



**CENTRAL HEALTH
EQUITY POLICY COUNCIL**

MEMORANDUM

TO: Austin Mayor, City Council Members, and City Manager

FROM: Central Health Equity Policy Council - Pandemic Equity Committee

DATE: XXXXXX, 2021

SUBJECT: XXXXXXXXXXXX

EXECUTIVE SUMMARY

As we begin to approach the end of this global pandemic, we'd like to recognize the work that has been done by the City of Austin in sailing us through this storm as well as the strong collaboration that has taken place between community organizations and disaster responders. The nation was hit last year with a crisis we were not prepared for and the healing ahead of us will be another mountain to climb. In addition to showing us how interconnected our lives are, this pandemic has shown us the dire issues our society is facing. Our community reflects those same issues, which is why we need local solutions to address them.

The COVID-19 pandemic has highlighted the inequities Black, Indigenous, People of Color (BIPoC), and other marginalized populations (including the elderly, remote geographically, people living with disabilities, etc.) experience daily and the opportunities for the City to adequately prepare for disasters, which must be addressed prior to any subsequent catastrophe.

To ensure the aforementioned communities have equitably and readily accessible resources that address the uniquely heightened stressors during and after a disaster, equity must be centered on all aspects of resource allocation and policy. By centering equity, we will provide solutions and support the most vulnerable, which improves conditions for all Austin residents.

In December 2020, Central Health's Equity Policy (CHEP) Council convened the Pandemic Equity Committee to propose improvements in disaster preparedness, response, and post-event healing by centering equity.

After several months of research, discussions, information interviews, and gathering community input, the CHEP Council urges the City of Austin to implement the following recommendations:

- **Disaster Preparedness**

1. Include equity and public health crises in the City of Austin Emergency Operations Plan and make this an evergreen document.
2. Improve data collection to more quickly respond to BIPOC, and other marginalized populations.

- **Disaster Response**

3. Designate a community voice who will be activated at the beginning of a disaster to inform the process at the highest level of the Incident Command System and the Emergency Operations Center. This person will be determined by the groups who are involved with revising and continuously updating the Plan and who represents BIPOC and other marginalized communities.
4. Engage behavioral scientists through Central Health, Austin Public Health, and the EOC to inform public-facing education and communications.

- **Post-Disaster Healing**

5. Develop and implement a “trauma-informed” community-wide plan to address trauma and call for healing during re-entry and recovery.
6. Promote multidisciplinary collaboration to: assess the widespread impact of trauma, recognize the signs and symptoms of trauma in clients, families, staff, and other community members, collectively respond and support the community using trauma-informed approaches, and inform development of trauma-informed policies, procedures, and practices.

RECOMMENDATIONS FOR DISASTER PREPAREDNESS, RESPONSE, AND HEALING

Through our research, informational interviews, and expertise, we strongly recommend Austin City Council implement the following changes immediately to ensure the City and emergency response structures are properly prepared ahead of the next disaster, can respond swiftly, equitably, and compassionately, and have the infrastructure in place to address post-disaster healing from trauma.

Disaster Preparedness:

We may never be fully prepared for a disaster regardless of how many people are involved, resources are dedicated, or time there is to plan. However, there are opportunities to improve our disaster preparedness:

1. **Include equity and public health crises in the City of Austin Emergency Operations Plan (Plan) and make this an evergreen document.**

The most recent Plan was revised in 2016 to clarify various items. The City of Austin Office of Homeland Security and Emergency Management is responsible for developing annexes and emergency management plans that must be revised every four to five years.

Here are the recommendations to update the Plan:

- a. Of utmost priority, **centering equity in the Plan through standard operating plans** (SOPs) help ensure the most vulnerable populations are accounted for, and their needs are addressed during future disaster responses. This includes ensuring all SOPs are developed or revised through an equitable lens, communications are translated into languages for various communities in Spanish, the five most spoken Asian languages, and additional languages, and methods and tools are used to disseminate information to hard-to-reach communities.

In addition, the Plan must be reviewed by community organizations to validate its centering of equity and become an evergreen document. We suggest involving

- the Joint Inclusion Committee;
- Austin Interfaith;
- City of Austin Equity and Inclusion Program Manager;
- each community complete count committee that was stood up during the 2020 Census through the Austin-Travis County Complete Count Committee; and
- other community organizations that represent the lived experience of BIPOC and other marginalized communities to ensure their voices are elevated and heard.

As a response to the pandemic, new community coalitions were formed to respond to the disaster where the Emergency Operations Center (EOC) was lacking and ineffectively reaching communities in need. Those coalitions and natural networks that exist to support communities must be recognized and formally adopted into SOPs ahead of future disasters.

