Public Health – Seattle & King County

Equity Response Annex

ESF 8 PLAN RESPONSE ANNEX

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Public Health
Seattle & King County

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Contents

Record of Changes

Description of Change	Date Change was Made
• Annex Creation • Review of statistics, attachments, language translation tiers, and formatting changes	October 2012
• Updated statistics • Replaced the "vulnerable population" terminology with "groups impacted by inequities" (GII), updated population categories to include People of color as a group impacted by inequities, and incorporated language of RCW 38.52.070 • Consolidated ICS functions under Operations, developed roles and function of an Equity Officer and the integration of equity monitoring within each Operations Section Branch to reflect updated HMAC structure • Revised to reflect functional structure of 2020-2021 COVID-19 equity response and lessons learned, and engaged the annex in community review processes by Equity Response Team and Community Navigators	March 2016 – March 2021
• Updated statistics • Incorporated feedback from community review processes by Equity Response Team and Community Navigators Team • Modified GII table • Reformatted to align overall annex structure with that of other functional annexes • Replaced Reference Documents with new tools • Reviewed for ADA accessibility of document	March 2023
• Added a Glossary • Updated statistics • Incorporated feedback from community review processes by Equity Response Team • Updated Reference Documents with new tools • Updated Area Command graphic	March 2024

INTRODUCTION

Purpose

The *Equity Response Annex* (Annex) for Public Health – Seattle & King County (Public Health) describes how the department establishes and implements equity-driven incident objectives and strategies during an emergency response. The annex provides an outline of:

- Current King County demographics
- The functional structure of public health response processes addressing health, medical, and mortuary services
- Approaches to carry out community-informed response operations during emergencies
- How to support community health and center equity during emergencies

Scope

This Annex can be referenced by Public Health leadership, staff, and volunteers to ensure that Populations Impacted by Inequity (PII) receive equitable access to resources, services, and health, medical, and mortuary information during emergencies. Public Health defines PII as individuals, groups, or communities who experience institutional, structural, and systemic discrimination, bias, and racism in access to opportunity and to resources on a daily basis. PII includes, but is not limited to, Black Indigenous and People of Color (BIPOC) communities, people with disabilities, LGBTQIA+ communities, people who are homeless, people who are incarcerate, asylees, and refugees, and more. In addition, PII represent an intersectionality of these identities and more that play a role in their lived experiences in King County. This daily lived experience of inequity puts individuals, groups, or communities at greater risk of experiencing additional inequities and disproportionate adverse outcomes during emergency incidents.

Planning constraints

This Annex was developed under nonemergency conditions and includes Public Health's general procedures for integrating equity into Public Health's Health and Medical Area Command (HMAC). When activated, HMAC serves as Public Health's single coordination point for emergency response and follows a formal incident action planning process consistent with the National Incident Management System (NIMS). The role of HMAC is further defined in the Emergency Support Function (ESF) 8 Annex to King County's Comprehensive Emergency Management Plan (CEMP).

This Annex describes how NIMS concepts, including overall incident command, decision making, and action planning for each response operational period, can be modified and adapted by HMAC to better elevate and evaluate equity concerns and allow for collaboration between HMAC responders and the community. However, because health inequities experienced by communities in King County are multifaceted and institutionalized, many of the unique experiences of all PII may not be accounted for ahead of future emergencies. Public

Health strives to close that gap through engaging with PII in preparedness activities. This Annex should be considered a starting point for how to manage and respond to emergencies using equity-based approaches. Public Health leadership and staff who adapt or implement this Annex should maintain flexibility for action and innovation to meet community needs during an emergency.

OVERVIEW OF KING COUNTY COMMUNITIES AND EQUITY IN PUBLIC HEALTH EMERGENCY PREPAREDNESS

Demographic Overview of King County Communities

Public Health works to protect and improve the health and well-being of all people in King County. The department serves a resident population of over 2.2 million people. For example, over 100 languages are spoken in King County, and immigrants and refugees make up more than 24% of the population.[1] King County is also home to three of the most diverse zip codes and school districts in the nation, where a majority of the population are Black, Indigenous, and People of Color (BIPOC).

Understanding the demographic composition of King County is a first step to ensuring that public health emergency preparedness activities and plans center communities. Community-centered preparedness is essential to ensuring that PII are appropriately and efficiently reached with health and safety information and receive equitable response services during, before, and after a response. Population and demographic data for King County is found in the table below.[2] This data should be considered with the following assumptions:

1. The context of historical misuse, censorship, and barriers to participation are deeply ingrained in the U.S. Census and other data sources used for health equity purposes. It is likely that the following data on race, sexual orientation, and gender identity significantly undercounts the actual populations present. This is especially salient for American Indian and Alaskan Native groups.
2. King County does not currently have disaggregated data reflecting communities of disabled populations. Additionally, many people may not identify as having a disability even though they may have an impairment or condition that would qualify them under the Americans with Disabilities Act (ADA). The data for disabled communities below only reflects adult populations.
3. Self-identifying race and ethnicity responses can be difficult for small communities and may make data interpretation difficult or prone to assumption. For example, Indigenous Latin American communities may respond to the Native American option despite

[1] Seattle's Immigrants and Refugees – City of Seattle Office of Immigrant and Refugee Affairs. American Community Survey Data. 2020.

[2] Data Compiled by American Community Survey; 2022 and Data USA

having a unique cultural identity in and of themselves and are rarely distinguished in policy decisions that use this data. Furthermore, the disaggregated Asian category masks the many varied ethnicities within Asia that differ in socioeconomic status, health status, educational attainment, labor force characteristics, and many other social determinants of health. For example, King County's diverse Asian community includes people with ancestries from more than 27 countries, from diverse linguistic, cultural, and socioeconomic backgrounds. The inability to distinguish between these subpopulations makes it difficult for our health jurisdiction to understand and address the varied adverse health outcomes within this population.

