



Evolution Series

Twenty years of health equity innovation

Equitable Recovery

Embedding Equity into Emergency Operations 2020





EMBEDDING EQUITY INTO EMERGENCY OPERATIONS: STRATEGIES FOR LOCAL HEALTH DEPARTMENTS DURING COVID-19 & BEYOND

A COLLABORATIVE BRIEF BY
THE BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE (BARHII) AND
THE PUBLIC HEALTH ALLIANCE OF SOUTHERN CALIFORNIA (THE ALLIANCE)

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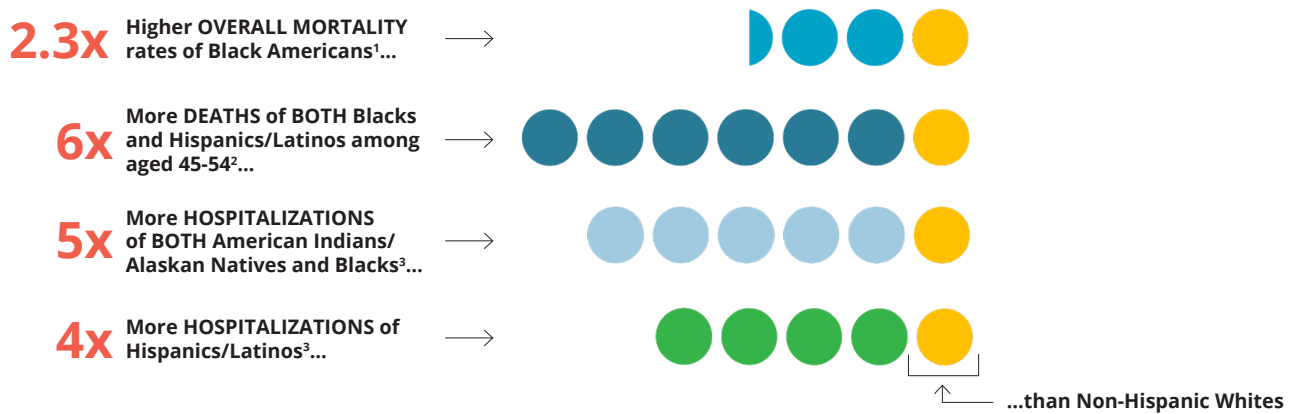
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INTRODUCTION

The COVID-19 pandemic has revealed stark inequities in the health and economic security of California's communities, with particularly alarming disparities in health outcomes by race and ethnicity. These disparities are driven by current inequitable policies and practices and a legacy of historic discrimination that puts Black, Latinx and other communities most impacted by inequities in harm's way. For example, the lack of adequate protective measures for many "essential workers"—a population that is disproportionately people of color—has fostered a racial divide between those who can "shelter in place" and those who cannot. As the crisis grows, there is an urgent need for Local Health Departments to work with community members, elected officials, and other departments and agencies to address these inequities through their emergency response and recovery processes.

NATIONAL COVID-19 DISPARITIES BY RACE/ETHNICITY



CALIFORNIA COVID-19 DISPARITIES

- » Latinx individuals are experiencing the greatest number of infections with 56% of cases, while only comprising 39% of the state's population.⁴
- » Working-age Blacks (ages 18-49) are dying nearly two and a half times as often as their share of the state's population.⁵
- » The infection rate among Pacific Islanders is three times higher than that of white individuals, while their death rate is nearly 60% higher than that of whites.⁶
- » Latinx workers are 57% more likely to be employed in front-line "essential" jobs than white workers. Black workers are 37% more likely than whites.⁷

The pandemic has also made clear that public health emergencies are complex, dynamic, and resource intensive, and can rapidly overwhelm government systems designed for routine operations—which can make it difficult to implement equitable principles and practices. This is especially true when equity has not been embedded into local emergency response protocols.

1 <https://www.apmresearchlab.org/covid/deaths-by-race>
 2 <https://www.brookings.edu/blog/up-front/2020/06/16/race-gaps-in-covid-19-deaths-are-even-bigger-than-they-appear/>
 3 <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>
 4 <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx>
 5 <https://www.latimes.com/california/story/2020-04-25/coronavirus-takes-a-larger-toll-on-younger-african-americans-and-latinos-in-california>
 6 <https://www.latimes.com/california/story/2020-07-19/california-pacific-islander-native-hawaiian-communities-hit-hard-by-coronavirus>
 7 <http://laborcenter.berkeley.edu/front-line-essential-jobs-in-california-a-profile-of-job-and-worker-characteristics/>

Integrating equity into emergency response structures is essential to position our communities to address the full range of public health emergencies coming in the years ahead—from pandemics to climate-driven wildfires and power shut-offs—both as isolated events and co-occurring crises. Integrating equity into all phases of emergency management will help jurisdictions better identify the needs of the whole community, especially Groups Impacted by Inequities (GIIs), when disaster strikes. This integration will also support government leaders and communities in creating the programs, policies, and procedures needed to equitably address those needs.

