ESF 8 PLAN RESPONSE ANNEX

Equity Response Annex

Version 5, August 2019

Record of Changes

Version No.	Description of Change	Date Entered	Posted By
1	Update of statistics, attachments, translation tiers, and formatting changes	October 2012	Carina Elsenboss
2	Annex update	March 2016	Robin Pfohman
3	Replaced the "vulnerable population" terminology with "groups impacted by inequities" (GII) Consolidated ICS functions under Operations, representing new Equity Response & Community Resilience Branch Updated population categories to include People of color as a group impacted by inequities Updated External Communications for consistency with Communications Plan Updated HMAC structure	March 2018	Robin Pfohman
4	Updated statistics Replaced remaining "vulnerable population" terminology with "groups impacted by inequities" (GII) Developed roles and function of an Equity Officer and the integration of equity monitoring within each Operations Section Branch to reflect updated HMAC structure Incorporated language of RCW 38.52.070	July 2018	Kate Stein
5	Revised to reflect the modified concept of operations	June 2019	IB Osuntoki

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1. Purpose

The purpose of the Equity Response Annex (Annex) is to ensure that all residents in King County, especially those who are most at-risk of disproportionate impacts and experience inequities every day, have equitable access to health, medical, and mortuary information, resources, and services as public health manages incidents and threats to health and sanitation.

2. Scope

This document is an annex to Public Health's Emergency Support Function 8 – Health, Medical and Mortuary Services (ESF 8) Plan. The ESF 8 Plan adopts an all-hazards approach to coordinating incident mitigation, preparedness, response, and recovery between public health, medical providers, and support service organizations in King County. Public Health activates the ESF 8 Plan when an incident occurs or is imminent and requires a coordinated, regional response of health, medical, and mortuary agencies. This Annex subsumes all planning sections and components of the ESF 8 Plan while focusing on ensuring that during incidents, Groups Impacted by Inequities (GII) and populations likely to face disproportionate impacts receive equitable access to health, medical, and mortuary information, resources, and services. Understanding that inequities are multifaceted and institutionalized, this Annex provides a concept of operations for integrating equity considerations into the ESF 8 Incident Planning Cycle.

3. Situation Overview

Community Preparedness is included by the Centers for Disease Control and Prevention (CDC) as one of 15 Public Health Preparedness Capabilities that jurisdictions should plan for to assure safer, more resilient, and better prepared communities.[1] The ability for our communities to withstand incidents and threats to health and sanitation requires equity considerations be integrated into the ESF 8 Incident Planning Cycle. Public Health responders and community partners must anticipate, identify, and communicate how incident impacts may be experienced differently by communities depending on inequities already present in those communities. Incident response strategies and tactics must then reflect those impacts so all communities have equitable access to health, medical, and mortuary information, resources, and services.

Certain state and federal laws also obligate incident response activities to be inclusive of all communities:

- Revised Code of Washington 38.52.070 requires emergency management jurisdiction to create a communications plan that includes notification to significant populations segments of life safety information in a manner than can be understood during an emergency. This includes 27 language groups in King County and American Sign Language users.
- Executive Order 13407, signed by President Bush in 2006, requires the Integrated Public Alert and Warning System (IPAWS) to "include in the public alert and warning system the capability to alert and warn all Americans, including those with disabilities and those without an understanding of the English language."
- Title VI of the 1964 Civil Rights Act. Protects individuals from discrimination on the basis of their race, color, or national origin in programs that receive federal assistance.
- Robert T. Stafford Emergency Management and Disaster Assistance Act, Section 308. Prohibits discrimination on the basis of race, color, religion, nationality, sex, age, or economic status in all disaster assistance programs.
- Individuals with Disabilities in Emergency Preparedness - Executive Order 13347. The Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties oversees the implementation of Executive Order 13347, which was signed in July 2004. This Executive Order is designed to

[1] Reference: https://www.cdc.gov/phpr/readiness/00_docs/DSLR_capabilities_July.pdf

ensure that safety and security of individuals with disabilities in all-hazard emergency and disaster situations.