4. Many colonized languages (languages of colonized peoples) are not disaggregated (e.g., "Pacific Island Languages") and hence have not been institutionally recognized during the policy decision-making processes or when identifying resource needs during an emergency. As a result, the language data below should not be used as a substitute but a partner to community engagement.
5. The census traditionally has treated sex as binary — male or female — and omits asking about gender identity or sexual orientation. This significantly constrains the representation of all sexual orientations and gender identities, and masks transgender, non-binary, genderfluid, two-spirit, bisexual, lesbian, and gay identities.
6. In alignment with guidance outlined in Public Health's Demographic Data Toolkit, it is important to note that demographic data alone cannot provide a complete story of people served by Public Health. Additionally, please take care when interpreting the data in this Annex as some people or communities may not identify with the demographic categories presented or may be reluctant to share personal information with providers and/or public entities as a result of systemic racism, ableism and other forms of injustice.

Table 1. King County Population Demographic Information

Total King County Population: 2,269,675 residents (2022 Estimates)		
2022 ACS Age		
19 and under	484,341 individuals	21.3% of population
20 – 24	138,334 individuals	6.1% of population
25 – 44	774,447 individuals	34.1% of population
45 – 64	546,545 individuals	24% of population
65-74	190,349 individuals	8.4% of population

75 and over	132,773 individuals	5.8% of population
2022 ACS Sex		
Male	1,151,810 individuals	50.7% of population
Female	1,114,979 individuals	49.3% of population
2022 ACS Race and Ethnicity		
Non-Hispanic White	1,273,054 individuals	56% of population
Black or African American	151,468 individuals	6.6% of population
American Indian and Alaska Native	19,073 individuals	0.8% of population
Asian	452,475 individuals	19.9% of population
Native Hawaiian and Other Pacific Islander	20,022 individuals	0.8% of population
Hispanic or Latino	238, 315 individuals	10.5% of population
Two or more race	235,753 individuals	10.4% of population
Population Trend by Place of Birth, 2022		
US-born	1,686,591 individuals	74.3% of population
Foreign-born	580,198 individuals	25.7% of population
Language Representation, 2022		
Speaks Other Language (5 years and older)	674,203 individuals	29.7% of population
Limited English Proficiency	55,299	5.9% of population
Major Languages Spoken at Home in King County, 2022		
English only	630,241 individuals	66.7% of population
Spanish	62,683 individuals	6.6% of population

Chinese (incl. Mandarin, Cantonese)	59,288 individuals	6.2% of population
Vietnamese	17,175 individuals	1.8% of population
Somali, Amharic (2018 estimate)	37,200 residents	1.8% of population
Tagalog	14,616 individuals	1.5% of population
Korean	13,093 individuals	1.3% of population
French, Haitian, Cajun	8,274 individuals	.8% of population
German or Other West Germanic Languages	7,191 individuals	.7% of population
Hindi, Punjabi (2021 estimate)	39,580 residents	1.7% of population
Russian, Polish, other Slavic language	20,432 individuals	2.1% of population
Arabic	5,290 individuals	.5% of population
Japanese (2021 estimate)	11,410 residents	0.9% of population
Ukrainian (2021 estimate)	11,508 residents	0.6% of population
Other Asian and Pacific Island Languages (e.g., Samoan)	38,115 individuals	4% of population
American Sign Language[3] (2019 estimate)	Estimated 45,000 residents	2% of population
Disability Data (Average: 2017-2021)[4]		
King County Overall (adults)	362,200 individuals	

[3] Gallaudet University estimates that about 2-4 out of 1000 people are functionally deaf, hence the percentage per population is about 2-4%. This estimate uses 2% in calculations since that gives an approximate estimation on ASL fluency among deaf and deafblind populations. Gallaudet demographics report: https://www.gallaudet.edu/office-of-international-affairs/demographics/deaf-employment-reports/

[4] King County data from Communities Count and Behavioral Risk Factor Surveillance System (BRFSS) (2013-2021) https://www.communitiescount.org/living-with-a-disability & https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators/behavioral-risk-factor-surveillance-system.aspx

Non-Hispanic White	19.7% of population
Black or African American	27.4% of population
American Indian and Alaska Native	41.2% of population
Asian	9.1% of population
Native Hawaiian and Other Pacific Islander	21.4% of population
Hispanic or Latino	23.3% of population
Two or more race	20.9% of population

Racism is a public health crisis

On June 11, 2020, King County government, including Public Health, declared that racism is a public health crisis. Racism threatens communities across the United States by causing health inequity,

depriving individuals of vital access to healthcare resulting in higher death rates, shorter life expectancy, and greater severity of disease. Structural racism is a root cause of several health disparities, manifesting through laws and policies that create barriers to equitable and high-quality care.

When understanding the impacts racism has on the health of communities, it is vital to recognize that racism often manifests in an intersectional manner. Racism intersects with other forms of discrimination, including discrimination based on ability, socioeconomic status, sexuality, or place of birth. For example, the COVID-19 pandemic showed that people with disabilities experience unique impacts due to a lack of appropriate data on these communities as well as barriers to accessing information, testing, and vaccination that result in greater disparities during a response. As recovery efforts from COVID-19 continue, historically

marginalized populations continue to face greater challenges due to racism and its intersections with other forms of discrimination.

Equity in Public Health Emergency Preparedness

Recognizing the layering of discrimination in our healthcare systems is necessary for effective public health emergency response. In addition to individual acts of discrimination, structural racism pervades systems of power, informing decision-making and furthering health inequities.