With the COVID-19 crisis deepening, jurisdictions across California are increasingly recognizing the need for a more equitable response to the pandemic and other emergencies and many government leaders have reached out to our organizations for support and guidance. This brief offers practical strategies for integrating a robust equity response into your jurisdiction’s emergency planning and disaster response. We have accompanied these strategies with local and national case studies, best practice recommendations, and other resources. We hope that this guide will contribute to the rapidly evolving field of emergency response and look forward to supporting health departments across California to implement the approaches described here.

THE EVOLVING STRUCTURE OF EMERGENCY RESPONSE

In the decade following Hurricane Katrina, the field of emergency response started to explicitly acknowledge that natural disasters and other emergencies have a disproportionate impact on certain individuals and communities. As a result, the **Federal Emergency Management Agency (FEMA)** began integrating a focus on ensuring equal access and delivery of service to people with disabilities in all phases of emergency management.

Concurrently, many jurisdictions have adopted an emergency management approach established by FEMA that creates a clear decision-making hierarchy and standardized procedures, which are operationalized through the **National Incident Management System (NIMS)**. This approach has helped to provide clarity and efficiency in ambiguous and rapidly changing emergency situations. However, it has also often left little room for robust integration of a community and collaboration-based equity approach.⁶

Some local governments are establishing innovative approaches to advance equity within their emergency management structures, including explicitly embedding equity-based roles and practices within the local Incident Command Structure (ICS), Emergency Operations Center (EOC), and Department Operations Center (DOC).



6 <https://metroscap.imspx.org/equity-in-emergency-management>

HOW EQUITY ELEVATES EMERGENCY RESPONSE: EQUITY SPOTLIGHTS FROM MEMBER & NATIONAL DEPARTMENTS

For many jurisdictions, COVID-19 created a critical opportunity to integrate equity into local emergency operations. In our scan of jurisdictions that were successful in embedding equity into their COVID-19 response, we found that counties and cities with Equity Officers or dedicated equity staff teams who were activated through the ICS and EOC were best positioned to respond to the disproportionate impacts of the pandemic. These jurisdictions were also better able to collect, report, and track disaggregated demographic data that was initially missing from many public data dashboards.

The case studies below highlight examples of public health departments and other agencies that successfully embedded and operationalized equity through their jurisdiction's emergency operations response to address the health and economic impacts of the pandemic. This information was gathered from a series of interviews, review of publicly available data, and webinars on best practices.

Some of the highlighted departments had formally embedded equity staff into their department or jurisdiction's emergency response structures before the pandemic, while others worked to adapt their emergency structures to embed equity during the response and recovery process. In many cases, health department equity staff who were deployed to their jurisdiction's EOC successfully championed formally integrating equity into the emergency response structure. While departments had varying levels of equity staff prior to COVID-19, all the jurisdictions we highlight mobilized and responded more equitably because equity staff were embedded into the emergency response structure.





CITY AND COUNTY OF SAN FRANCISCO

Establishing a Core Equity Unit to Address Disproportionate Impact

Less than a week after the first national reports of stark disparities in COVID-19 hospitalizations and deaths among African Americans were released, San Francisco **developed and published a map** of COVID-19 impacts by ZIP code to help shape the city’s response. This fast reaction was made possible by a host of structural and operational actions to embed equity into the city’s crisis response framework. San Francisco’s EOC began by including community, faith, and private sector organizations into its design and planning processes. The City integrated an Equity Officer position into the EOC structure and appointed the Equity Officer at full-time capacity for emergency response. It also activated a team of City staff to support the Equity Officer in implementing equitable response strategies. Highlights of the San Francisco ICS structure include:

- Equity Officer reports directly to Incident Commander
- Equity staff are deployed throughout branches