The need to integrate equity considerations into the ESF 8 Incident Planning Cycle is further reinforced by the diversity of King County communities:

- King County is home to three of the most diverse zip codes and the most diverse school district in the nation.
- Immigrants and refugees from all over the world, including Asia, the Horn of Africa, Central America and the former Soviet Union reside in King County.
- 2010 Census data shows more than 1 in 3 King County residents is a person of color, increasing to almost half among children.
- King County includes several cities and school districts in which people of color are the majority population.

Additional population and demographic data for King County reflecting its diversity are found in the table below.[2]

Total King County Population: 2,190,200 residents (2018 Estimate)		
2010 Census Age Structure		
17 and under	413,502 residents	21.4% of population
18 – 24	178,212 residents	9.2% of population
25 – 44	609,507 residents	31.6% of population
45 – 64	519,349 residents	26.9% of population
65 and over	210,679 residents	10.9% of population
2010 Census Sex Category		
Male	962,090 residents	49.8% of population
Female	969,159 residents	50.2% of population
2010 Census Race and Ethnicity		
Non-Hispanic White	1,251,300 residents	64.8% of population
Black or African American	116,326 residents	6.0% of population
Asian and Pacific Islander	294,097 residents	15.2% of population
Native American and other	17,619 residents	0.9% of population
Hispanic or Latino	172,378 residents	8.9% of population
Two or more race	79,529 residents	4.1% of population
Population Trend by Place of Birth, 2011		
Native-born	1,544,500 residents	79.6% of population
Foreign-born	395,100 residents	20.4% of population
Languages Spoken, 2014		
Speaks Other Language	497,700 residents	25.8% of population
Limited English Proficiency	201,500 residents	10.4% of population
Major Languages Spoken in King County, 2014		

[2] Data Complied by King County Office of Performance, Strategy and Budget; 2018

Spanish	102,000 residents	5.3% of population
Chinese	51,000 residents	2.6% of population
Vietnamese	30,200 residents	1.6% of population
Somali, Amharic	23,400 residents	1.2% of population
Tagalog	22,900 residents	1.2% of population
Korean	21,100 residents	1.1% of population
German, French	20,400 residents	1.1% of population
Hindi, Punjabi	18,400 residents	1.0% of population
Russian	17,700 residents	0.9% of population
Japanese	11,300 residents	0.6% of population
Ukrainian	10,000 residents	0.5% of population
Other	73,500 residents	3.8% of population

3.1 Defining Groups Impacted by Inequity (GII)

Public Health defines Groups Impacted by Inequity (GII) as an 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 incidents. For example, as resources become even scarcer and services stretched even further over the course of an incident, the effects of existing inequities may exacerbate. Those that need the most support often receive the least information, resources, and services during an incident.

Public Health uses GII in place of terms such as "vulnerable populations" used by the Federal Emergency Management Agency (FEMA), CDC, and other federal agencies. The following groups have been generally identified to be groups at increased risk of disproportionate impacts during an incident; many, if not all, groups are also challenged by structural and systemic disparities. Descriptions and potential barriers listed below should be viewed as intersectional, meaning some people will fall into more than one GII placing them at even greater risk of experiencing additional inequities during incidents. As inequities evolve in our community, Public Health acknowledges not all GII are necessarily listed below.

Groups Impacted by Inequity (GII)	Description	Potential Barriers
Aging Adults and Children	Individuals whose chronological age may impact their motor or cognitive capabilities and who may need assistance with daily activities	Potential barriers may exist for pre-lingual children, unaccompanied minors, isolated older adults, or adults who need additional assistance to obtain information and resources
Individuals with Medical Needs	Individuals who take medication or need equipment to sustain life or control conditions for quality of life (e.g., people living with diabetes, weakened immune systems, those	Potential barriers to obtaining information and life sustaining resources if measures are not taken to ensure needs are met

