

*This draft incorporates initial feedback received as of 6/14/21. More feedback is being gathered. Changes will be presented to the Pandemic Equity Committee for consideration and final approval.



CENTRAL HEALTH EQUITY POLICY COUNCIL

MEMORANDUM

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

FROM: Central Health Equity Policy Council - Pandemic Equity Committee (Brandon Wollerson, Catalina Berry, Emily Zhang, Iliana Gilman, Kristin duBay Horton, Matthew Jeans, Nora Comstock, Patricia Hayes, Raul Alvarez, Vanessa Sarria, and Vince Cobalis)

DATE: XXXXXX, 2021

SUBJECT: Recommendations for Identifying and Addressing Inequities in Disaster Preparedness, Disaster Response and Post- Disaster Community Healing and Recovery

As we begin to approach the end of this global pandemic, we'd like to recognize the work that has been undertaken by the City of Austin to help our community navigate it, including the strong collaboration that has taken place between community organizations and entities responsible for disaster response. The nation was hit last year with a crisis for which we were ill-prepared, and the healing that is ahead of us will be yet another challenge. In addition to showing us how interconnected our lives are, this pandemic has shown us the significant challenges that our society and our local community are facing.

The COVID-19 pandemic has highlighted the inequities People of Color, including Asian American, Black, Indigenous, and Hispanic/Latino Communities, and other historically marginalized populations (including, but not limited to LGBTQIA, the elderly, remote geographically, people living with disabilities) experience daily and the opportunities for the City to adequately prepare for disasters. It is imperative that these inequities be addressed prior to any subsequent catastrophe.

Before getting too deep into the analysis, it is important to note that disparate outcomes during the pandemic for People of Color and low-income families could have been significantly lessened, if there was equitable access to health care/insurance, technology, and economic opportunity in our community.

In December 2020, Central Health's Equity Policy (CHEP) Council convened the Pandemic Equity Committee to assess health outcomes related to the pandemic and develop recommendations to help ensure that decision-making regarding our community's disaster preparedness, disaster response, and post-disaster community healing and recovery meaningfully accounts for existing and emergent disparities experienced by People of Color, including Asian American, Black, Indigenous and Hispanic/Latino Communities, and other historically marginalized populations.

After several months of assessment, dialogue and deliberation, the Pandemic Equity Committee has developed the attached "recommendations for action" that are intended to center equity in the disaster preparation, response, and healing process and, in so doing, help identify strategies and institutionalize systems that more effectively address the needs of the most vulnerable members of our community.

Central Health Equity Policy Council – Pandemic Equity Committee

Recommendation for Action for Identifying and Addressing Inequities in Disaster Preparedness, Disaster Response and Post-Disaster Community Healing and Recovery

EXECUTIVE SUMMARY

The Central Health's Equity Policy (CHEP) Council convened the Pandemic Equity Committee in December 2020 to assess pandemic related health outcomes and develop recommendations that can help lead to more equitable outcomes for People of Color, including Asian American, Black, Indigenous and Hispanic/Latino Communities, and other historically marginalized populations. Attachment One to these "recommendations for action" provides additional background about the CHEP and its Pandemic Equity Committee.

It became clear within the first few months of the pandemic that adverse health outcomes relating to COVID-19 were not equally distributed across race/ethnicity. The latest data from the COVID-19 dashboards still note disparate outcomes for Latinos (specifically with regard to cases, hospitalizations, deaths and vaccine access) and Blacks (specifically with regard to hospitalizations, deaths and vaccine access). Attachment Two summarizes the latest data that is available from the Austin Public Health COVID-19 dashboards. In looking at the data, it becomes apparent that these disparities may be even worse since there is a high percentage for "race-unknown" and "ethnicity-unknown," calling attention to the need for clarity and consistency in data collection and reporting.

After several months of assessment, dialogue and deliberation, the CHEP Council's Pandemic Equity Committee offers the following recommendations:

- **Disaster Preparedness**
 1. Center equity in the City of Austin Emergency Operations Plan and make this an evergreen document.
 2. Improve data collection to more quickly respond to the needs of People of Color, including Asian American, Black, Indigenous and Hispanic/Latino Communities, and other marginalized populations.
- **Disaster Response**
 3. Designate community voices 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 (EOC). These people will be determined by the groups who are involved with revising and continuously updating the Plan and who represents the interest of People of Color, including Asian American, Black, Indigenous and Hispanic/Latino Communities, 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 Community Healing and Recovery**
 5. Develop and implement a "trauma-informed" community-wide plan to address trauma and call for healing during re-entry and recovery.

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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.

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Central Health Equity Policy Council – Pandemic Equity Committee

RECOMMENDATIONS FOR IDENTIFYING AND ADDRESSING INEQUITIES IN DISASTER PREPAREDNESS, DISASTER RESPONSE, AND COMMUNITY HEALING AND RECOVERY

Through our research, informational interviews, and expertise, we strongly recommend Austin City Council immediately implement the following changes 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.

From conversations with different community groups we have heard that several members feel strongly that the disaster response to the COVID-19 pandemic and to Winter Storm Uri could have been handled better and that the response to these recent emergencies were not improved or informed from learnings gleaned from prior disaster response efforts (like floods in Southeast Travis County and the water crisis of 2018) and from experiences and knowledge gained early in the pandemic. When we are dealing with public safety and potentially life-threatening situations, then it becomes incumbent to conduct a thorough and honest assessment of any shortcomings and failures that may have occurred during the disaster response and to demonstrate a commitment to proactively address these shortcomings and failures in an expeditious manner. Just as the winter storm arose unexpectedly, other emergencies may arise within a moment's notice. Changes that are needed to improve emergency response must happen and they must happen quickly. This assessment and corresponding system changes must be shared publicly and broadly to ensure the public has confidence in the emergency operations going forward.