Equity Response Annex, p.11

Such systems of power in emergency responses include the Incident Command System that is described further below. Due to state and federal requirements, however, Public Health cannot abandon using these systems altogether, but it can honor our commitment to addressing racism by actively incorporating equity into the incident command structure. This includes developing response roles that address health equity and incorporate community priorities in real time, and through incident action planning for each operational period of the response.

Public Health developed the Community Engagement for Public Health Emergency Preparedness (PHEP) Guide (EqRef 1) as a tool to inform community-engaged preparedness activities and response planning. The guide outlines an approach that involves centering community perspectives and engaging in equity impact reviews during preparedness and response. The guide includes:

- Information on PII in King County
- Approaches to engage with community in preparedness activities
- Recommendations for incorporating equity in Incident Command System

The guide also includes an Equity Impact Review tool that may be used to support equity-led decision making and prioritize PII before and during response activities. The tool includes a series of layered questions aimed at identifying the PII that are most at-risk during an emergency as well as those that are most impacted. The Equity Impact Review process analyzes "impacts" as both the impacts of an emergency and the historical and systemic impacts of inequities experienced by different groups of people.

The Preparedness Section of Public Health has organized a Community Advisory Group for Public Health Emergency Preparedness. This group convenes monthly as of January 2024. The Community Advisory Group is comprised of nine community members from across King County that engage in providing feedback, discussions, and collaboration with Preparedness Section staff on emergency preparedness and response activities. Through this Community Advisory Group, the Preparedness Section aims to center communities' voices and priorities in preparedness planning work. The Preparedness Community Advisory Group engaged in a discussion around what "equity" means in the context of preparedness and response, below are the definitions that were shared:

- "Equity is rooted in power – who has the power? among those who have power, who are working directly with community groups?"
- "Language is a huge way to create and practice equity. Very technical language and acronyms that make it difficult for a lot of people to learn about what is going in within their institutions is not equity, we need resources to be written and shared in ways that all people can understand because they will be impacted by the information and decisions in those resources."

- "When reflecting on equity, it is important to think about what has already happened and how certain community groups have been most significantly harmed by disasters and emergencies."
- "Being cognizant of positionality. Equity is about asking community groups: what do you need to succeed? Equity provides people with what they need to succeed, including the necessary resources and support to thrive, while acknowledging that each person has different circumstances."
- "Equity primarily focuses on being person-led and ensuring the movement and growth into equal opportunities rather than guaranteeing equal results."
- "It is important to differentiate equality from equity and one way to do that is to hold townhalls and focus groups with different community groups including immigrant, refugee, and asylum-seeking communities to establish a set of definitions, include these communities in decision making processes, and clearly identify what resources are needed."

These definitions have been shared to serve as cornerstones for understanding and applying the concepts of equity-centered incident response that are outlined in this Annex.

Additionally, Public Health relies on data from the Washington Tracking Network to identify social vulnerability to hazards across the county. This data source includes social vulnerability indices that come from the Centers for Disease Control and Prevention Social Vulnerability Index – a measurement tool that uses sixteen United States census variables to help local health departments identify communities that may need support before, during, or after disasters. Public Health intends to demonstrate its commitment to incorporating equity in a meaningful way in the response structure by using the abovementioned tools and data sources and by utilizing the response structure and operations outlined below.

OPERATIONALIZING EQUITY IN EMERGENCY RESPONSE

During an emergency, the response activities that Public Health engages in align with the National Response Framework (NRF) and the guiding principles of the National Incident Management System as mandated in RCW 38.52.070. Public Health collaborates with local partner agencies, community-based organizations, faith-based organizations, and other community partners to stabilize an incident, undertake community-centered response operations, and sustain health, medical, and mortuary services. As part of NIMS, Public Health uses the Incident Command System (ICS), which is a standardized incident management approach, to coordinate emergency response operations.

During an emergency response, Public Health has critical primary functions that are:

- Ensure equity and social justice is embedded, centered, and implemented through operations
- Coordinate public health and medical emergency operations including but not limited to:
    - Fatality management
    - Laboratory testing
    - Mass care support
    - Medical countermeasure dispensing and administration
    - Medical material management and distribution
    - Medical surge management
    - Nonpharmaceutical interventions implementation
    - Public information and warning
    - Surveillance and epidemiological investigation
- Effectively staff and mobilize response workforce personnel
- Maintain situational awareness of health outcomes and healthcare system
- Communicate effectively and equitably with response and community partners

To further ensure that equitable and community-centered practices are embedded in the ICS, Public Health will establish equity-focused roles and teams within the response structure.

Incident Command Structure

The Incident Command System is a standardized form of organizing emergency response activities that allows multiple agencies to work together using common terminology and operating procedures. Public Health, under the legal authority of the Local Health Officer, establishes the Health and Medical Area Command (HMAC) as a response structure during emergencies and public health incidents. HMAC positions will be identified and staffed depending on incident type, hazard type, complexity, and legal responsibilities and authorities. HMAC serves as the coordination point for public health and medical services response within

Seattle and King County and sets the strategy, objectives and priorities for health and medical emergency response.

Departmental ICS & HMAC Integration

The HMAC structure is complementary to the incident command systems and leadership structures utilized by Public Health's emergency response partners. Public Health will activate HMAC to establish overall health, medical, and mortuary response and recovery objectives, coordinate incident information with ESF 8 agencies, and manage the acquisition and use of medical resources. The below organization chart outlines the ICS structure for HMAC. Public Health has created the Equity Officer and Equity Technical Advisor (Equity TA) positions within the HMAC organizational structure. This model uses the Operations Section as an example of how Technical Advisors may be placed when Branches and support the organization of the Operations Section.

