An Equity Driven Approach to Incident Command Structure (ICS):

Lessons Learned from the New Mexico Department of Health Vaccine Team

NASEM: Towards a Post-Pandemic World Community Engagement and Public Health Sept. 23rd, 2021

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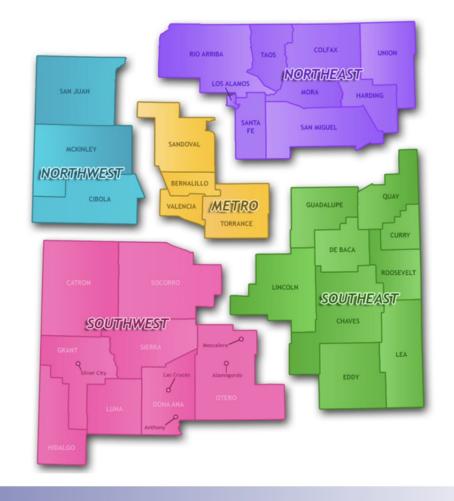
Case Study:

Embedding vaccine equity into the ICS Structure



About New Mexico DOH

- NMDOH is a Centralized Department of Health
- Underfunded
- Has the most counties with highest social vulnerability index (SVI) in the U.S.
- Majority minority population
- Rural

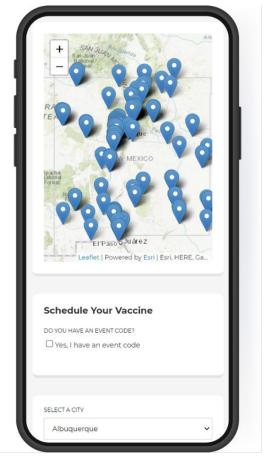




Initial Vaccine Rollout

- New Mexico got off to a great start with Covid vaccine.
- Partners in National Guard, hospitals across the state, Indian Health Service and Public Health staff
- Centralized registration and scheduling app for vaccine
- Vaccine was distributed to providers with highest throughput.







Pre-ICS Vaccine Organizational Structure: Challenges

- Lack of clarity in roles
- Lack of coordinated communication both internally and externally
- Unclear chain of command
- Complexity of operations outgrew the existing structure
- Special population needs not addressed
- No easy way to expand the organizational structure





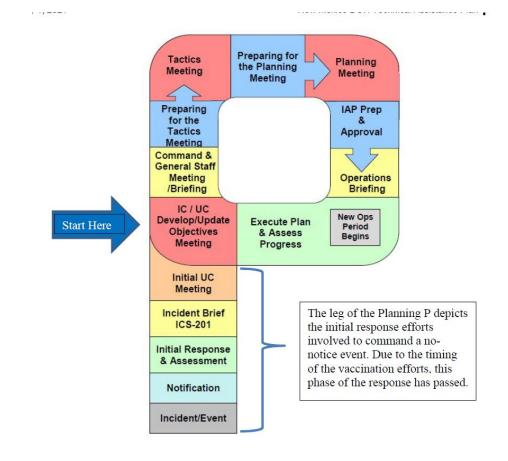
What is Incident Command Structure (ICS)?

- Model Tool for command, control and coordination of resources
- Management tool consisting of procedures for organizing:
 - Staff
 - Facilities
 - Equipment
 - Communications



Principles

- Common Terminology
- Modular Organization
- Management by Objectives
- Incident Action Planning
- Manageable Span of Control
- Incident Facilities and Locations
- Comprehensive Resource Management
- Integrated Communications
- Establishment and Transfer of Command
- Unified Command
- Chain of Command and Unity of Command
- Accountability
- · Dispatch/ Deployment
- Information and Intelligence Management





2021 Timeline for ICS Transition

Jan. 22nd

Jan 24-30th

Month of February

March - to Present

Request for FEMA Support

FEMA
Evaluation
of Existing
Operations

FEMA-DOH Adaptation of ICS w/Equity

Continued
Implementation of
ICS with Focus on
Equity

Leadership Decision to Reorganize with ICS

Feb. 7th Equity Plan

Feb-March
FEMA Training, Coaching and
Support of DOH ICS Team

Feb. 12th Joint Information Center (JIC) Established



Vaccine ICS Mission and Objectives

Vaccine Mission:

Equitable Distribution of the COVID19 Vaccine to 1) decrease morbidity and mortality from COVID 19 and 2) preserve societal functioning

Community Facing:

The Department of Health's mission is to vaccinate New Mexicans swiftly, efficiently, and equitably in order to save lives and stop the spread of the virus.