	who cannot be in/use public accommodations)	
Individuals who are Blind	Individuals who are blind or have low vision, night blindness, color blindness, impaired depth perception, etc.	Potential barriers to obtaining information and resources if not provided in accessible formats
Individuals who are Deaf, Deaf-Blind, Hard of Hearing	Individuals who are deaf, have situational loss of hearing, or limited-range hearing	Potential barriers to obtaining information and resources if not provided in accessible formats
Individuals with Developmental Disabilities	Individuals may experience limitations in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior	Potential barriers may exist for individuals who need additional assistance to understand and obtain information and resources
Individuals with Mental Health Conditions	Individuals who have a diagnosed or undiagnosed mental health condition	Potential barriers to obtaining information and resources if the mental health condition is exacerbated by the stress of the emergency event or lack of access to medication May be particularly vulnerable when obtaining resources or in shelters if behaviors are misinterpreted and not understood as a symptom of a mental health condition
Individuals with Limited Mobility	Individuals who use assistive devices or equipment to support movement. Mobility may be limited by motor capabilities (e.g., wheel chairs, walkers, and crutches)	Potential barriers to obtaining information and resources if not provided in an accessible location Individuals in high rises or buildings with limited access may be more vulnerable in situations where there is a power outage or a need for quick evacuation
Individuals who have Experienced Domestic Violence	Individuals living with domestic violence or who are domestic violence survivors	Potential barriers to obtaining information and resources if the individual is fearful or being controlled by the perpetrator Survivors may be vulnerable to breaches in confidential locations and information during a major event which requires sheltering or evacuation. May be vulnerable during power outages or when cell phone use is limited due

		to the potential for compromised security systems and limited means of communication
Individuals Experiencing Homelessness or Transitional Housing	Includes persons in shelters, on the streets, or temporarily housed	Potential barriers to obtaining information and resources if financial or other circumstances limit the ability to access what is needed May have difficulty obtaining resources and shelter if no address is available. May be more vulnerable to weather related disaster events such as winter storms, extreme heat, flooding, and other severe weather events
Immigrant and Refugee Communities	Persons who may have difficulty accessing information or services due to cultural differences/unfamiliarity or possible distrust of governmental systems	Potential barriers to obtaining information and resources if not provided in accessible formats and if a distrust of the government and/or service providers exists
Individuals who are Undocumented	Individuals who do not have the required documentation to be permanent or temporary residents of the United States	Potential barriers to obtaining information and resources if not provided through trusted sources. May be unwilling to access resources and services, including food and shelter if provided by government agency
Individuals who are Limited or Non-English Speaking	Individuals who may not or have a limited ability to speak, read or write in English	Potential barriers to obtaining information and resources if not provided in accessible formats
Individuals and Families with Limited Resources	Individuals who may not have the resources available to meet their own or their family's needs	Potential barriers to obtaining information and resources if financial or other circumstances limit the ability to access what is needed
Clients of the Criminal Justice System	Individuals who are currently or have been previously incarcerated, are on parole or under house arrest, or who are registered sex offenders, including juvenile clients	Potential barriers to obtaining information and resources if incarcerated or on house arrest and if a distrust of the government and/or service providers exists. Also, may be refused access to shelters and other resources
Individuals Who Are Drug or Alcohol Dependent	Individuals who are dependent on legal or illegal drugs including injectable drugs and/or alcohol and may be susceptible to experiencing the effects of withdrawal	Potential barriers to obtaining information and resources if the emergency event causes an interruption in drug or alcohol supply or results in withdrawal symptoms

People of Color	Individuals and communities of people who are non-white, emphasizing common experiences of systemic racism	Potential barriers to obtaining information and resources if distrust of the government and/or service providers exists and due to implicit bias by service providers and first responders
LGBTQ+ and Gender Nonconforming Individuals	Individuals who identify as lesbian, gay, bisexual, transgender, transsexual, queer, questioning, intersex, asexual, pansexual or gender variance	Potential barriers to resources due to discrimination based on gender identity and sexual orientation; distrust of the government and/or service providers exists and potential implicit bias by service providers and first responders

4. Planning Constraints

Public Health relies on communication with community-based organizations and leaders that serve GII to help inform the ESF 8 Incident Planning Cycle. The following incident circumstances may slow this communication, 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 ill or otherwise unable to respond to communications.

