

# #PrepYourHealth

## Discussion Guides

Social Determinants of Health Series



### Health Care Access and Quality

**Social determinants of health (SDOHs)** are non-medical factors that influence health outcomes. They are the conditions in which people are born, live, learn, work, play, worship, and age, and the wider set of forces and systems shaping the conditions of daily life.

SDOHs are grouped by **Healthy People 2030** into five key areas. This discussion guide focuses on the area of **health care access and quality**. This area refers to the connection between people's access to and understanding of health services and their health.

### Before the Discussion

If you have not already done so, please take the following steps:

- Review the introductory material and discussion guide instructions for information on how to use this guide
- [Learn more about SDOHs](#) (e.g., health care access and quality), key issues, and the lived experiences of people with limited access to quality health care (i.e., [understanding of your audience](#)).
- Familiarize yourself with local [voluntary organizations active in disaster \(VOAD\)](#) and the services they provide.
- Create a list of partner government and community-based agencies to invite to your discussion. Use the prework questions to help you decide who to invite. Invitees should include VOAD whose services support people with limited access to quality health care.
- Decide if you will distribute the prework questions to participants in advance of the activity or answer the questions as a group before the activity. If you opt for the former, ask participants to record their answers and bring them to the activity.

### Health Care Access and Quality

Health care access and quality includes key issues, such as access to health care, access to primary care, health insurance coverage, and health literacy. These issues can make it difficult or impossible for people to prepare for and respond to an emergency to their full potential. For example,

- People who don't have a primary healthcare provider may find it difficult to create an emergency supply of [prescription medicines](#).
- People who don't have health insurance may find it difficult to [stay up to date on vaccines](#) or essential health services that may be cost-prohibitive, such as mental health services.



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- People who have trouble [finding, understanding, and using health information](#) may find it difficult to make informed [protective action](#) decisions for themselves and others during an emergency.

The objectives of this discussion-based activity are to help emergency planners

- better understand how conditions associated with economic stability affect how people prepare for and respond to emergencies.
- identify gaps in emergency planning and partnerships associated with the impacts of economic stability on people's preparedness for and response to emergencies.
- ideate ways to build new and leverage existing partnerships in the whole community to reduce or remove barriers to personal health preparedness for and response to emergencies.

Just promoting healthy choices and protective actions won't eliminate the impacts of SDOH. Public health departments and their partners must act to understand and address health care access and quality issues in their planning and processes.

## Scenario Overview

The discussion guides in this series use the scenario of a mass evacuation. Mass evacuations are possible in response to many different types of emergencies, including hurricanes, chemical spills, and wildfires.

An evacuation order may raise questions in the minds of many people in the community.

- "How will I power my home-use medical equipment (e.g., oxygen equipment)?"
- "How will I refill my prescription medicines?"
- "How will I keep my medicines cold?"
- "How will I keep a supply of oxygen?"
- "How will I continue the services I need to stay healthy (i.e., essential health services)?"

Often, it's not just a matter of following an evacuation order; it's also a matter of access to the means (e.g., medical supplies and healthcare services) necessary to stay healthy during an evacuation.

Please note that neither this scenario nor the discussion questions address all key issues associated with health care access and quality. Examples and evidence of SDOH impacts and interventions are likely to evolve with additional research and experience.

## Lessons from the Field

Review the below key issues and barriers that a mass evacuation might cause members of your community.

Think of past events that caused perceptible preparedness and response challenges in/to your community. Incorporate identified gaps and lessons learned from those events into your discussion. Lived experiences can add depth to your discussion.

### Emergency Department Visits During Hurricane Florence

Surveillance for health outcomes during hurricanes, including emergency department (ED) visits, informs decisions regarding resource allocation and interventions, and identifies opportunities to improve emergency preparedness for future disasters.

During Hurricane Florence (2018), 31% of hurricane-related ED visits in North Carolina were for medication refills.

It is important that effective messaging to the public, health care providers, and pharmacists before hurricanes

emphasize that medications should be refilled to last throughout the storm. North Carolina law permits coverage for extra prescription medication refills during a state of emergency.

Proactive automated pharmacy notifications encouraging patients to refill medications before a potential natural disaster have resulted in small increases in medication refills. This approach might reduce medication refill ED visits in North Carolina and other places during future natural disasters.

