

UNITING EFFORTS: Emergency Preparedness and Health Equity in Rural and Frontier Communities

BACKGROUND

Montana's public health system is decentralized. Many of Montana's local and tribal health departments serve rural and frontier communities, half of which employ fewer than five employees. Given this, a unique approach to doing health equity work is needed; specifically, one that builds on existing work, acknowledges staff capacity limits, and navigates potential political constraints. The Public Health Emergency Preparedness (PHEP) program is part of all Montana health departments and includes consideration of access and functional needs (AFN). This area emerged as common ground for uniting efforts to build upon health equity work in Montana.

METHODS

In winter of 2023, the Montana Public Health Institute (MTPHI) and the Montana Department of Public Health & Human Services (DPHHS) conducted interviews with 8 of Montana's rural, frontier, and tribal health departments to learn about their work related to AFN in their communities. The interviewees were asked about their current AFN populations, data practices, community partners, potential system gaps, and support needed to address AFN health needs. They also were asked to share creative examples from recent work that highlights their engagement with and support for AFN populations.



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FINDINGS

Themes emerged from the interviews:

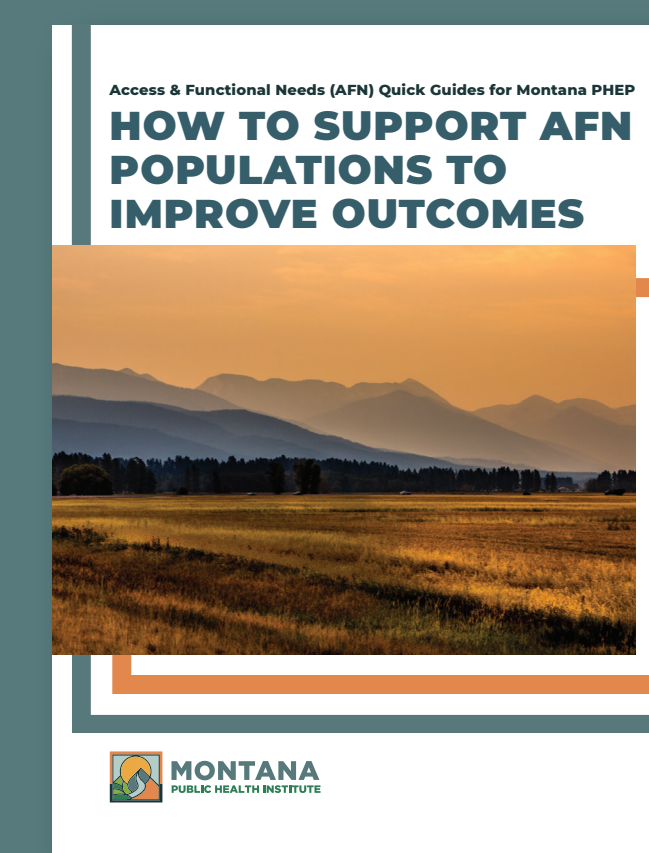
- AFN data collection is difficult in rural communities; word of mouth and personal relationships are common ways of identifying AFN individuals.
- Health departments want easy to use resources and templates that give them specific ideas on how to include and support AFN populations, especially for rural and frontier areas.
- Health departments and PHEP staff are already doing amazing health equity work, even though it might not be labeled "health equity;" more peer sharing is needed across Montana.
- Rural, frontier, and tribal health departments have a unique opportunity to provide leadership in collaborating with their communities to prepare and respond to emergencies and disasters. Many work with unconventional partners to include those experiencing health inequities. Examples include faith-based organizations, refugee resettlement programs, road/snowplow crews, and Veterans' associations.

RESULTS

MTPHI & MT DPHHS co-developed an Access and Functional Needs Quick Guide to help PHEP programs at local/tribal health departments expand their health equity efforts. The resource includes success stories from the field and action steps for increasing the inclusion of AFN populations. It incorporates health equity concepts and translates them into PHEP- and Montana-specific contexts. The AFN Quick Guide is planned for official launch at Montana's statewide public health conference that will take place in April 2024.

SUCCESS STORIES

- Big Horn County attended local Farmers Markets and handed out emergency kit bags with preparedness information printed on the bag.
- Powder River County worked extensively with their senior center and nursing homes to prepare them for evacuations and influxes of patients. These organizations now have backup generators to use in case of emergencies and power outages so people can continue to use oxygen and other electricity-dependent equipment.
- Park County is working to place televisions in rural grocery stores to provide regularly updated information to the public in frequented community locations.



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