5. Decision-Making

This Annex is activated whenever Public Health activates the ESF 8 Plan, as all incidents are likely to impact GII. The ESF 8 Plan governs the day-to-day tasks of emergency response and enables Public Health to support the concept of operations in this Annex. Public Health's Emergency Communications Response Annex, Workforce Mobilization Response Annex, and other annexes may also be activated to support this Annex.

Public Health will use the Incident Command System (ICS) and an incident management tool known as Area Command to coordinate incident response. Health and Medical Area Command (HMAC) activation levels, notifications, minimum staffing levels, setup, and a plan for sustained operations are referenced in Public Health's ESF 8 Plan, and additional guidance can be found in Public Health's HMAC Procedures Manual.

5.1 Notification to Equity Response Team

Public Health consults with its Equity Response Team (ERT), consisting of Subject Matter Experts (SMEs) throughout Public Health, to develop its response plans, including this Annex. Through regular meetings and participation in HMAC trainings and exercises, ERT members provide their knowledge and expertise for integrating equity considerations into the ESF 8 Incident Planning Cycle.

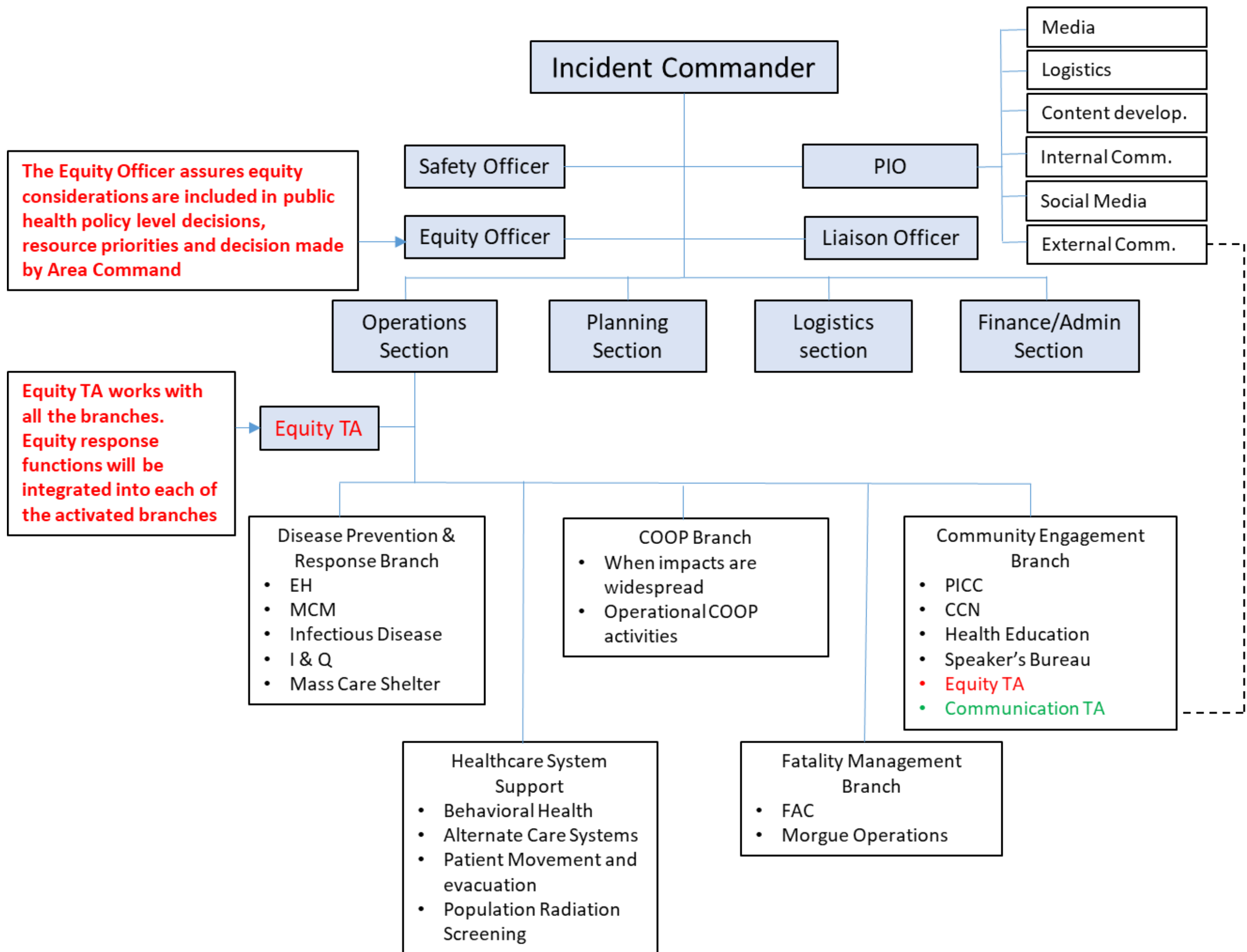
Public Health will inform the ERT when this Annex and the ESF 8 Plan are activated. Initial notifications will be sent to the ERT by Preparedness staff and/or HMAC and may include situational awareness and a request or order for ERT members to serve in HMAC.

