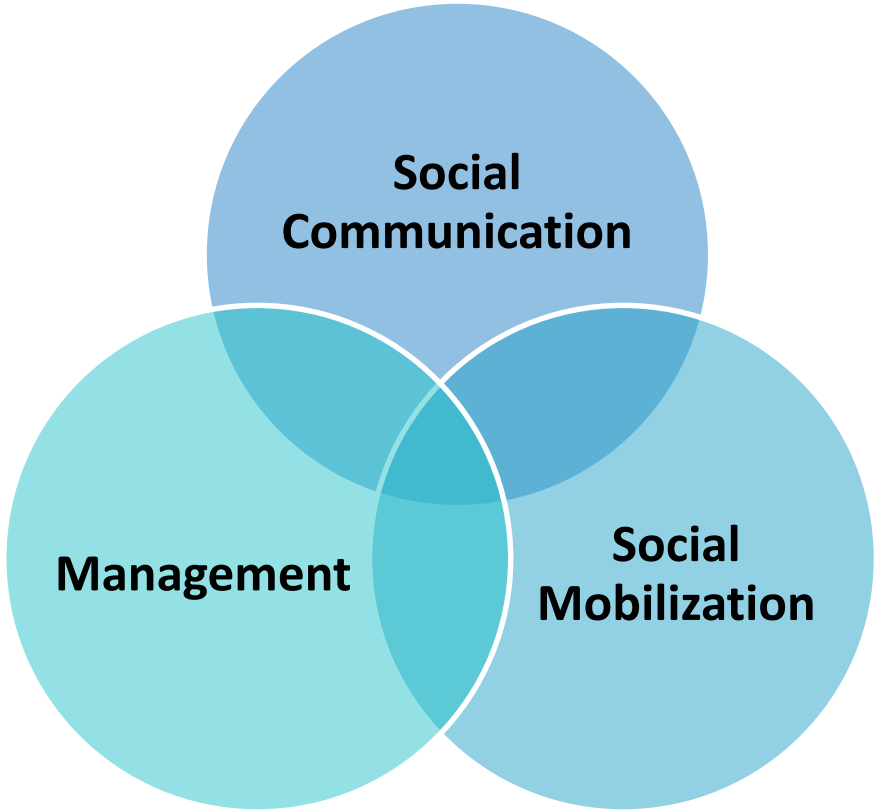
Community Mobilization for emergency management

PUERTO RICO PROMISING PRACTICES

Objectives

- Describe the community mobilization model and its integration on emergency preparedness.
- Present the community mobilization project in Puerto Rico and its results.
- Describe of health centers is addressing SDOH in disasters.

Community Mobilization Model



- Situation Analysis
- Stakeholders Identification and Mapping
- Communication
- Planning

Why is Community Mobilization needed in Emergency Management?

History

- Recent experiences with natural disasters and emergencies
  - Government response
  - CHCs response
  - Community response

