

Principles in Promoting Health Equity During Resource Constrained Events

Plain Language Summary

In December 2020, the Oregon Health Authority (OHA) published a document called “Principles in Promoting Health Equity During Resource Constrained Events”. In this document OHA outlined four key principles that should be applied when making decisions in a public health emergency. Specifically, these principles should guide decision-making when the need for healthcare services is greater than the available supply. The expectation is that use of these principles will help to reduce the impacts of bias and prevent discrimination during a disaster or public health crisis. This document provides a plain language summary of the four principles. The four principles include: non-discrimination, health equity, patient-led decision making, and transparent communication. To view the full document click [here](#).

Non-discrimination

There are state and federal laws that protect people from discrimination based on “protected class”. Discrimination is the unjust and harmful treatment of different categories of people. Protected class includes race, ethnicity, color, national origin, disability, age, sexual orientation, sex, and gender identity. Non-discrimination laws must be followed even during an emergency or disaster. These laws are important to protect against unfair treatment. However, they are not enough. It is also important to consider the impact of longstanding and ongoing health inequities when making decisions about resources during an emergency.

Health equity

OHA’s definition of health equity states:

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- *The equitable distribution or redistribution of resources and power; and*
- *Recognizing, reconciling and rectifying historical and contemporary injustices*

Traditionally, recommendations for who gets limited, lifesaving supports during an emergency have been focused on saving the most lives or life-years. When using these concepts, people who are younger or healthier would be prioritized for life-saving resources. This approach would be worse for individuals and communities who have faced historic and ongoing health inequities, such as communities of color, tribal communities, and people with disabilities. Applying the principle of health equity to decision-making would recognize and address the presence of discrimination and racism that result in long-lasting health conditions or shorter life expectancy. Accounting for the impacts of racism and discrimination are critical in an emergency. If not considered, decision-making during a crisis may prolong or deepen health inequities.

Patient-led Decision Making

Patient preferences regarding their health care and treatments must be considered, even during times of limited resources. To do so, patients must receive necessary supports and their communication needs must be addressed. Patients should be offered to have a support person accompany them. A support person may be needed to provide communication, decision making or physical support. Providing the option to have a support person accompany a patient is required by state law for certain individuals.

Healthcare providers should assess the patient's goals of care and treatment preferences. If the patient has indicated their preferences for medical treatment in written statements, often called advance directives, these should be verified. Supported decision-making should be used when a patient has limited or low capacity to make decisions about their health. Patients or their authorized decision maker must not be pressured to make written statements regarding their wishes for medical treatment or decide preferences for life-sustaining care.

Transparent and Effective Communication

Transparency and clear and effective communication for the public and patients is always important. This remains true during a public health crisis. All people must have timely and understandable information. Communications should be responsive to a person's language, culture and access to technology. All communications should meet the needs of individuals with intellectual, developmental or other disabilities, such as required under federal civil rights laws.

The general public should be informed when usual standards of care may no longer be possible due to crisis conditions. Health care systems should provide timely communication when this type of crisis care decision making has been activated. The public should have up-to-date information about how decisions will be made to distribute limited health care resources. Any decision affecting individual patients should be clearly communicated with these patients or their authorized decision-maker. These decisions should also be documented in their medical record.