Tanz LJ, Hoffman MN, Dandeneau D, et al. [Notes from the Field: Hurricane Florence–Related Emergency Department Visits — North Carolina, 2018](#). MMWR Morb Mortal Wkly Rep 2019; 68:631–632.

## Key Issues & Barriers

Your community is under an evacuation order.

Some people have specialized healthcare needs that require additional resources and planning to evacuate safely. This includes people with limited mobility and those who depend on home-use medical equipment to maintain their health.

Many people do not have an emergency supply of [prescription medicines](#) or consumable medical supplies (e.g., oxygen), or portable [power sources](#) for their home-use medical equipment.

Some people who evacuate to a shelter will not be up to date on vaccines for diseases such as influenza.

## Discussion Questions

- What plans and procedures do you have to support people outside of the traditional healthcare system (i.e., inpatient care) who have special healthcare needs?
  - » What healthcare needs can realistically be accommodated at evacuation sites in your community?
  - » Do plans include procedures for evacuating (e.g., transporting) community members who have special healthcare needs, including [children and youth](#), that cannot be accommodated at a shelter site?
  - » What plans are in place to help provide consumable medical supplies (e.g., oxygen and personal protective equipment) to evacuees?
  - » What plans are in place to help evacuees power their home-use medical equipment?
- Are there provisions in place for people who do not have a primary care provider and want to create an emergency supply of prescription medicines?
  - » Does your state have an emergency prescription refill law? What does it say?
  - » What options are available to people, including those who can't reach their doctor or pharmacy because they evacuated, who will need prescription refills during a disaster?
- Do you have plans and procedures in place to provide routine vaccines during an evacuation?
  - » How will evacuation centers receive and maintain vaccines?
  - » What procedures are in place to determine who requires vaccination? How do you ensure vaccines are equitably distributed among those in need?
  - » [Vaccine confidence](#) is the belief that vaccines work, are safe, and are part of a trustworthy medical system. What strategies do you have for building vaccine confidence among evacuees?
- The cost of care can deter people with or without insurance from seeking help, including mental health services. What plans and procedures are in place to help people with new or preexisting mental health conditions during an evacuation?
- What [health literacy activities](#) are happening in your community?
  - » What procedures do you follow for communicating with people who have low personal health literacy?
  - » How do you ensure your emergency health communications follow [plain language guidelines](#)?
  - » Do your emergency communications include visuals (e.g., pictures, drawings, charts, graphs, and diagrams) that effectively communicate your message? [Visual communication](#) can benefit all audiences, especially people with lower literacy and numeracy skills.

## After Your Discussion

A lot of useful information should come out of your discussion. Use this information to take actions that better prepare your community for an evacuation. Next steps may include the following:

1. Collect written or typed notes and any additional feedback from the note taker and participants. If the meeting is virtual, consider reviewing the transcript for additional insights, if you chose to record the meeting.
2. Summarize the discussion and detail any after actions in a written report (optional). A simple follow-up e-mail with highlights of the discussion and action items can help ensure these ideas are implemented in future planning and response efforts.
3. Stay informed of contributions to the preparedness and response knowledge base and [evidence-based resources related to health care access and quality](#). Evidence of SDOH impacts in emergency response is likely to evolve with additional research and experience.
4. Seek out promising practices (i.e., interventions that include measurable results and report successful outcomes) that have removed or reduced economic stability barriers on people's preparedness for and response to emergencies. Examples of SDOH interventions are likely to evolve with additional research and experience.

## Promising Practice

Emergency prescription laws emerged out of necessity to dispense early refills of prescription medications during a public health emergency. These laws allow pharmacists to dispense refills of certain medications when under an emergency declaration. These laws vary [state by state](#).

While some states allow for emergency prescription refills, there is a need for states to clearly define early refill policies and procedures and disseminate this information to pharmacists and the public.

Federal support may be available through the [Emergency Prescription Assistance Program \(EPAP\)](#) for people who do not have health insurance.

## Resources

1. [About Social Determinants of Health](#), CDC
2. [Access and Functional Needs Toolkit](#), CDC
3. [How to Conduct a Rapid Community Assessment](#), CDC
4. [Information for Disaster Evacuation Centers](#), CDC
5. [Interim Immunization Recommendations for Individuals Displaced by a Disaster](#), CDC
6. [People Seeking Help](#), CDC
7. [Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#), CDC
8. [Questions and Answers About Immunization Recommendations Following a Disaster](#), CDC
9. [TRACIE Healthcare Facility Evacuation/Sheltering](#), HHS