Objective 1: Equitable distribution of vaccine across counties, zip codes, small areas, race and ethnicity

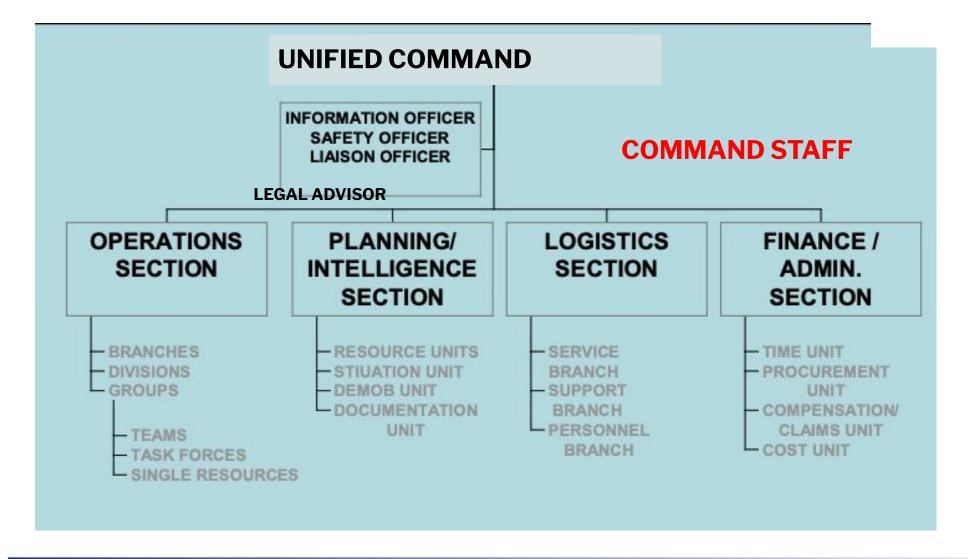
Objective 2: Efficient distribution of at least 80% vaccine delivered each week

Objective 3: Ensure safety and protection of all vaccination staff

Objective 4: Conduct regular communication between all entities (internal and external)