6. Concept of Operations

Public Health will incorporate two equity-focused positions into its ICS organizational structure as it moves through the phases of the ESF 8 Incident Planning Cycle:

- **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 HMAC management functions, response priorities, and policies such as scarce resource allocation
- **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
    - In a small-scale incident or when staff is not readily available, the Equity Officer would also assume the responsibilities of the Equity TA.
    - In a large-scale incident, multiple Equity TA positions may be staffed at the Branch level within the Operations Section.

The below organization chart demonstrates where the Equity Officer and Equity TA positions fit within the ICS organizational structure and how additional Equity TAs positions may be staffed when Branches are used to organize the Operations Section.



6.1 Role of Emergency Response Team Members

ERT members will staff the Equity Officer and/or Equity TA positions in HMAC. If no ERT members are available to staff these positions, other staffing sources, including Public Health employees and Public Health Reserve Corps (PHRC) volunteers, will be considered to serve in HMAC.

Public Health's Workforce Mobilization Response Annex further defines the processes for identifying and deploying HMAC responders in a manner that is consistent with King County policies, collective bargaining agreements, and emergency worker regulations. Communication methods, procedures for notifying response teams, and procedures for maintaining updated response team rosters can also be found in Public Health's Workforce Mobilization Annex.

ERT members that are not serving in HMAC will be kept apprised of the incident response and may be asked to meet with the Equity Officer and/or Equity TA periodically as a way to leverage team members' unique perspectives and inform incident response.

6.2 Role of Equity Officer

The Equity Officer's primary responsibility is to ensure equity considerations are incorporated in HMAC management functions, response priorities, and policies such as scarce resource allocation.

Additional duties falling under the scope of the Equity Officer include, but are not limited to:

- Participate in Unified Command Objectives Meetings, Command and General Staff Meetings, and/or Tactics Meetings during the ESF 8 Incident Planning cycle
- Promote or develop the use of resources or materials such as maps and social indexes to inform HMAC management functions, response priorities, and policies such as scarce resource allocation
- Collaborate with the Equity TA and advise the development of operational period objectives and response strategies and tactics
- Ensure HMAC staff are updated on equity-related issues and report out on equity considerations during HMAC briefings
- Provide support to liaisons at other city and county emergency operations centers and encourage them to incorporate equity considerations into their own incident planning cycles
- Interface with community-based organizations and leaders and provide situational awareness

6.3 Role of Equity Technical Advisor

The Equity TA's primary responsibility is to ensure equity considerations are incorporated in operational period objectives and response strategies and tactics. This responsibility is primarily carried out in the Tactics Meeting during the ESF 8 Incident Planning Cycle. Use of the Equity Impact Assessment Form attached to this plan may further help the Equity TA contribute to the development of an Incident Action Plan (IAP).