Activating Community Partnerships for Responsive Equity Solutions

The City’s equity team engaged with community partners that serve populations most impacted by inequities to guide many aspects of the city’s pandemic response. For example, staff learned from partners that some members of the Latinx community were reluctant to work with contact tracers due to language barriers and fear of sharing information with government entities due to immigration status. The team escalated this information through the EOC equity system, and the San Francisco Department of Public Health (SFPDH) quickly organized an informational webinar for Spanish-language media, emphasizing that immigration status would have no bearing in contact tracing and other pandemic response. Another example: SFPDH opened the city’s first Field Care Clinic in the Bayview, a predominantly African American neighborhood, to increase access to urgent care and primary care for the duration of the pandemic in addition to creating a COVID-19 testing site. This removed the admission burdens on nearby hospitals while simultaneously increasing capacity for testing and treatment in the underserved neighborhood. The City also took substantial action to address the needs of its community members experiencing homelessness, including moving people from shelters into hotels and increasing social distancing and food access in shelters.

Some of the key tools that the EOC utilized to accomplish this include the use of Office of Racial Equity reports, disparity data trackers, and publishing framing reports that **expand what constitutes “vulnerable populations”** to prioritize and mobilize resources to the communities hit the hardest by the pandemic.

COUNTY OF LOS ANGELES PUBLIC HEALTH DEPARTMENT



Activating Department-wide Equity Capacity to Design Responsive & Ongoing Equity Solutions

The Center for Health Equity (the Center) is an LA County Alliance for Health Integration initiative led by the Department of Public Health (LADPH). Prior to the COVID-19 pandemic, the Center and LADPH worked to advance equity through department-wide training, capacity building and support. At the start of the pandemic, Department staff trained in foundational equity principles, including health equity, racial equity and implicit bias, were deployed throughout the EOC structure where they were able to guide efforts to address critical equity issues and ensure inclusive action. In addition, Center staff were quickly deployed to resource critical communications and community-focused initiatives within the LADPH emergency operations structure and later integrated into a department-wide response to address COVID-19 disparities.

Using Disaggregated Data to Inform Community-Driven Equity Solutions

As the critical importance of disaggregated data on disparities began to emerge nationally, Public Health quickly mobilized to respond. On April 28, 2020, Public Health released the “COVID-19 Racial, Ethnic & Socioeconomic Data & Strategies Report”. The report identified communities of color who were disproportionately impacted by COVID-19 infections and deaths and appended a strategic plan to address communities highly impacted by COVID-19. Center staff joined Community Field Services staff to launch working groups focused on priority populations. Due to robust community partnerships that were established by LADPH staff before the crisis, community partners and leaders representing impacted communities quickly identified high priority needs. The workgroup worked with the Department’s communications and Health Education Administration teams to develop culturally relevant **public health messaging and guidance**, as well as strategies for broad-scale dissemination. LADPH outreach included document translation into all twelve of the County’s threshold languages and tailored communications strategies and materials for communities most impacted by COVID-19 (see examples [here](#) and [here](#)). In addition, in response to the critical need to address the impact of health emergencies on impacted communities through emergency operations, LADPH is consulting with the County Department of Human Resources to update the Disaster Service Worker training with equity and implicit bias curriculum content to ensure a greater emphasis on, and integration of, these foundational principles.

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES



Embedding Equity into Leadership and Decision-Making

The City of Long Beach Office of Equity is housed in the Department of Health and Human Services. The Office of Equity works on City-wide equity initiatives, focused on health equity and racial justice. Shortly after the first cases of Southern California COVID-19 cases, the Office of Equity was activated, largely in response to City-wide language access needs. Prior, equity was not officially embedded into the City’s EOC structure. After identifying communities facing barriers to information, testing services, and essential protections, the Equity Officer was officially integrated into the EOC structure, reporting directly to the Incident Commander. In addition, the Equity Officer mobilized an equity unit within the EOC, a team of staff focused on responding to critical needs of the most impacted communities. Language Access staff were also deployed to the City’s JIC to provide equitable communications support. Highlights of the Long Beach ICS structure ([view full organizational chart here](#)) include:

- Equity Officer reports directly to Incident Commander for City’s EOC
- Equity embedded in Joint Information Center (JIC)

Embedding Equity for Responsive Community-Based Solutions

As a result of this structure and a robust network of community partners, equity staff were able to identify the critical barriers impacting Long Beach residents. For example, on a listening session held in Spanish with community leaders, the Equity team learned that many Latinx people were fearful of seeking out COVID-19 testing due to fears that children would be removed from the home or separated by immigration authorities if a parent tested positive. The Long Beach Public Information Officer shared this with LA County and the Dept. of Children and Family Services quickly responded with public messaging to directly address these fears. The Equity team also made a recommendation to look at housing situations for individuals returning from incarceration, prompting the EOC Planning section to seek out sober living homes and halfway houses, and reach out to them directly with information about prevention and testing. The Equity team also expressed concern about barriers to drive-through testing for individuals without vehicles, prompting the EOC Operations section to provide walk-up and mobile testing at each of the City-run sites, for individuals unable to leave their homes for different reasons.