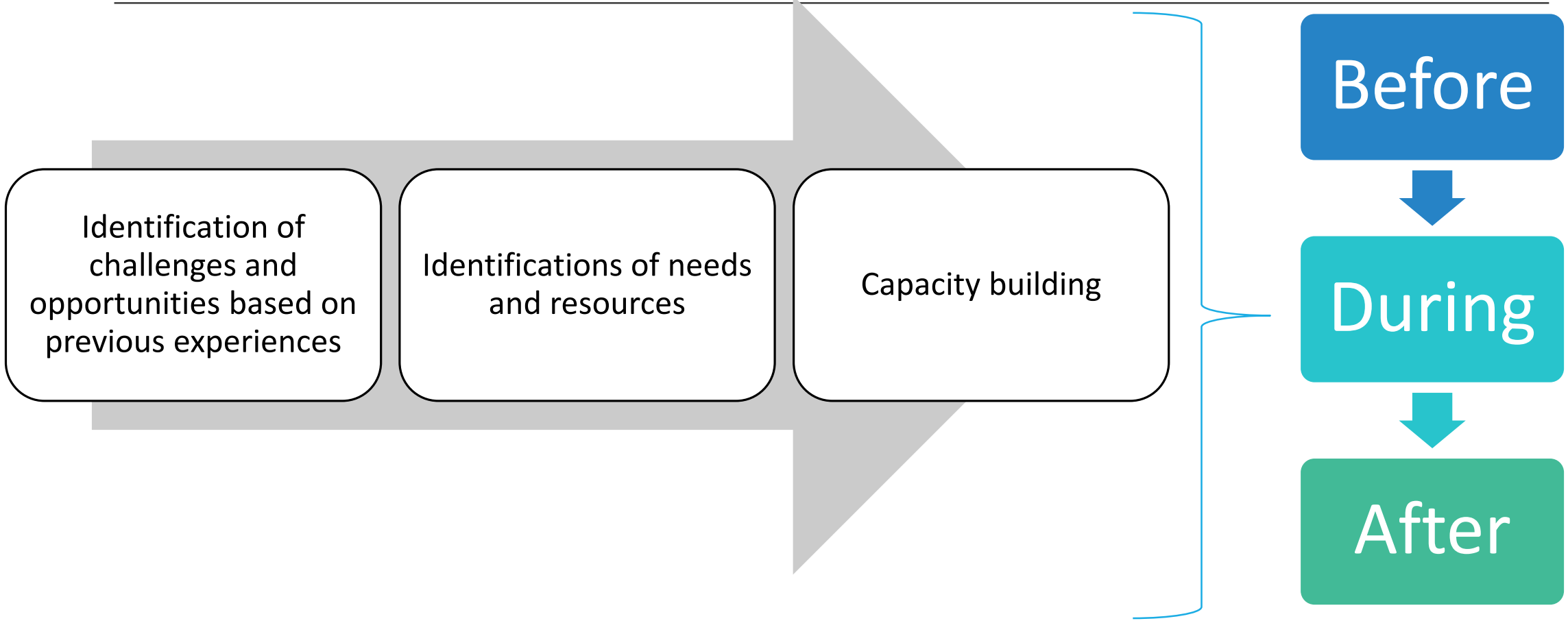
National Emergency Management Framework

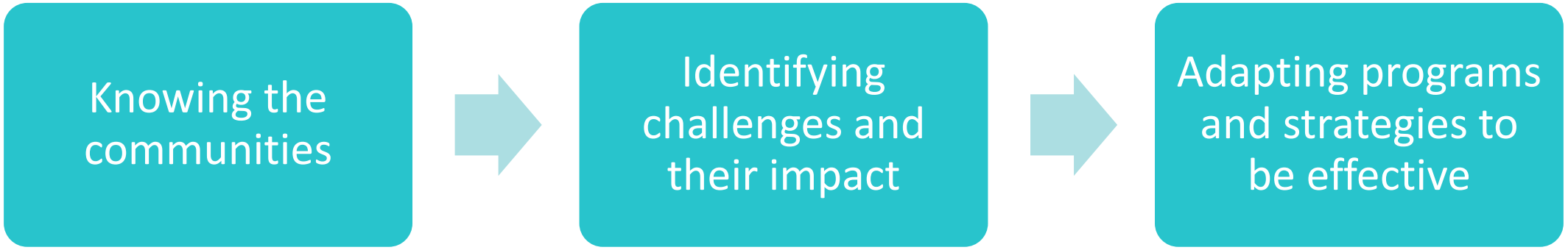
- Limitations and challenges
- “Bottom Up” Approach

Compliance and Management

- Community Health Centers’ mission
- Direct and indirect benefits for the CHCs

How do we used Community Mobilization in the Emergency Management?





Where do the community mobilization and the SDOH meet?

The Role of Community Health Centers in Community Emergency Preparedness

- Liaison between government response agencies and communities
- Support networks between NGOs and communities
- Sustainability of the plan when integrated to the CHC emergency management plan.