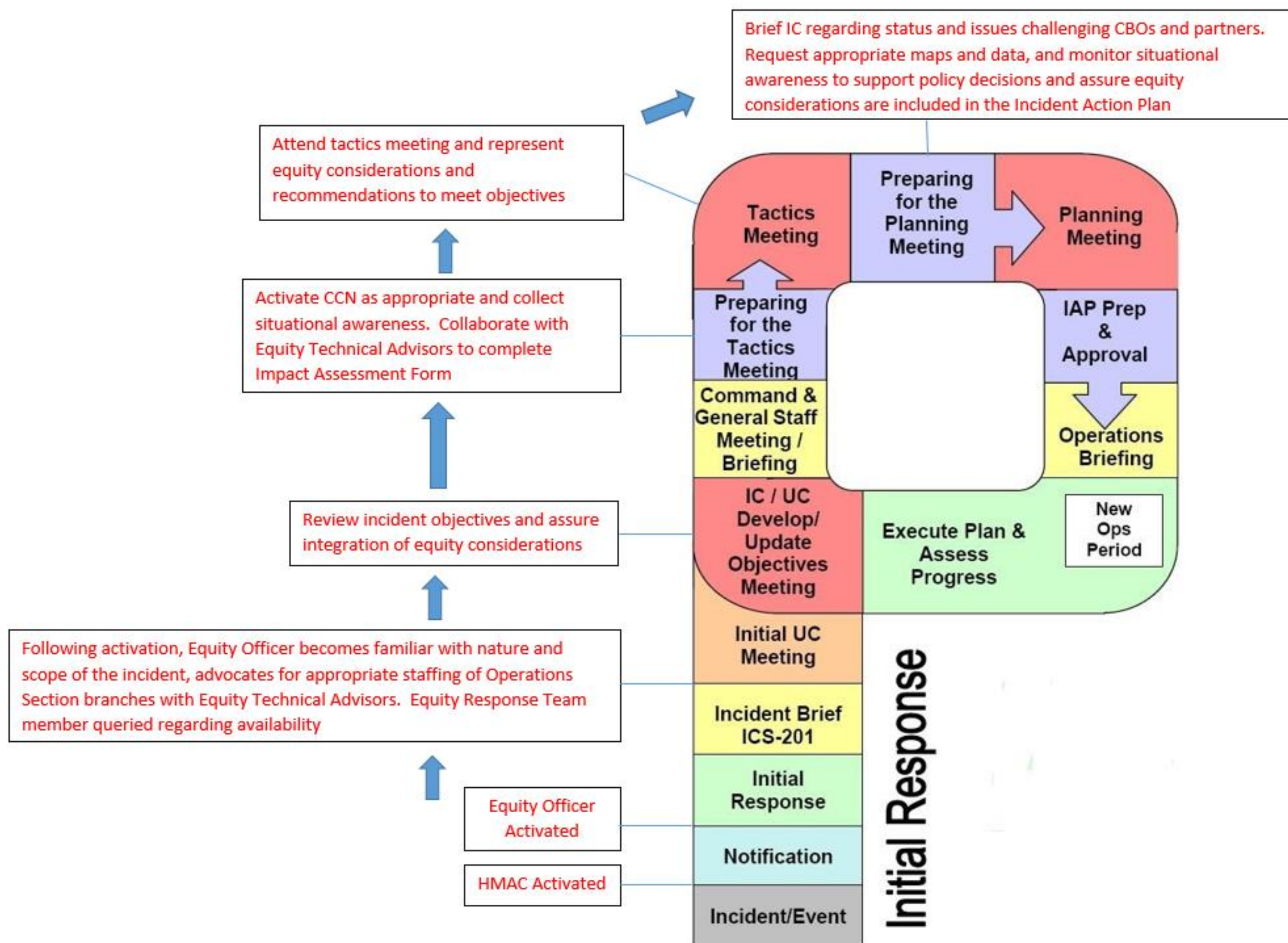
In a large-scale incident, multiple Equity TA positions may be staffed at the Branch level within the Operations Section. Equity considerations for Branches include, but are not limited to:

- Community Engagement Branch
    - Identify, anticipate and advise on communications strategies to quickly disseminate messages to groups impacted by inequities
    - Ensure that communication mechanisms are being leveraged, including the Community Communication Network (CCN) and language based networks, to reach all residents
    - Ensure messages are in accessible formats and in languages that can be understood by the impacted groups
    - Monitor and collect situational awareness related to impacts on GII
    - Track receipt of response and recovery resources and information (clinic forms, surveys, etc.) distributed to groups impacted by inequities.
    - Provide input on the Equity Impact Assessment Form
- Disease Prevention & Response Branch
    - Identify, anticipate and advise on communications strategies to quickly disseminate messages to groups impacted by inequities
    - Leverage partnerships with community leaders and organizations to assure culturally appropriate wraparound services are provided
        - In the event that an individual or family requires isolation or quarantine, either in their home or other identified location, ensure food and grocery delivery will meet cultural or religious needs