COUNTY OF SANTA CLARA DEPARTMENT OF HEALTH



Activating Equity Champions to Design Responsive Equity Solutions

Santa Clara County did not have a designated Equity Officer role in its ICS when the pandemic began. To help address this, the County Health Officer appointed a staff leader with a strong equity background to join the emergency response team. This staff leader—the Health Department’s Senior Manager for Racial & Health Equity, Workforce Development, and Community Health Planning—quickly pivoted to her new role, harnessing her deep expertise and community relationships to advance equity in the County’s emergency response. In the new role, the Senior Manager used an “inside outside” strategy, working with teams across the County’s EOC and Public Information Officer’s team and connecting to community groups to identify concerns and provide residents with resources.

Having an equity-focused leader within the EOC helped the County address a host of equity issues such as demographic data reporting, removing barriers to testing, partnering with community organizations to mobilize resources, and developing communications strategies with community groups to reach historically disenfranchised communities. Responding to calls from community organizations, Santa Clara was one of the first counties to report demographic data on COVID-19. Additionally, these efforts helped support the launch of an UndocuFund to provide aid to undocumented families.

Normalizing Equity Throughout the Emergency Response Structure

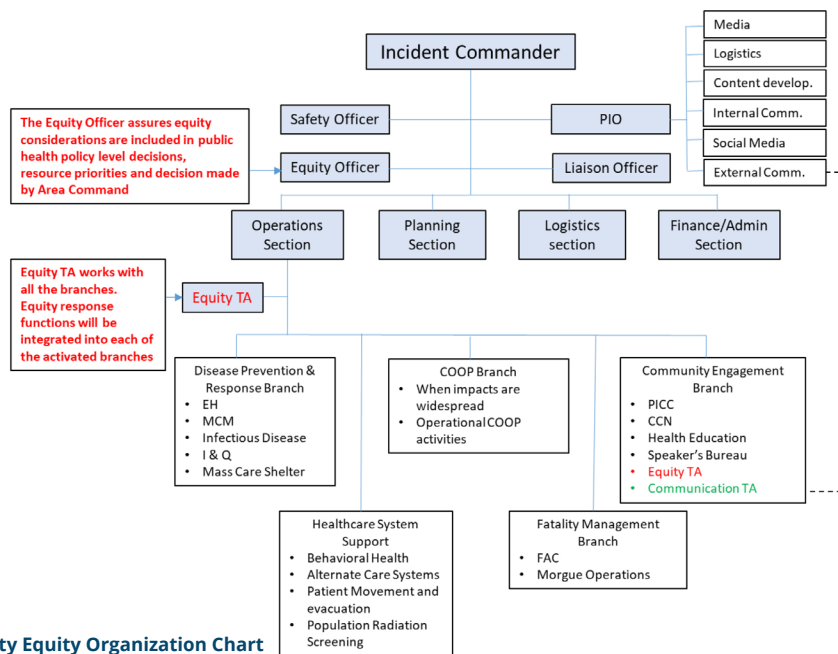
Santa Clara County’s Senior Manager for Racial & Health Equity harnessed her role within the EOC to normalize the process of considering equity issues during the pandemic. She would bring data on health disparities and other equity metrics to EOC meetings to help the team consider the needs of the County’s diverse residents. She would encourage discussion on racial disparities and other health equity concerns. She would also raise concerns from community members to help ensure their perspectives were present at the design, planning, and execution phases of response. This approach has been critical to instill equity into the County’s emergency actions.



Paving the Way for a Holistic Equity Approach

Arguably one of the leading national models for officially embedding equity into emergency response, Seattle-King County Public Health has instituted a comprehensive approach for embedding equity into its ICS structure. Seattle-King County has multiple documents outlining their process, including a comprehensive "Equity Response Annex". Key components of their response structure include intentional integration of equity-focused positions into the ICS organizational structure, comprehensive equity training for all EOC staff, and authentically integrating community partners into planning and decision-making processes during response and recovery. These highlights include:

- **Equity Officer:** The Equity Officer is a Command Staff position and reports directly to the Area Commander. The Equity Officer's primary responsibility is to ensure equity considerations are incorporated in Health and Medical Area Command (HMxAC) management functions, response priorities, and policies such as scarce resource allocation. In response to COVID-19, the Department is looking to revise their response annex to reflect the launch of a larger "Emergency Response Team (ERT)," which includes support staff working to advance equity throughout the EOC as well as community members. The council, directed by the Equity Officer, is designed to consistently uplift and address priority equity concerns throughout the emergency response.