Overall ICS Structure

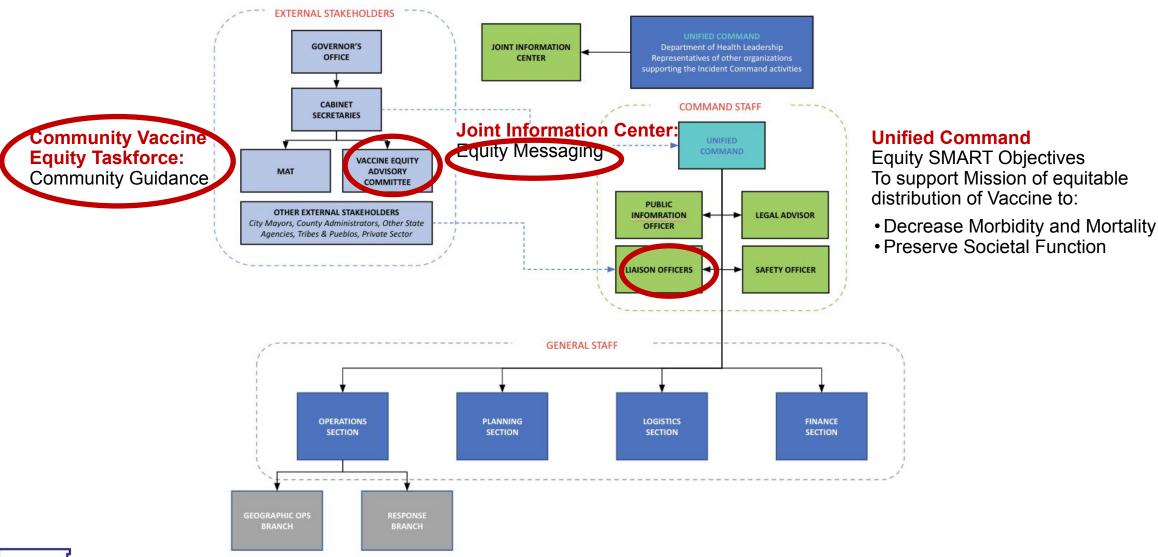




General

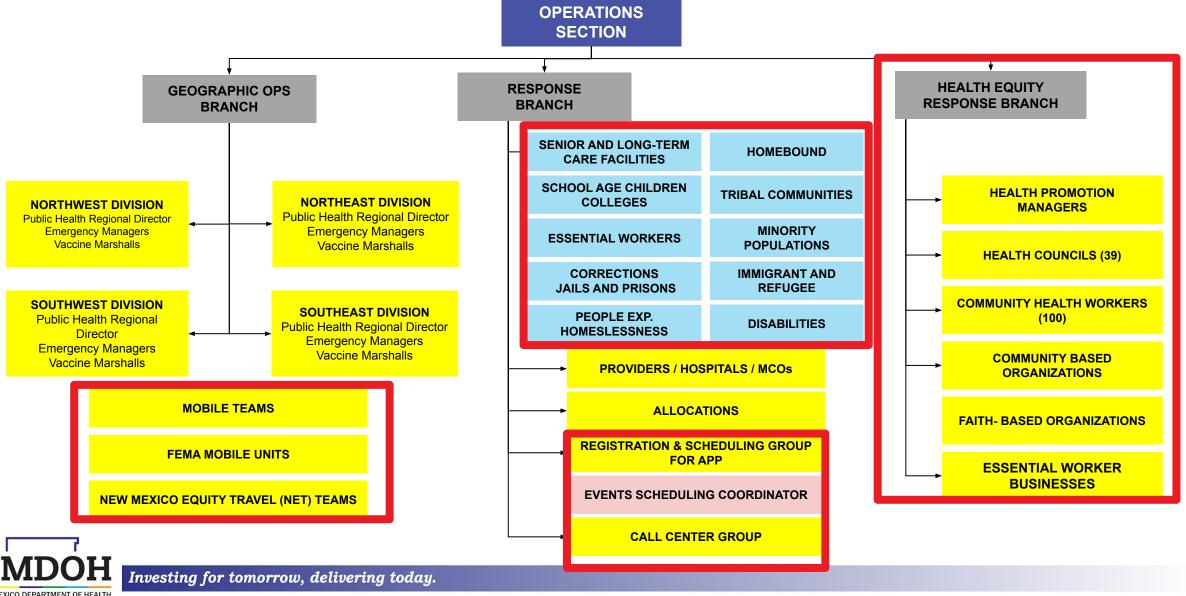
Staff

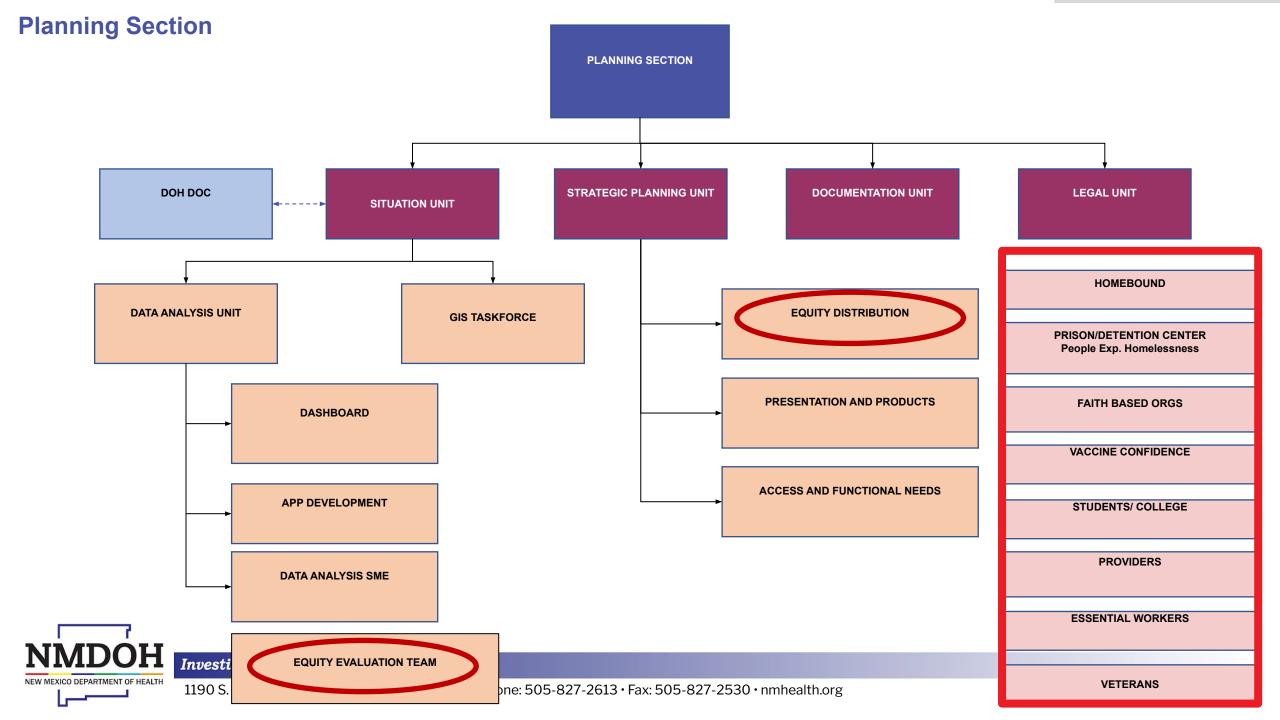
Equity Driven Organizational Structure





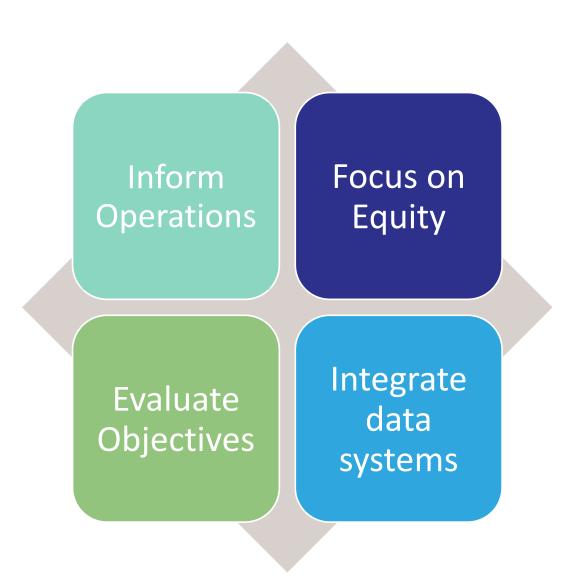
Equity Driven Vaccine Operations to Priority Populations