Of particular note and concern, we understand the equity office has been incorporated into the EOC, sits with command staff and that the Chief Resiliency Officer will be integrated into the department. Nonetheless, the feedback received indicated there are many community voices that are not listened to or supported in a meaningful way.

- b. Second, **the Plan has an incomplete Hazard Risk Index, which serves as the basis for the City's Hazard Mitigation Plan.** Each hazard was identified based on historical records, national data sources, and discussions with experts. These hazards were prioritized based on the probability of occurrence and potential financial losses from each hazard and then prioritized based on the severity of impact such as lives lost and other factors, which are not elaborated upon in the plan. By more clearly defining community factors, centering equity in the

prioritization model, and by broadening the Hazard Risk Index, the City would improve its response to future disasters.

- c. Third, **the updated Plan needs to include a long-term goal to establish a dedicated emergency funding stream for providers during a disaster** as they care for vulnerable and growing populations who are most economically impacted by the disaster.
 - d. Fourth, **develop and/or review after-action reports about previous Austin disasters to determine what lessons can be gleaned and adjust the plan accordingly.** The City has experienced numerous disasters including the Onion Creek floods, Hurricane Maria, Bastrop fires, Austin water crisis of 2018, Winter Storm Uri, and the COVID-19 pandemic. Following each disaster, it is the EOC's practice for each department to develop a post-event debrief. Each department must develop their debrief with equity in mind and address the question of "Did we address the needs of the most vulnerable?".
 - e. Fifth, **the current Plan does not adequately prepare the City for other real scenarios such as civil unrest.** Following the death of George Floyd, the City of Minneapolis was unprepared for what ensued. In the event that this happens in Austin, the City must be prepared to respond quickly and compassionately.
 - f. Sixth, **the updated Plan should include an SOP that utilizes the Center for Disease Control's (CDC) Social Vulnerability Index (SVI) as baseline data and engage the City's demographer for all decisions made.** According to the CDC, "A number of factors, including poverty, lack of access to transportation, and crowded housing may weaken a community's ability to prevent human suffering and financial loss in a disaster. These factors are known as social vulnerability." By incorporating the SVI into the plan, the City will center individuals who are most vulnerable in our community and ensure they are meaningfully represented in decision making.
 - g. Lastly, **following the Onion Creek Floods, Go Austin/Vamos Austin (GAVA), a community group, developed its own plan of evacuation and action in the event of future disasters. This plan was adopted into the EOC and GAVA is now a trusted community group and resource for the command staff. This model must be learned from and replicated** for other communities that we know will be the hardest hit during future disasters, especially weather related ones.
2. **Improve data collection to more quickly respond to Black, Indigenous, People of Color (BIPoC), and other marginalized populations by:**
- a. Standardizing data collection, how it is analyzed, and presented from city to state to federal governments. Include the Texas Division of Emergency Management as part of this effort to ensure disaster data analytics play a more integral role in equitable response and recovery.

- b. Including more granular data such as race and ethnicity, primary language, disability, sexual orientation, gender identity, and social/behavioral risk factors.
- c. Engaging translators/interpreters and culturally sensitive/affirming workers. This includes solidifying a partnership with the Quality of Life Commissions for Asian Americans, Hispanics, Individuals with Developmental Disabilities, and other relevant groups for review and translation of culturally sensitive data collection and educational material.
- d. Addressing and eliminating all internal barriers to data collection such as the need for data collection training, language barriers, lack of resource to continue data collection for other important research during disaster responses, patients' aversion to sharing data, delays in entering data into a system and reporting on the same day, and so on.
- e. Supporting the re-establishment of the Office for Health Equity, also known as the Center for Elimination of Disproportionality and Disparities, the Hogg Foundation Equity and Inclusion Committee, and the reinstatement of the Office of Minority Health and Health Equity at Texas' Health and Human Services Commission, which is charged with further informing an equitable distribution strategy and long-term disaster planning and response.
- f. Partnering with Historically Black Colleges and Universities to address the implicit biases that are present in data collection and analysis.

Lags during the pandemic response occurred because of a failure to make decisions based on available data, historical and real-time, that clearly showed where high need and under-resourced communities were located. Reliance on these readily available data sources would significantly contribute to an overall improved disaster response and assist with prioritizing populations and zip codes that are disproportionately impacted. Establishing resource hubs that serve neighborhood areas that are under-resourced and demonstrate high needs and social vulnerability would also help to improve disaster response in these areas.

Data and information delays, confusion, and barriers to delivering a focused response to priority populations and zip codes must be properly addressed. Travis County took one month to identify People of Color who were disproportionately affected by COVID-19 regarding positivity rates, hospitalizations, and ultimately, death. Current data exchange structures, such as the Nationwide Emergency Department Sample Database, utilized in this disaster response are outdated. The duplicative data entry requirements for the vaccine cause delays in vaccine administration. State and local health systems use different platforms for data exchange and contact tracing that do not reconcile. The administrative burden on the local healthcare systems to feed data into the public health department is significant. It takes precious time and staff away from the more important work of the disaster response.