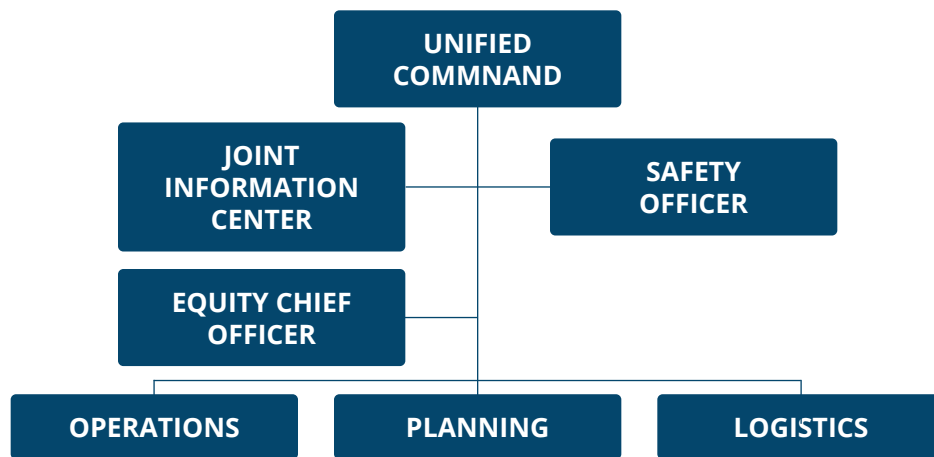
Seattle-King County Equity Organization Chart

- **Equity Technical Advisor:** The Equity Technical Advisor (TA) is assigned to the Operations Section and reports directly to the Operations Section Chief. The Equity TA's primary responsibility is to ensure equity considerations are incorporated in operational period objectives and response strategies and tactics.
- **Community Resilience + Equity:** a program within Emergency Preparedness that is working collaboratively with community partners to ensure that groups impacted by inequities are no more impacted than any other group.
- In response to COVID-19, Seattle-King County Public Health established a **Pandemic Community Advisory Group** to ensure equity is at the forefront of decision-making. Public Health has also launched a Community Navigators Program so that community-based leaders can elevate critical equity concerns and response staff can work to address priority issues as they arise.

Integrating Equity into the Response and Recovery Planning Process

Shortly after the ICS was stood up in Louisville in March, 2020, Center for Health Equity staff were deployed to the City’s emergency operations center and integrated into the “Planning” section of the Unified Command Structure. Equity staff were integral in championing the integration of the City’s Chief Equity Officer as an official leadership position reporting directly to the Incident Commander. In addition, equity staff in the “Planning” structure, prepared briefs on priority issues impacting GII’s and led the response. Key components of the Louisville Metro emergency response include:

- A Chief Equity Officer is at the leadership level in the ICS structure
- Chief Equity Officer oversees the utilization of a racial equity tool in decision-making process
- Development of a city-wide “Build Back Better Together” Framework, which includes topic-area committees with representatives trained in utilizing a racial equity tool for consideration in all planning and recommendations related to the City’s recovery process.



Louisville Incident Command Structure

PORTLAND, OREGON OFFICE OF EQUITY & HUMAN RIGHTS

Integrating Equity Tools into an Ongoing Recovery Process

Shortly after Portland Mayor Ted Wheeler declared a city-wide emergency on March 12, 2020, the City of Portland’s elected officials committed to response efforts that would not exacerbate inequities through the Office of Equity and Human Rights. Some key components of Portland’s equity response include:

- The Equity Operations Manager for the City of Portland was assigned as the Equity Officer to the City’s Emergency Coordination Center (ECC); equity staff were also integrated throughout the emergency response structure
- Equity Officer lead the development and City Council adoption of the COVID-19 Equity Relief and Recovery Toolkit to serve as a guide and resource for the various staff throughout the City, specifically those working in the ECC, to more equitably respond to the impacts of COVID-19 on groups most impacted by inequities
- Updated implementation of Portland’s results based accountability training for racial equity for City staff with considerations for accountability during COVID-19
- Weekly meetings with County of Multnomah’s EOC Equity Officer to coordinate and advance an equitable response across the County of Multnomah and throughout the greater Portland Metro Area



POLICY & PROCESS RECOMMENDATIONS FOR EMBEDDING EQUITY INTO EMERGENCY RESPONSE

These recommendations were developed in collaboration with equity staff responding to COVID-19 in California and across the country. While there is no one universal model for embedding equity into emergency response, these recommendations can serve as guiding principles for an effective and holistic approach.