        - In the event that an individual or family experiences financial hardship due to mandated isolation, advocate for the provision of funds to assist with living costs, as well as the preservation of employment which may be at risk due to extended medical leave
    - In situations that require Public Health orders or directives for involuntary isolation, quarantine or detainment, ensure material is translated and/or interpreters are involved in helping those with limited English proficiency or American Sign Language, understand necessity of isolation and potential legal consequences
    - Ensure medical countermeasures dispensing strategies incorporate and address unique needs and circumstances of marginalized communities
        - Transportation options available for low-income, homeless, or isolated populations to Public Medication Centers
        - Materials and interpreters are available based on the demographic that will be accessing Public Medication Centers
        - Ensure Public Medication Centers have proper signage and is compliant with all ADA standards
- Fatality Management Branch
    - Collaborate with trusted community leaders that represent impacted ethnic or religious communities to identify specific needs, such as appropriate body preparation or burial logistics
    - Coordinate with funeral homes to ensure cultural and ethnic needs are accommodated
    - Ensure culturally competent services are provided at the Family Assistance Center, including translated signs and interpreters
    - Anticipate cultural or religious concerns related to autopsies and releasing of bodies, and consider the need for messaging related to the role of the Medical Examiner
- Healthcare System Support Branch
    - Ensure behavioral health interventions match the impacted group, with sensitivity to linguistic needs, cultural and religious views around death, dying, and grief
    - Ensure groups that may be geographically isolated or have unique transportation needs have access to locations providing healthcare services
- Continuity of Operations Branch
    - Assess prioritization of essential services to be provided to groups impacted by inequities, particularly based on location and demographics

6.4 ESF 8 Incident Planning Cycle

Public Health uses a formal planning cycle to manage incidents. This cycle includes established meetings and products to ensure progress through the ongoing planning process. The figure below ("The Planning P") shows how the Equity Officer and Equity TA positions are incorporated into each step Public Health takes when managing an incident. The sequence of meetings, work periods, and briefings that comprise the incident action planning cycle may be repeated depending on the length of the incident and the number of operational periods.



6.5 Protocols and Tools

The following protocols and tools should be considered by the Equity Officer and Equity TA when carrying out their duties:

- **Alert and warning:** Essential health-related information must reach all King County residents prior to, throughout, and following an incident.
  - Messages intended for general audiences that are developed and sent by HMAC or any other Public Health staff must be written in plain language and reflect risk communication principles. Additional information on how to draft messaging is found in Public Health's Risk Communications Response Annex.
    - Messages must be approved by the Public Information Officer (PIO) or other review mechanism as determined by HMAC prior to sending.
  - Public Health's Community Communication Network (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 GII during emergencies by using established communications channels to disseminate messages. All emails to the CCN should be send from ccn@kingcounty.gov.
  - Seattle Office of Emergency Management (OEM) maintains Alert Seattle, 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 (Facebook and Twitter). Alerts can be 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 can currently only send out messages in English; the Equity Officer and Equity TA.
    - King County OEM maintains Alert King County, King County's official emergency alert and warning system. This system has similar capabilities as Alert Seattle.
    - On the ground outreach is effective when needing to rapidly disseminate information in specific geographic areas or in neighborhoods that are diverse, with a large number of individuals who may be limited English speaking. Providing translated information, and distributing to grocery stores, restaurants, gathering centers and other locations that have a high degree of foot traffic is recommended.
    - Public Health's Risk Communications Response Annex includes additional guidance for alerts and warnings for GII, including translation services and distributing messaging through ethnic and cultural media.
- **Monitoring and collecting situational awareness**: Monitoring and collecting situational awareness related to impacts on GII is critical to integrating equity considerations into the ESF 8 Incident Planning Cycle.
    - CCN members and other partners (6.6 Partnerships) can be surveyed using online tools, conference calls, or by email.
    - King County Health Indicators (https://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx) offer a comprehensive overview of demographics, health, and health behaviors among King County Residents.