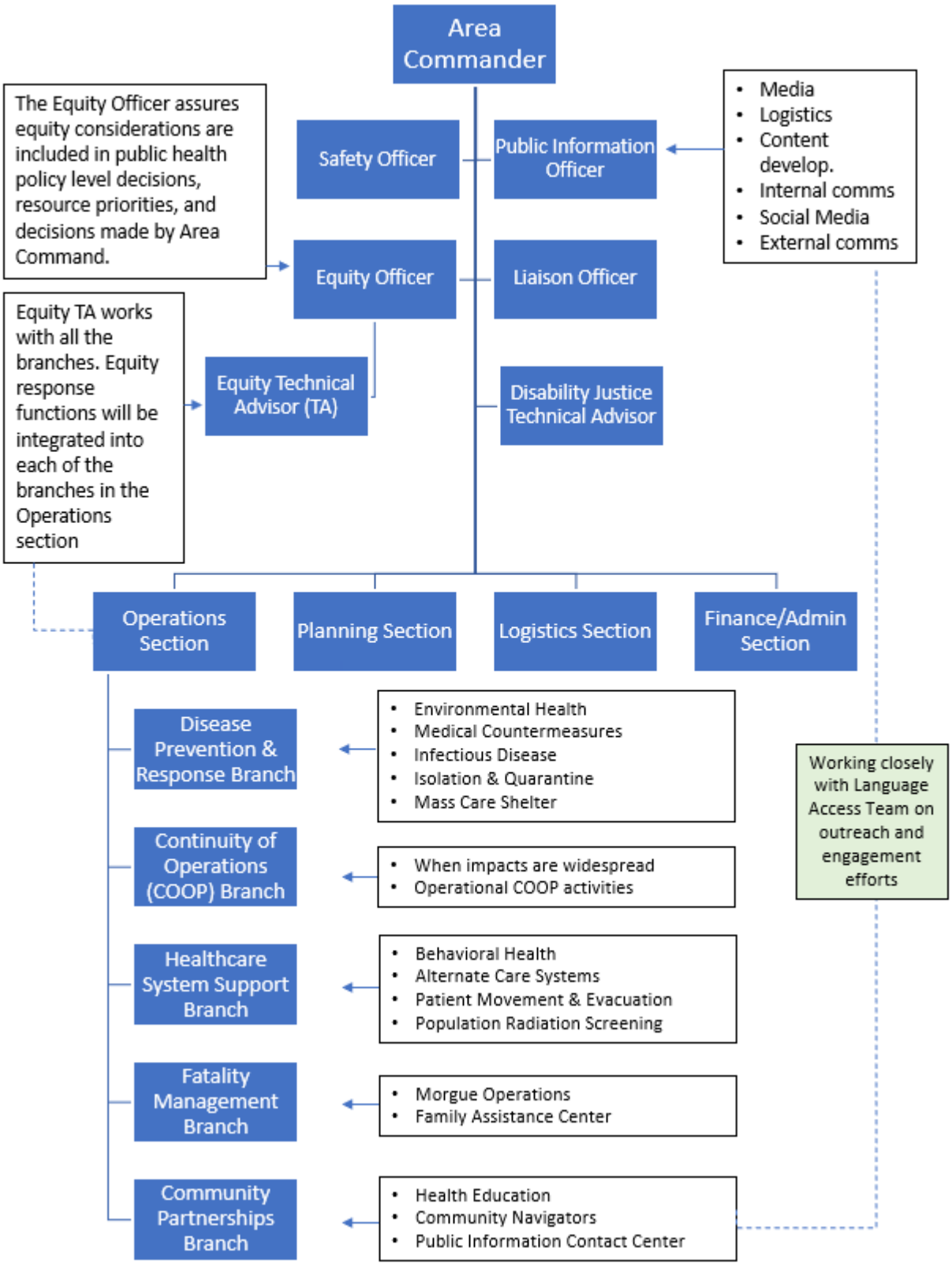

Figure 1. Equity embedded in ICS/HMAC Structure

Equity Response Annex, p.16

Roles and Responsibilities

Public Health's Workforce Mobilization Annex outlines the processes for identifying and deploying HMAC response staff in a manner that is consistent with King County policies, collective bargaining agreements, and emergency worker regulations. In addition, the Workforce Mobilization Annex outlines specific communication methods for notifying response teams, translation, and interpretation procedures, and processes for maintaining updated response team rosters. Public Health may incorporate an expanding scale of equity-focused positions into the HMAC structure as it moves through response operations. The equity-focused roles and groups may include the following:

Equity Officer

The Equity Officer is a position and reports directly to the Incident Commander. Public Health staff that are members of the Equity Response Team (ERT) may fill the Equity Officer and/or Equity Technical Advisor positions in HMAC. The Equity Officer's primary responsibility is to ensure equity-led decision making and practices are incorporated in HMAC management functions, response priorities, and policies. This includes but is not limited to informing the Incident Objectives for each operational period of an incident. In addition, the Equity Officer is involved in reviewing emergency services eligibility criteria and identifying where response operations could be better aligned to serve PII. The Equity Officer works closely with the Public Information Officer to inform translation, interpretation, and consultation on health and safety messaging. Additional duties falling under the scope of the Equity Officer are included in the full job aid.

Equity Technical Advisor(s)

The Equity Technical Advisor's primary responsibility is to ensure that equity practices are embedded into specific operational response strategies and their related activities. This responsibility involves participating in various operational and tactical meetings as well as engaging in regular meetings with Operations Section leads as well as any other meetings that are organized by the Equity Officer. In doing so, they facilitate connections, feedback, and two-way communication with Branches in the Operations Section. Use of the Equity Impact Review Tool may support the Equity Technical Advisor's contributions to the development of incident objectives and components of the Incident Action Plan. The Equity Technical Advisor reports to the Equity Officer and is assigned to work closely with Operations Section leadership as shown in Figure 1.