1. Create Core Equity Unit with Dedicated Equity Staff Roles in EOC

- a. **Identify a Designated Equity Staff Lead:** A designated staff person focused on equity in the core command group of the EOC is foundational. This staff leader—preferably, designated as the “Equity Officer”—can identify equity concerns, build relationships, and shape local policies and resource allocation. This individual works closely with the EOC’s Operations, Logistics, Command, Finance, and Planning groups. An individual in this role should have lived experience, educational training, or other influential experiences to inform the equity lens brought to the EOC. When activated, a designated Equity Staff Lead, along with support staff, should also be integrated into the leadership structure of the Joint Information Center (JIC) and Department Operations Center (DOC).

In the words of a San Francisco Equity staffer, “[An informed equity lens] is what gave us resilience and stamina to keep banging the drum on things that we needed to get done, not only what they wanted us to focus on but what we anticipated was going to come.”

- b. **Create a Robust Equity Team:** Those jurisdictions that plan for and fund a robust equity team within the County or City structure will be best positioned to embed equity. This is important for emergency response as well as ongoing capacity for staff to integrate equity into their work. Staff with at least one of these qualifications would best position the unit: multilingual, policy experience, community work experience, lived experience with identities under-represented in government such as LGBTQ+ or people with disabilities, and subject matter expertise in related areas (health, housing, etc.). For jurisdictions without a designated Equity Officer currently in place, other staff can be deployed who bring a strong equity lens.
- c. **Embed Equity at the Leadership Level:** During an emergency, the Equity Officer or Equity Staff Lead would be fully activated on equity response within the EOC and would function at the leadership level of the EOC until the crisis subsides. It is important to ensure that ongoing full-time funding is available for this Equity Staff Lead so that a well-trained individual is available to participate in the EOC during times of crisis.
- d. **Activate Equity Capacity Department-wide:** Create or activate existing equity workgroups or task forces within a department to function as an extension of the core command group or deploy their members directly into the core group. Members of the EOC equity unit can also partner closely with other departments, such as Planning, Homelessness, and Transportation, to ensure a well-rounded integration.
- e. **Institutionalize a Core Equity Unit:** Together, the Equity Staff Lead and support staff should comprise the core equity unit within the EOC. This team can work together to identify equity concerns, deploy and monitor enforcement, establish data collection approaches, and devise both short-term and long-term approaches to ensuring equity throughout the emergency. (For an example, see the Appendix for San Francisco’s Equity Unit Policy and Procedures).

2. Provide Equity Training and Capacity Building Before and After Emergency Response Activation

- a. **Institute Training in Core Equity Principles:** To better integrate equity throughout emergency operations, all staff involved in a jurisdiction’s emergency response should be trained in core equity principles. For an example of a government’s approach to racial equity training, see the [City of Seattle’s Race and Social Justice Initiative \(RSJI\) Training and Education](#).
- b. **Embed Equity into Emergency Response Planning:** Equity should be integrated into emergency planning and training requirements, and equity staff should be involved in all emergency operations planning meetings and training. Funding to support jurisdictional emergency preparedness should also prioritize community-based emergency response capacity building, such as [LISTOS](#). In addition, with the recent passage of [SB160](#), championed by community-based organizations and advocates, counties will be required to integrate cultural competence into future emergency plan updates. Counties can consider proactive updates and considerations for advancing cultural competence during COVID-19 response and future planning considerations.
- c. **Implement Ongoing Racial and Health Equity Training and Practices:** All staff involved in emergency response should participate in ongoing training related to racial and health equity. This training can include utilizing an equity audit tool for emergency response, building community partnerships (including community partnership agreements), and utilizing disaggregated data to design an equitable response. In addition, training should center historical context to underscore why historically disenfranchised communities do not always trust the government or systems of care.