Community Mobilization Impact

COMMUNITY HEALTH CENTER

Operational

Clinical

Programmatic

Human Resources

COMMUNITY

Community Empowerment

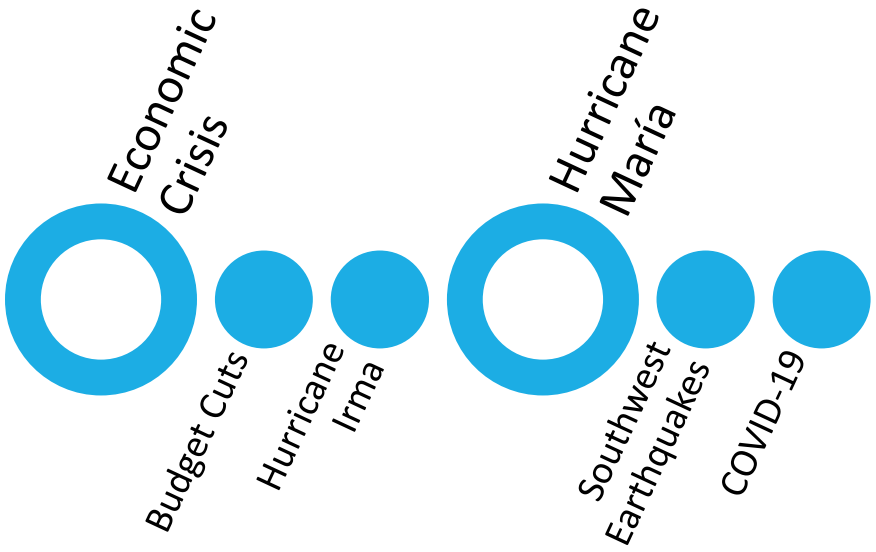
Development and capacity building

Self-efficacy

Health

Puerto Rico Promising Practices

Background



- Previously disrupted systems and increasing inequalities for low income and rural communities.
- Community Health Centers as the leads in the response.
  - Knowledge of community's needs
  - Previous relationship with community and build trust.
  - Networks (new and old)

Community Mobilization in Puerto Rico

Training on	CHC and Community Assessment	Planning

• Emergency management tools and topics
  • Risks assessments
  • SWOT analysis
  • Resources mapping
  • Mental health during emergency
  • Risk communication
• Community Mobilization practice
	❿Identified community
	• Reflected with them on challenges and vulnerabilities before, during and after Hurricane María as a CHC's and as Community
	• Mapped resources for both
		• Generated an action plan and preparedness framework
		• Define actors and plan for response
		• Plan for sustainability

Community Mobilization in Puerto Rico

- Impact of the first year
  - 3 community preparedness plan
  - 2 community plans integrated on CHC emergency management plan
- Tested during Southwest Earthquakes
  - Quick impact and needs report from Community to CHC
  - Extensive response from organizations on the network
  - Identification of new challenges (shelter infrastructure and housing)
  - Stronger relationship and trust with the CHC
- Implementing during COVID-19
  - 6 communities across the island
  - Current work with farmworker population in the center of the island

Key Lessons

Community mobilization and emergency preparedness are continuous processes

Community networks can improve preparedness and health outcomes during emergencies.

Community health centers are key institutions to strengthen communities and other organizations relationships.

Community health worker can serve as the lead in the intersection of community emergency preparedness and CHC preparedness.

Brief Webinar Evaluation

- Please complete the brief follow up survey that will be launched immediately following this session and also will be emailed to participants through Webex.

Thank you!

https://sdohacademy.com/collaboratives

The Social Determinants of Health Academy

Office Hours

30 minutes

The Social Determinants of Health Academy

What strategies has your health center used to address SDOH during this pandemic?

The Social Determinants of Health Academy

Which SDOH have been worsened/exacerbated for your patients and families?

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Has anything changes about your community network during this time?

THANK YOU!!

Contact Us

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