Equity Response Team

The Equity Response Team (ERT) is considered an impartial body that is connected to the HMAC structure through the Equity Officer. It is comprised of both community members and staff who hold diverse subject matter expertise and lived experiences. The team's primary responsibilities are to discuss and provide guidance on equity concerns, review response plans, tools, and

documents, and regularly meet with relevant response groups and community partners. The ERT also conducts case studies on specific response operations to analyze equity impacts and consider whether response operations are community-informed.

Public Health staff that are ERT members typically fill the Equity Officer and/or Equity Technical Advisor positions. If no staff ERT members are available to serve in these positions, other staffing sources may be considered. Staffing this role should be commensurate to the knowledge, skills, and experience needed to carry out the duties of the Equity Officer. Additional considerations regarding compensation mechanisms and onboarding to HMAC are outlined in Public Health's Workforce Mobilization Annex.

ERT members may serve in HMAC on a voluntary basis. ERT members that are not serving in HMAC will be kept apprised of the incident response each operational period via briefings and shared folders or documents. In addition, they may be asked to meet with the Equity Officer and/or Equity Technical Advisor periodically or regularly to leverage team members' unique perspectives and inform incident response decisions. ERT members will be provided with the appropriate tools and resources to support their roles during a response.

Disability Justice Technical Advisor

The Disability Justice Technical Advisor reports to the Equity Officer, and the role is placed within the Operations Section alongside the Equity Technical Advisor. This role works and liaises with the disability communities as well as other community partners. The Disability Justice Technical Advisor provides technical assistance to advance disability equity issues related to social determinants of health that are impacting the disability community during a response. In addition, this role provides consultation on an action plan to implement Americans with Disability Act (ADA) compliance and accessibility in Public Health's response activities.

HMAC Community Partnerships Branch

The Community Partnerships Branch within the Operations Section of HMAC coordinates community partnerships, outreach, and engagement during a response. The Branch is comprised of different Groups and technical knowledge areas to coordinate community outreach and engagement opportunities during a response. Groups will be focused on community engagement, outreach, and education, and providing consultation on response operations with a focus on centering the needs and priorities of the most impacted and at-risk communities. These groups may include different aspects of community outreach, such as setting-specific outreach groups, as well as representation from risk communications, Language Access, and may also include the Public Information Call Center team, which requires close connection with community engagement response activities and communications development to inform the publicly available information and guidance and deliver it in a culturally

appropriate and accessible way that meets the needs of KC communities. The activities implemented by this Branch will build on existing outreach mechanisms and established relationships within Public Health, while focusing on identifying and reaching PII that are at greatest risk and that have been most impacted by the emergency.

Incident Action Planning

Public Health follows a formal planning cycle to handle emergencies. This cycle includes developing an Incident Action Plan (IAP). The IAP documents incident goals known as operational period objectives or incident objectives. These objectives lay out specific goals for each phase of the response, informing what needs to be done, and how to do it. Figure 2., The Planning P, illustrates how the Equity Officer and Equity Technical Advisor positions fit into each stage of Public Health's incident management process. Depending on the duration and complexity of the incident, the sequence of meetings, work periods, and briefings, the incident action planning cycle may be repeated multiple times.