Operationalizing ICS to work towards health equity





ICS Data Team

Using ICS to improve vaccine equity

Identify Area of Concern

low vaccination rates in Latinx population

Evaluate Data

feedback to the team

Set Objectives:

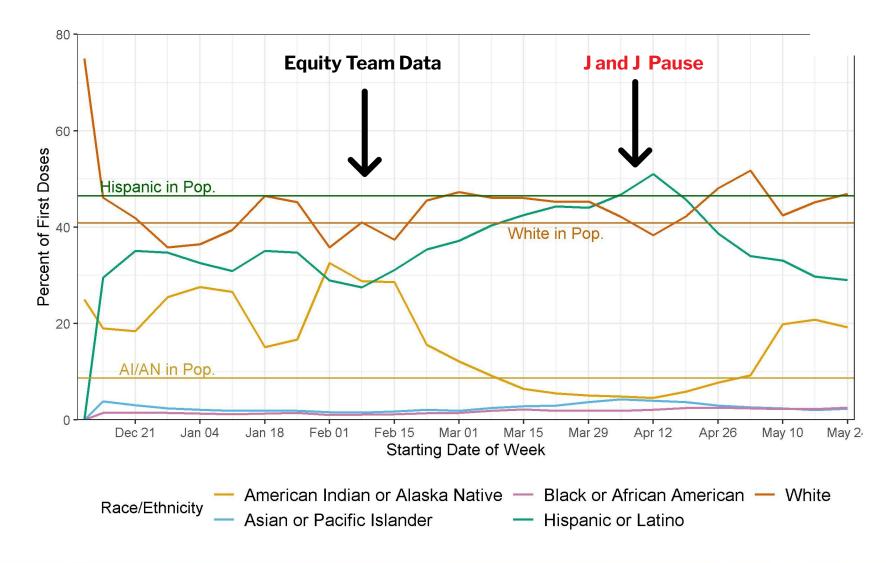
Operationalize the equity plan

Develop Strategies:

-Prioritize scheduling for high SVI zip codes -CHWs Rapid Community Assessment



Distribution of First Doses in New Mexico

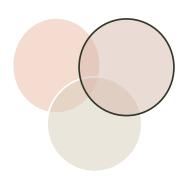




"River of COVID Vaccination" - Barriers

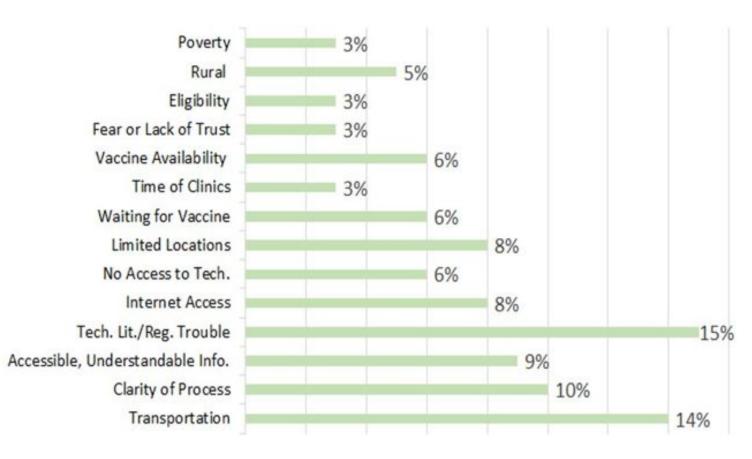






Community Assessments Rapid Community Assessments conducted by NMDOH

Rapid Community Assessments conducted by NMDOH identified the largest barriers to getting vaccinated for urbar populations in Albuquerque





"River of COVID Vaccination" - Solutions



Using ICS to improve vaccine equity

Identify Area of Concern

barriers to vaccine for Latinx - RCA

Evaluate Data

-Re-evaluate the data -feedback to team

Set Objectives:

Allocate 1250 doses for Latinx

Develop Strategies:

FUMU and Mobile Teams

- extended hours
- walk-ins
- working with CHWs
- high SVI zip codes
- multiple vaccines at one site
- incentive food bag



Data to inform where to Focus Efforts

- Mapping of SVI
- Mapping of Race/Ethnicity
- Mapping of COVID Cases

To Guide Operations for:

- Increasing coverage over time of High SVI area
- Increasing coverage of Hispanic/Latino, African American, Native American populations
- Increasing coverage of priority groups:
 Seniors, Healthcare Workers, Educators





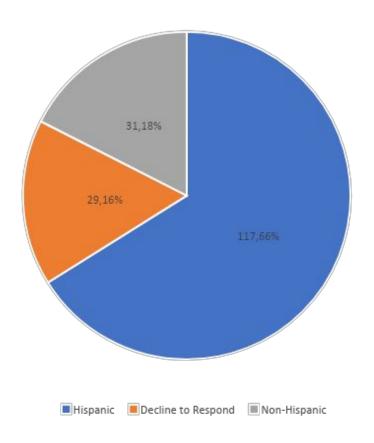


FEMA Urban Mobile Unit

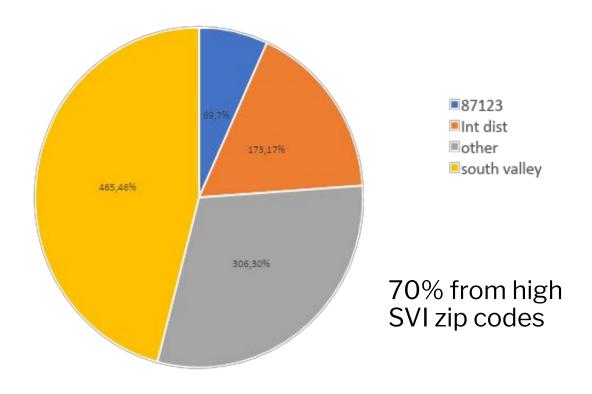
- extended hours working with CHWs high SVI zip codes multiple vaccines at one site incentive food bag

FUMU DATA

Count of ethnicity 4.14.21



Zip code distribution - FUMU week 3



Improvements to Vaccine Equity Program

Messaging:

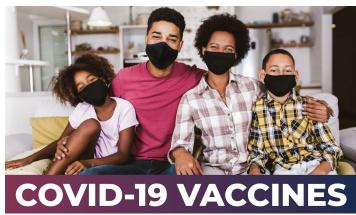
- Free
- No Need for ID
- No Need for Insurance
- Pictures of different racial/ethnic groups

Programming

- Call Center Now Registers AND Schedules People who call the hotline
- CHWs register and organize vaccine events









Closer to Community: NET Teams and FUMU Team







Community Partnerships and Engagement



LEARNED LESSONS from our team

- ICS can work for public health
- Leadership: ICS provides a structure for equity driven decision-making
 Mission: Embed equity into ICS if you
- want results
- Operations: A dedicated equity team allows for responsive solutions
- Community Engagement: Partnerships are critical within the ICS structure
- Planning: Health equity data team in planning section is necessary to guide actions
- Partnerships: All partners have a place in the ICS: Cross-sector partnerships