6.6 Partnerships

Partnerships that the Equity Officer and/or Equity TA can leverage during the ESF 8 Incident Planning Cycle include, but are not limited to:

- **Community Health Boards (CHBs) and the Community Health Board Coalition (CHBC):** The CHBC is comprised of 12 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
    - Cambodian (Khmer)
    - Cham
    - Congolese
    - Eritrean (Tigrinya)
    - Ethiopian (Amharic)
    - Iraqi (Arabic)
    - 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. In an effort to respond with cultural appropriateness to groups impacted by inequities and

underserved persons, the PHRC includes volunteers who are multilingual. Multilingual PHRC volunteers may be available to assist in interpreting alerts and warnings for limited English speaking communities. PHRC volunteers may also be able to provide on the ground outreach.

- **Public Health Equity and Partnerships Team:** This team is includes Public Health employees from all divisions and sections within Public Health, and the team's expertise may be leveraged during a response to distribute alerts and warnings throughout King County.
- **Community Health Services Division:** Public Health Nurses, Health Educators and Medical Interpreters who works in Public Health Clinics could assist in outreach efforts including delivering presentations and providing interpretation services to communities.

6.7 Annex Demobilization

HMAC will begin planning for its deactivation at the start of the ESF 8 Incident Planning Cycle. The ESF 8 Plan and this Annex will be demobilized whenever response activities have been completed. The process for deactivating HMAC is further described in Public Health's ESF 8 Plan, and additional guidance can be found in Public Health's HMAC Procedures Manual. Public Health will inform Annex stakeholders, including the ERT, when this Annex and the ESF 8 Plan are demobilized.

7. Annex Development and Maintenance

Public Health reviews this Annex on an annual basis through its participation in the CDC Operational Readiness Review (ORR). The ORR is a rigorous, evidence-based assessment used to evaluate Public Health's response planning and operational functions. Components from this Annex are collected and evaluated by Washington State Department of Health (DOH) and CDC at 12-month intervals to satisfy ORR requirements. Components of this Annex will be updated as needed with lessons learned from exercise or real-world HMAC activations. Major updates to this Annex will be provided to ESF 8 Plan stakeholders, and stakeholders must notify Public Health of any changes to internal policies or capabilities which would bear on the provisions of this Annex and its implementation. All requests for revisions to this Annex must be submitted by stakeholders and be approved by Public Health.

7.1 Training and Exercises

Public Health's Multi-Year Training and Exercise Plan (MYTEP) is compliant with the Homeland Security Exercise and Evaluation Program (HSEEP) and includes a calendar with all trainings and exercises planned in the current budget period and forecasted for future budget periods. Equity-specific trainings and exercises in the MYTEP support ERT members to ensure they are comfortable serving in the Equity Officer and Equity TA positions.

Public Health will provide an incident briefing and Just-in-Time Training (JITT) to all HMAC responders as a part of the ESF 8 Incident Planning Cycle. The Equity Officer and/or Equity TA will receive specialized training specific to this Annex to provide them with a greater understanding of their roles.

An After Action Report (AAR) and Improvement Plan (IP) will be developed 120 days following an exercise or real-world HMAC activation. Areas of strength and improvement will be used to inform future revisions to this Annex. Areas of strength and improvement will also be used to inform future training and exercise priorities in the MYTEP.

8. Attachments

- ERA 1: CCN Communication Protocols
- ERA 2: Job Action Sheet-Equity Officer

- ERA 3: Equity Impact Assessment Form
- ERA 4: CBO Status Update
- ERA 5: CCN Conference Call Draft Agenda
- ERA 6: CR + EP Community Outreach & Contacts
- ERA 7: Medical Countermeasures
- ERA 8: Severe Weather Event: Wind, Snow, Flood & Power Outage Checklist
- ERA 9: Homeless Emergency Communication Plan
- ERA 10: Homeless Emergency Communication Checklist