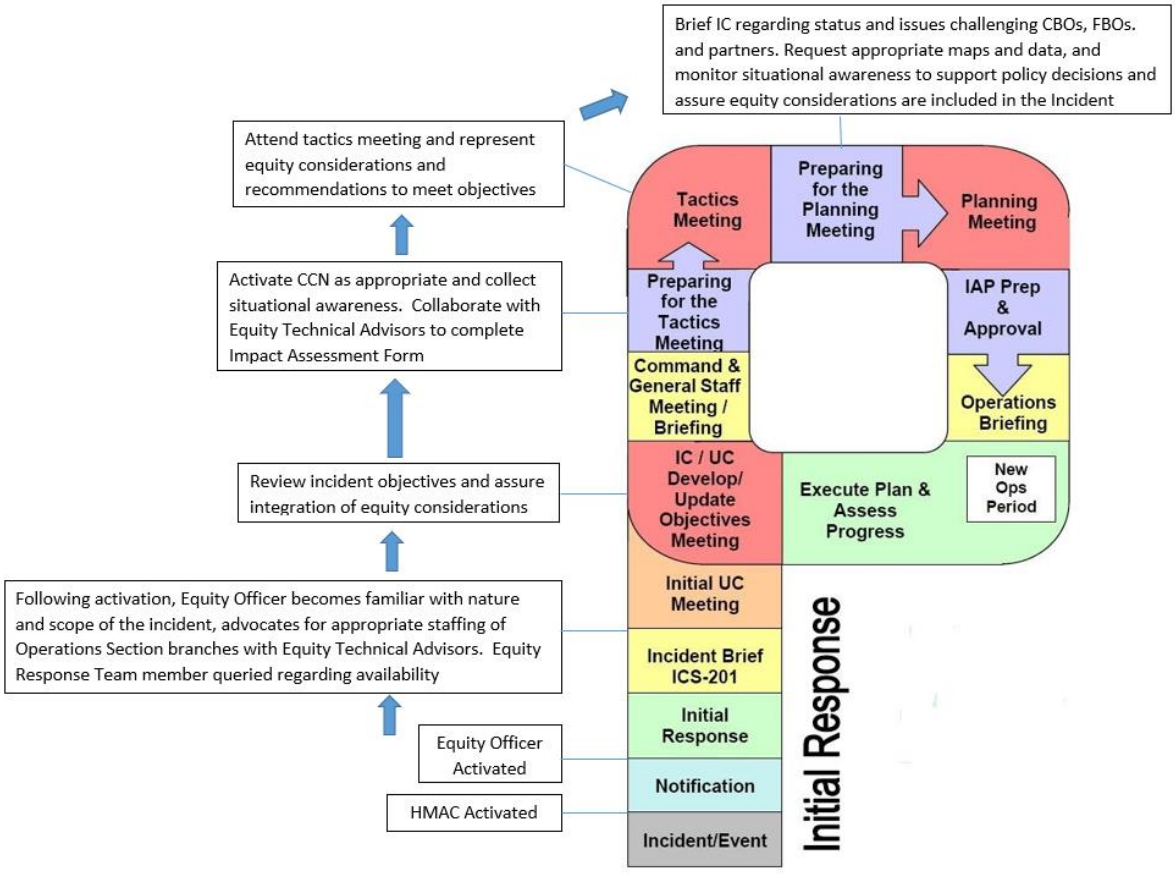

Figure 2. The Planning P

Equity Response Annex, p.19

Equity in Response Subject Matter Experts

In addition to the established equity-focused roles described above, incident action planning and management rely strongly on external organizations and individuals to provide information and subject matter expertise on incident objectives and associated response operations. The following approaches for community engagement and/or equity review have been taken from the Community Engagement for Public Health Emergency Preparedness (PHEP) Guide and serve as a starting point for community engagement:

- Gathering a consulting group of community leaders, such as the Equity Response Team (ERT), Pandemic and Racism Community Advisory Group (PARCAG), Community Health boards, and Community Navigators to discuss response operations and decision-making.
- Communicating directly with leadership and program managers of community and faith-based organizations (CBOs and FBOs) whose work focuses on the most impacted communities during a disaster.
- Developing and implementing surveys for community partners to share feedback during or after a response regarding their experiences or involvement at a Public Health site.
- Reporting on-the-ground field observation of barriers, questions, and complaints during response operations.
- Ensuring adequate representation from and outreach to the most at-risk and most impacted communities, including disability communities, and their perspectives on policies for making decisions about resource distribution, information sharing, and accessing services.

Response leadership and staff may use community partnerships to inform the development of the IAP and include partners in response strategies. Public Health can ensure that information and resources are reaching communities of PII that are at-risk or most negatively impacted by health emergencies by:

- Creating incident objectives that center communities' greatest needs
- Including community partners in decision making regarding response operations through community engagement and outreach opportunities

Partnerships include but are not limited to the following:

- **Community Health Boards (CHBs) and the Community Health Board Coalition (CHBC):** The CHBC is comprised of 16 individual CHBs representing historically marginalized communities in King County, all of whom experience high levels of health disparities on a daily basis. CHBs are trusted entities in their communities. Language and cultural groups that can be reached by the CHBC and CHBs include:

    - African American
    - African Leaders
    - Afro Descendant and Indigenous
    - Cham
    - Congolese
    - Eritrean (Tigrinya)
    - Ethiopian (Amharic)
    - Filipinx
    - Iraqi/Arab (Arabic)
    - Khmer
    - Latinx (Spanish)
    - Pacific Islander
    - Somali
    - Vietnamese
- **Public Health Reserve Corps (PHRC):** The PHRC is made up of medical and non-medical volunteers who support Public Health in meeting the needs of affected communities during an incident. To respond with cultural appropriateness to PII and underserved persons, the PHRC includes volunteers who are multilingual. Multilingual PHRC volunteers may be available to assist in providing in-language health communications by interpreting alerts and warnings for multi-lingual communities. PHRC volunteers may also provide on the ground outreach.
- **Community Based Organizations and Faith-based Organizations** are effective when there is a need to rapidly disseminate information and resources in specific geographic areas or neighborhoods with individuals that use languages other than English. Providing appropriately translated information, and distributing information to grocery stores, restaurants, gathering centers and other locations that have a high level of pedestrian traffic is recommended.
- **Community Advisory Group for Public Health Emergency Preparedness (PHEP):** The Community Advisory Group is a group comprised of community members from across King County whose insights and experiences inform the processes and practices for promoting equity in emergency preparedness and response.

Equity-based Communications in Response

In addition to leveraging existing partnerships, Public Health relies on communication with community-based organizations and leaders that serve PII to provide operational updates and establish a communication mechanism to both inform IAP development and include partners in response activities. Examples of the communication mechanisms that Public Health relies on to achieve those purposes are:

- **Office of Equity and Community Partnerships:** Sharing situational awareness information at Office of Equity and Community Partnerships (OECP) meetings that include staff from various teams and groups that may have response roles within HMAC as well as those who do not. Working closely with the Public Health Language Access Team to ensure that information regarding the emergency and response activities is translated and interpreted up to 30 languages. In addition, OECP staff may be able to

support with equity and cultural appropriateness reviews of in-language documents, public communications, and community outreach activities.

- **Community Communication Network (CCN):** The CCN is a partnership between Public Health, community-based organizations, and community leaders. The function of the CCN is to ensure essential health-related information reaches PII during emergencies by using established communications channels to disseminate messages. All emails to the CCN should be sent from ccn@kingcounty.gov or from the Gov Delivery communications platform.
- **Alert Seattle** maintained by **Seattle Office of Emergency Management (OEM)** is the City of Seattle's official emergency alert and warning system. This system can send alerts to the public via text message, email, voice message and social media. Alerts are sent out city-wide to everyone who has opted-in to the system, or to a specific area or neighborhood for localized incidents. Alert Seattle currently only sends out messages in English.
- **Alert King County** maintained by **King County Office of Emergency Management** is King County's emergency alert and warning system that helps individuals stay informed about potential hazards and threats in the area. Alert King County currently sends out messages in nine languages (including English). Alerts are sent out county-wide to everyone who has opted-in to the system.
- **Trusted Partner Network**, a partnership with individual community leaders who may be able to provide translation assistance and are able to quickly disseminate messages within their social networks. Maintained by King County's Office of Emergency Management.
- **Public Health's Risk Communications Response Annex** includes additional guidance for alerts and warnings for PII, external communications procedures to center community needs in messaging, language access standards and processes, and distributing messaging through community partners and community and multilingual media.