3. Identify and Deploy Institutional Equity Champions for Political Mobilization

- a. **Identify and Engage Champion Leaders:** Before a disaster occurs, engage equity champions in leadership positions within your jurisdiction to support prioritization of equity in local emergency management. This can generate the political will needed for improving local policies and practices before a crisis and facilitate strong allyship to solve equity issues during an emergency.
- b. **Create Collaborative Efforts:** Creating collaborative efforts, conversations, and vision-leadership events and training between equity champions and the EOC Equity Unit across sectors and across levels of government will further equip the EOC with a strong network of support to be effective.
- c. **Institute Ongoing Equity Training:** Provide your equity champions with ongoing training in implicit bias, cultural humility, and racial equity, as well as adaptive management and solving complex problems on tight timelines so that they are best positioned to support your efforts during a disaster.

4. Build and Activate Community Partnerships for Responsive Equity Solutions

- a. **Build Robust Community Partnerships:** Creating partnerships with Community Based Organizations (CBOs), other non-profits, and trusted community thought leaders will help steer response efforts in an equitable direction. Strengthen community partnerships through tools like **partnership agreements** to allow for expanded capacity, effective execution, mutual respect, and shared power. Establish a Community Organization Active in Disaster (COAD) or Voluntary Organizations Active in Disaster (VOAD) group before an emergency strikes to ensure that culturally responsive strategies, resources, and decision-making structures are in place and use the COAD or VOAD to inform local equity response strategies during a disaster.
- b. **Compensate Community for Time Dedicated:** It's important to value the time and knowledge of community organizations that serve populations most impacted by inequities. It is strongly recommended that jurisdictions provide compensation for community organizations and residents for participation in emergency planning and response activities.
- c. **Establish a Community Advisory Group:** Community Advisory Groups are important venues for two-way communication between government and community entities, creating opportunities to identify concerns and provide timely feedback on recent activities and proposed actions. These bodies can be also be critical to help prevent, interrupt, and respond to misinformation or stigma. They also can allow for creation of joint community-government strategies and initiatives.

5. Integrate Equity into the Recovery Planning and Implementation Process

- a. **Embed Equity Throughout Recovery Planning and Implementation:** Equity staff involved in emergency response should also lead the planning and implementation process for post-disaster efforts to ensure a just recovery. This should be supported by trainings on equitable recovery and the use of equity audit tools.
- b. **Support Community Leadership in Decision-Making:** Groups Impacted by Inequities should play a leadership role in the development and approval of all recovery-related decisions. Government agencies can also consider using community partnership agreements to clarify the role of community members in recovery planning.

CONCLUSION

COVID-19 has compounded the impacts of underlying inequities that have negatively impacted our communities for centuries. Black, Latinx, Indigenous, and Native Hawaiian and Pacific Islander families are disproportionately at risk of infection and death from the virus. They are also frequently on the front lines of exposure as essential workers. Communities of color face additional barriers resulting from historic discrimination, segregation, and structural racism. The continued inequitable impacts of COVID-19, along with the arrival of fire season, remind us that California must be prepared to protect those most at risk from public health disasters. To do so, California jurisdictions must operationalize equity into their emergency response structures—both during COVID-19 and beyond.

While there is no one universal model for embedding equity into emergency management, we hope that this brief's recommendations serve as guiding principles and active pillars of an effective and holistic approach. By adopting these recommendations, jurisdictions can best position California's communities for the full range of future challenges and effectively protect those at highest risk. A focus on cultivating equity in emergency management structures throughout the state can help communities respond and recover with a more just and equitable structure than was in place before the crisis, laying the groundwork for a more healthy, resilient California for all.