Disaster Response

With an evergreen Plan and full community representation, the City can improve its preparedness and response to a disaster and ensure an equitable approach that accounts for all of Austin's communities. During a disaster, it's imperative that the right people be at the emergency response table to elevate the voices of those who are underrepresented and to equip the City with the tools they need to be successful. This can be accomplished by:

- 3. Ensuring someone is activated at the beginning of a disaster response to inform the process at the highest level of the Incident Command System and the EOC. This person will be determined by the groups who are involved with revising and continuously updating the Plan and who represents BIPoC and other marginalized communities.**

The previously mentioned organizations and many more strive to improve the lives of the most vulnerable and ensure they have access to and support for what they need. They work to advance equitable policy, prioritize resolving disparities, and aim to improve the lives of many Austinites with measurable outcomes. So often, community voices and grassroots organizations are missing from the conversation. By amplifying their voices at the disaster response table via this designated person, we can ensure proper representation of populations who have been historically underrepresented.

- 4. Engaging behavioral scientists through Central Health, Austin Public Health, and the EOC to inform public-facing education and communications.**

Behavioral health scientists are experts at crafting messages that address barriers and help people create desired changes in behavior. The messages that the EOC has shared have been generalized for the Travis County community. It is critical to be culturally responsive and appropriate messaging and outreach to provide information on safety behaviors and address vaccine hesitancy. Should a future disaster include the need for a vaccine or a government distributed resource, Texas' large number of residents who live in households that include at least one non-citizen (approximately 6 million) would benefit from consistent messaging confirming the availability of resources without regard to citizenship or immigration status.

In addition, within BIPoC and other marginalized communities, there are trusted leaders who can help disseminate information to those communities whether it be about change in social behaviours that need to take place, messaging about preparing for difficulties ahead, or simply offering words of hope.

Post-Disaster Healing

Providing support to BIPoC and other marginalized communities that are disproportionately affected before, during, and after a disaster is critical to the long-term health and economic recovery of the city. Trauma is inherent in any disaster, creating a need and demand for mental health services and other resources that address the Social Determinants of Health. These can include assistance with utilities, addressing food insecurity, temporary housing, and other varying facets of basic needs. CHEP recommendations for post-disaster healing include the following:

5. **Develop and implement a “trauma-informed” community-wide plan to address trauma and call for healing during re-entry and recovery that uses a “strengths-based service delivery approach and is grounded in an understanding of and responsiveness to the impact of trauma;** that emphasizes physical, psychological, and emotional safety for both providers and survivors; and that creates opportunities for survivors to rebuild a sense of control and empowerment.” (Source: Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010)). We must do this by:
 - a. Offering counseling and support for partners and families.
 - b. Addressing mental health and substance use.
 - c. Addressing the capacity limitation and need for mental health services.
6. **Promote multidisciplinary collaboration to: assess the widespread impact of trauma, recognize the signs and symptoms of trauma in clients, families, staff,**
7. **and other community members, collectively respond and support the community using trauma-informed approaches, and inform development of trauma-informed policies, procedures, and practices.** As part of this effort, we must:
 - a. Monitor hotlines for trends in domestic violence and determine where support is needed.
 - b. Develop a county-wide plan to address domestic violence.
 - c. Ensure the City of Austin’s Office of Violence Prevention and domestic violence shelter are adequately funded and equipped to equitably provide resources to the community and launch a perpetual messaging campaign. Hence, populations, especially vulnerable ones, are aware of its services. Also, coordinate with Travis County’s Attorney to align strategies and disseminate information and resources appropriately through Austin-Travis County and avoid redundancies.

The recommendations to improve Austin-Travis County’s disaster preparedness, response, and post-disaster healing from trauma will improve the outcomes for all residents. These are in line with the Robert Wood Johnson Foundation’s health equity principles, the United State’s largest philanthropy focused solely on health. The pandemic is our crisis now, but we need to prepare for future crises and work toward a more equitable reality.

CENTRAL HEALTH EQUITY POLICY COUNCIL

The Central Health Equity Policy Council was launched in September 2015 and contains more than 80 community partners. The Council includes policy, data, and community experts passionate about health disparities in our community. All members have received training on evidence-based best practices and innovative policies from local, state, and national experts.

The Council provides recommendations for local chronic disease prevention policies inside the geographic boundaries of Travis County, Texas. The Council population of concern is Travis County residents at or below 200% of the Federal Poverty Level.

The Council’s mission is to identify and advance effective health equity and wellness policies for Travis County residents. The Pandemic Equity Committee was formed in December 2020 in an effort to bring local solutions to state/national problems regarding equity in disaster responses.

DRAFT