While Public Health relies on communication with community-based organizations and leaders that serve PII to help inform the incident planning cycle, it is important to consider and plan for the following incident circumstances that may hinder communications, especially in a large-scale incident:

- Public Health, community-based organizations, and/or leaders may not have immediate access to functioning telecommunication systems including telephone and internet access.
- Public health responders, community-based organizations, and/or leaders may be unwell or otherwise unable to respond to communications.

- Public Health responders do not have the appropriate language resources (including ASL) to reach all communities in a timely manner. In addition, communication may not meet a variety of access needs, screen reader accessibility of written digital information, etc.
- Public Health relies on data to drive resource allocation, relief programs, and communications. However, if data is not yet available on impacts it may result in misdirected or failed operations. Another consideration is that available data may not be intersectional in relation to race, income, geography, disability, etc., and the combined impacts of these social determinants of health.

Summary of Incorporating Equity in Response Operations

During a response and HMAC activation, response leadership may utilize the established structures and processes outlined in the sections above along with the Equity Impact Review tool and Community Engagement for PHEP Guide to ensure that incident objectives and response strategies are equity-focused and informed by community. Below is a non-exhaustive list of strategies for conducting effective, community-centered incident action planning and subsequent response activities.

- **Resource allocation**: When resources are scarce during a response, resource allocation for community-based interventions (such as vaccination clinics and testing sites) should be weighted to ensure equitable access to resources for communities according to their risk of illness and mortality, including access to transportation, personal protective equipment (PPE), diagnostics, safe disability accessible spaces for quarantine, and treatment for those who become ill. Public and private partnerships will be needed to work through structural inequity, trust, and access to care issues prior to an incident.
- **Reaching community partners**: When community partners receive resources, it is essential that language services interpreters selected for response activities are aware of different regional dialects and consider the reach of their information to marginalized communities. Community outreach teams or navigators should additionally be equipped to support persons with disabilities and connect them to appropriate services. There will need to be systemic supports in place for this effort to reach *everyone* and ensure health and safety during a response. The Equity Impact Review tool included as a Reference Document to this Annex may serve as decision-making support.
- **Communications**: All written and visual materials that will be shared with communities must be screen reader accessible when posted online, have high color contrast, and be written in a way that is easy to understand. For printed materials, large print and braille options should be available. In addition, any video materials should have audio description for the visually impaired, especially if there is important information that is only portrayed visually.
- **Informed decision-making**: Ensure that data is being collected on community outreach efforts through HMAC, including collection of anonymized data from community on

needs, barriers, and experiences accessing and utilizing response services. Partner with the team within Public Health focused on language accessibility and health literacy to ensure that communications, data collection mechanisms, and all forms of outreach are translated into the appropriate languages and that interpretation is available as needed.

For more examples of community-centered response strategies, please look to the All-hazards Equity-based Incident Objectives document in the Reference Documents below.

ANNEX MAINTENANCE

Review and revision

This Annex will be reviewed yearly. The revision process will include outreach to relevant Public Health divisions and programs represented in the Annex to ensure their response activities and services are documented accurately.

Following any exercises or actual emergency responses, Public Health will seek feedback on the response from HMAC responders, Public Health divisions and programs involved in the response, impacted communities, and key partners across the county. Based on this feedback, this Annex will be updated to include lessons learned and address recommended improvements.

Socialization

Relevant portions of the updated Annex will be shared with the following groups after the review and updating process is complete each year:

- Public Health's Office of Equity and Community Partnerships, including but not limited to the following groups:
    - Community Navigators Team
    - Equity Response Team
    - Pandemic and Racism Community Advisory Group
- Preparedness Section's Community Advisory Group for Public Health Emergency Preparedness
- Public Health divisions and programs
- King County Office of Emergency Management
- City of Seattle Office of Emergency Management
- Emergency management representatives from local jurisdictions

Socialization is intended to seek feedback from as well as to inform partners of changes to the contents of this annex. Public Health divisions and programs directly involved in emergency response and key community partners will participate in the revision process, ensuring thorough engagement prior to any socialization.

Training and exercises

Preparedness maintains an Integrated Preparedness Plan (IPP), which details the training and exercise priorities for Public Health response actions. Portions of the Equity Response Annex may be integrated into the IPP to ensure key capabilities are exercised and relevant training developed.

As the Annex is updated on a yearly cadence, Preparedness Section staff will organize and implement yearly trainings on the Equity Response Annex to ensure that all staff remain familiar with the updated content.

ANNEX REFERENCE DOCUMENTS

- EqRef 1: Community Engagement for Public Health Emergency Preparedness Guide
- EqRef 2: Equity Impact Review Tool
- EqRef 3: Equity Officer Job Aid
- EqRef 4: Emergency Response Bill of Rights
- EqRef 5: All-Hazards Equity-based Incident Objectives

GLOSSARY

ADA - the Americans with Disabilities Act is federal civil rights legislation that was signed into law in 1990 to address discrimination on the basis of disability in employment, public accommodations, transportation and telecommunications as well as state and local government services (Disability Language Style Guide, National Center on Disability and Journalism).

Black, Indigenous, and people of color (BIPOC) – a term referring to "Black and/or Indigenous People of Color." While "POC" or People of Color is often used as well, BIPOC explicitly leads with Black and Indigenous identities, which helps to counter anti-Black racism and invisibilization of Native communities.

Community Communication Network (CCN) – a partnership between PHSKC, community-based organizations, and community leaders to ensure essential health-related information reaches populations impacted by inequity.

Community Health Board (CHB) – community led initiatives and organizations that strive to serve communities that are disproportionately affected by inequities to reduce health disparities, improve access to health, education, and economic independence, and overall improve health outcomes.