GLOSSARY

- 1. Groups Impacted by Inequities (GII):** Individual, group, or community who experiences institutional, structural, and systemic discrimination, bias, and racism in access to opportunity and to resources on a daily basis. This daily lived experience of inequity puts these individuals, groups, or communities at greater risk of experiencing additional inequities during emergencies. For example, as resources become even scarcer and services stretched during a crisis, the effects of existing inequities may exacerbate. Those that need the most support often receive the least information, resources, and services during an incident. More information about considerations for groups impacted by inequities [can be found here](#).
- 2. National Incident Management System (NIMS):** FEMA's National Incident Management System (NIMS) provides principles, structures, and processes that link the nation's responders together, enabling them to meet challenges that are beyond the capacity of any single jurisdiction or organization. NIMS provides stakeholders with shared vocabulary, systems, and processes to successfully deliver the capabilities described in the National Preparedness System. It defines systems and structures—including the Incident Command System (ICS), Emergency Operations Center (EOC), and Multiagency Coordination Group (MAC Group)—that guide how personnel work together during incidents. More information about the National Incident Management System [can be found here](#).
- 3. Incident Command Structure (ICS) or Unified Command Structure (UC):** ICS/UC summarizes the primary activities or functions necessary to effectively respond to incidents. Analyses of incident reports and review of military organizations were all used in ICS development. These analyses identified the primary needs of incidents. As incidents became more complex, difficult, and expensive, the need for an organizational manager became more evident. Thus, in ICS, and especially in larger incidents, the Incident Commander manages the organization and not the incident. More information about the FEMA ICS Organizational Structure and core functions [can be found here](#).
- 4. Emergency Operation Center (EOC):** A pre-designated facility established by an agency or jurisdiction to coordinate the overall response and support. The Emergency Operations Center is often referred to as the Emergency Operating Center. More information about the emergency operation center [can be found here](#).
- 5. Joint Information Center (JIC):** A JIC is either a physical or virtual operation where public information staff representing all agencies and organizations involved in incident management activities coordinate and disseminate official, timely, accurate, easy to understand, and consistent information to the public. The National Incident Management System (NIMS) includes procedures on the responsibilities and operations of a JIC. State and local emergency response departments and agencies should be familiar with NIMS procedures and have plans in place for establishing or operating within a JIC. More information about the JIC [can be found here](#).
- 6. Department Operations Center (DOC):** Department Operations Centers (DOC) are established and activated by individual departments to coordinate and control actions specific to that department during an emergency event. A DOC is a physical facility or location similar to the campus Emergency Operations Center (EOC). However, the purpose of a DOC is to manage and coordinate events specific to that department. More information about Health Department DOC's [can be found here](#).

APPENDIX

EQUITY UNIT STANDARD OPERATING PROCEDURES, SAN FRANCISCO

(As provided by Shakirah Simley, Director of the Office of Racial Equity for the City & County of San Francisco)

Role of Equity Officer in EOC: Building power, decision-making, resource direction and physical team to support her in the work.

Purpose of EOC Equity Team: The purpose of the EOC Equity Team is to represent and support San Francisco communities of concern that are most affected by COVID-19 by integrating equity in EOC's policies, procedures, and programs.

Goals of EOC Equity Team: Listen, assess and connect the dots - eyes and ears on the ground and practice ground truthing at the EOC to share with leadership. Once we connect the dots, document the equity gaps and concerns. Discuss and arrive at recommendations as an Equity Team, understanding that these recommendations and key decisions are executed by upper management and department heads.

Key work products: Racial equity toolkit, equity gaps tracker, end-of-day reports, punch list

Objectives of EOC Equity Team:

- Maintain a daily ear to the ground to identify emerging issues and patterns impacting medically and socially vulnerable communities, then assess and propose specific actionable recommendations. (ongoing)
- Amplify to key EOC leaders critical unmet needs and proposed solutions from communities of concern. (ongoing)
- Provide timely equity analysis on community-related EOC discussions and decisions to maximize benefit and avoid harm and inequitable outcomes for communities of concern. (ongoing)
- Track issues and recommendations to resolution/closure, and communicate back to key stakeholders. (ongoing)

Structure: Manager-Deputies in core command staff → Deputies work with operations team, planning team, finance team → Deploy City workers/staff through City-wide racial equity workgroup → Chief Equity Officer → Equity Deputies → Equity flowing throughout incident command structure → City's EOC has different branches-EOCs, DPH, human services agency → departmental operations center fall underneath

Communication: Weekly equity action team-testing/contact tracing, community outreach/communications, resource provision, data

Escalation Process: Each Equity Unit staff member actively working on a key issue area would submit a daily punch report on the issue and suggestions for the Equity Officer to make recommendations and/or escalate. The Equity Officer within the EOC then reports up to the Mayor's Policy Group, who then reports to the Chief Manager to deploy action.

ABOUT BARHII

The Bay Area Regional Health Inequities Initiative (BARHII) is a coalition of the San Francisco Bay Area's eleven public health departments committed to advancing health equity. BARHII's mission is to transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities. For more information about BARHII, please visit <http://barhii.org>

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ABOUT THE ALLIANCE

The Public Health Alliance of Southern California (Alliance) is a coalition of local health departments in Southern California. Collectively our members have statutory responsibility for the health of nearly 50% of California's population. Our vision is "vibrant and activated communities achieving health, justice, and opportunities for all" and our mission is to "mobilize the transformative power of local public health for enduring health equity." For more information about the Alliance, please visit <http://PHASoCal.org/>

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