Community Health Board Coalition (CHBC) – a group of 16 Community Health Boards representing historically marginalized communities in King County, all of whom experience high levels of health disparities daily.

Emergency Support Function (ESF) 8 – an organizational structure to help provide the direction, coordination, and mobilization of health and medical resources, information, and personnel during emergencies and disasters. There are 15 ESFs in total; Public Health is focused on ESF 8: Health, Medical, and Mortuary Services.

Equity –

- "The full and equal access to opportunities, power, and resources so that all people achieve their full potential and thrive. Equity is an ardent journey toward well-being as defined by those most negatively affected."
- "Equity is rooted in power – who has the power? among those who have power, who are working directly with community groups?"
- "Language is a huge way to create and practice equity. Very technical language and acronyms that make it difficult for a lot of people to learn about what is going in within their institutions is not equity, we need resources to be written and shared in ways that all people can understand because they will be impacted by the information and decisions in those resources."

- "When reflecting on equity, it is important to think about what has already happened and how certain community groups have been most significantly harmed by disasters and emergencies."
- "Being cognizant of positionality. Equity is about asking community groups: what do you need to succeed? Equity provides people with what they need to succeed, including the necessary resources and support to thrive, while acknowledging that each person has different circumstances."
- "Equity primarily focuses on being person-led and ensuring the movement and growth into equal opportunities rather than guaranteeing equal results."
- "It is important to differentiate equality from equity and one way to do that is to hold townhalls and focus groups with different community groups including immigrant, refugee, and asylum-seeking communities to establish a set of definitions, include these communities in decision making processes, and clearly identify what resources are needed."

Equity Impact Review Tool (EIR) – a tool that helps support equity-led decision making and prioritizes populations impacted by inequity in response efforts.

Equity Response Team (ERT) – a team comprised of community members and PHSKC staff who hold diverse subject matter expertise and lived experiences. The team's primary responsibilities are to discuss and provide guidance on equity concerns, review response plans, tools, and documents, and regularly meet with relevant response groups and community partners.

Health and Medical Area Command (HMAC) – the structure Public Health uses to organize our internal response to support the health, medical, and mortuary needs of the community. HMAC supports the coordination of communication and information sharing, prioritization of services and allocation of scarce resources, and decision making among leadership and authorities.

Incident Action Plan (IAP) – formally documents incident goals known as operational period objectives or incident objectives that inform response activities and outline the overall response strategy.

Incident Command System (ICS) – a standardized incident management approach to coordinate emergency response operations OR a standardized organization structure that allows agencies to work together using common terminology and operating procedures during an emergency response.

Intersectionality - first defined by Kimberlé Crenshaw, the concept of intersectionality describes the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class, and other forms of discrimination "intersect" to create unique dynamics and effects. This often creates compounding experiences of oppression for people who hold multiple marginalized identities (Center for Intersectional Justice).

National Incident Management (NIMS) – a framework that guides all levels of government, non-governmental organizations, and the private sector to work together to prevent, protect against, mitigate, respond to, and recover from incidents.

National Response Framework (NRF) – a guide to help jurisdictions, citizens, non-governmental organizations, and business respond to all types of disasters and emergencies. It is structured to help develop continuity plans, integrate continuity plans, build capabilities to respond to cascading failures among businesses, supply chains, and infrastructure sectors, and collaborate to stabilize community lifelines and restore services.

Pandemic and Racism Community Advisory Group (PARCAG) – a Public Health Seattle & King County advisory group that helps share information and urge action within their respective networks and informs Public Health on what they are seeing and hearing out in community – both challenges and opportunities.

Populations Impacted by Inequity (PII) – individuals, groups, or communities who experience institutional, structural, and systemic discrimination, bias, and racism in access to opportunity and to resources daily.

Public Health Reserve Corps (PHRC) – medical and non-medical volunteers who support PHKSC in meeting the needs of affected communities during an incident.

Structural racism –

- "A system of organizational and institutional policies created over time that support a continued unfair advantage for some people and unfair or harmful treatment of others based on their race or ethnic group. Structural racism comes from deep patterns of social, economic, and cultural differences that have developed over time between different groups of people. It affects the physical, social, and economic conditions of where people live, learn, work, and play. Structural racism is a serious problem and can lead to poor health outcomes, such as higher rates of disease and death in certain racial and ethnic groups." – National Cancer Institute
- "The totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values and distribution of resources," – Dr. Zinzi Bailey
- "**Structural racism and discrimination (SRD)** refers to macro-level conditions (e.g. residential segregation and institutional policies) that limit opportunities, resources, power, and well-being of individuals and populations **based on race/ethnicity and other statuses,** including but not limited to: gender, sexual orientation, gender identity, disability status, social class or socioeconomic status, religion, national origin, immigration status, Limited English proficiency, physical characteristics of health conditions" – National Institute on Minority Health and Health Disparities

- "The normalized and legitimized range of policies, practices, and attitudes that routinely produce cumulative and chronic adverse outcomes for people of color, especially black people–is the main driver of racial inequality in America today." – Dr. Tricia Rose

Systems of power –

- Systems of power are the beliefs, practices, and cultural norms on which individuals lives and institutions are built. They are rooted in the social constructions of race and gender and embedded in history (colonization, slavery, migration, immigration, genocide), present-day policies, and practice. These systems of power reinforce white supremacy, patriarchy, and heteronormativity as defining power structures in the United States and feed the structural barriers that are the root causes of inequity experienced by young women of color– Center for Law and Social Policy (CLASP)

Systemic Racism – the oppression of a racial group to the advantage of another as perpetuated by inequity within interconnected systems (such as political, economic, and social systems)

Trusted Partner Network (TPN) – a partnership with individual community leaders who may be able to provide translation assistance and are able to quickly spread messages within their social networks.