Disaster Preparedness:

We may never be fully prepared for a disaster regardless of how many people are involved, the amount of resources are dedicated, or the time there is to plan. However, there are timely opportunities to learn and improve upon our collective disaster preparedness, particularly preparedness and coordination among intergovernmental and regional partners:

- 1. Center equity 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-based organizations (CBOs) to validate its centering of equity and become an evergreen document. We suggest involving:

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- 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-based organizations that represent the lived experience of—People of Color, including Asian American, Black, Indigenous and Hispanic/Latino Communities, and other historically marginalized communities to ensure their voices are elevated and heard.

As a response to the pandemic, community coalitions convened 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 City of Austin’s 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. For neighborhoods/areas that face frequent flooding (like Southeast Travis County) or other safety hazards, efforts should be made to develop localized emergency response plans for those neighborhood/areas working cooperatively with stakeholders in those neighborhoods/areas.
 - h. To ensure confidence in the after-action assessment and response process, we suggest that the City of Austin and Travis County each identify a neutral point person that will review and assess the EOC's response to: after-action self-assessments; community feedback; and Winter Storm Review Task Force recommendations.
- 2. Improve data collection to more quickly respond to People of Color, including Asian American, Black, Indigenous and Hispanic/Latino Communities, 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, African 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-

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term disaster planning and response.

- f. Partnering with Historically Black Colleges and Universities and Hispanic-Serving Institutions 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 robust 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 designated community voices are activated at the beginning of a disaster response to inform the process at the highest level of the Incident Command System and the EOC. These community representatives will be determined by the groups who are involved with revising and continuously updating the Plan and should represent People of Color, including Asian American, Black, Indigenous and Hispanic/Latino Communities, 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 these designated representatives, we can ensure representation and community ownership 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 when crafting 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, trusted leaders and/or organizations can help disseminate information to Communities of Color whether it be about change in social behaviors that need to take place, messaging about preparing for difficulties ahead, or simply offering words of hope and unity within community.

Post-Disaster Healing

Providing support to People of Color, including Asian American, Black, Indigenous and Hispanic/Latino Communities, 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, 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

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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 States' 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.

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CENTRAL HEALTH EQUITY POLICY COUNCIL

The Central Health Equity Policy Council was launched in September 2015 and contains more than 80 volunteer community partners. Central Health staff provides administrative support to the community-led Central Health Equity Policy Council. The Council includes policy, data, and community advocates 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.

Anyone is welcome to join the CHEP Council at any time. We encourage community groups and individuals to get involved.

PANDEMIC EQUITY COMMITTEE OF THE CENTRAL HEALTH EQUITY POLICY COUNCIL

In summer 2020, Central Health interviewed frontline and internal staff to begin evaluating the pandemic response and identifying what had been done well up to that point and what could be done moving forward. Following the completion of the interviews, several members of the CHEP Council were brought together to evaluate the interview findings and discuss an approach to improving future disaster responses and making it more equitable. As the conversation evolved, the group felt that the discussion should be formalized into a committee that anyone with interest was welcome to join.

The Pandemic Equity Committee launched in December 2020 and has been meeting bi-monthly for approximately 7 months to assess health outcomes related to the pandemic and develop recommendations that will help to ensure that decision-making regarding our community's disaster preparedness, disaster response, and post-disaster community healing and recovery meaningfully accounts for existent and emergent disparities experienced by People of Color, including Asian American, Black, Indigenous and Hispanic/Latino Communities, and other marginalized populations. This work involved extensive interviews of other organizations on the frontline, listening sessions with Community Health Workers, and touring the Emergency Operations Center to better understand the Incident Command Structure. The committee would like to present these findings to City leadership and work in collaboration for action.

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Attachment 2

PANDEMIC HEALTH OUTCOMES DATA

Demographics – Travis County

Data was sourced from the [U.S. Census Bureau QuickFacts: Travis County, Texas](#)

Race	Percentage of Population
American-Indian/Alaska Native	1.2%
Asian	7.4%
Black	8.9%
Hispanic/Latino	33.6%
Two or More Races	2.7%
White (not Hispanic or Latino)	48.9%

COVID-19 Cases

(AS REPORTED BY AUSTIN PUBLIC HEALTH AS OF JUNE 10, 2021)

Race	Outcome
Asian	3.03%
Black	7.43%
Other Races	14.04%
Unknown	19.97%
White	54.99%

Ethnicity	Outcome
Hispanic	42.57%
Non-Hispanic	36.50%
Ethnicity Unknown	20.93%

COVID- 19 Hospitalizations

(AS REPORTED BY AUSTIN PUBLIC HEALTH AS OF JUNE 10, 2021)

Race	Outcome
American-Indian/Alaskan	0.3%
Asian	1.9%
Black	12.02%
Other Races	16.13%
Unknown	0%
White	69.64%
Ethnicity	Outcome
Hispanic	44%
Non-Hispanic	56%
Ethnicity Unknown	0%

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COVID-19 Deaths

(AS REPORTED BY AUSTIN PUBLIC HEALTH AS OF JUNE 10, 2021)

Race	Outcome
Asian	2.63%
Black	11.11%
Other Races	15.46%
Unknown	1.26%
White	69.19%

Ethnicity	Outcome
Hispanic	49.83%
Non-Hispanic	49.49%
Ethnicity Unknown	0.69%

COVID-19 Vaccine Access (Demographics of Doses Administered by APH and CommUnity Care)

(AS REPORTED BY AUSTIN PUBLIC HEALTH AS OF JUNE 5, 2021)

Race	Outcome
Asian	6.17%
Black	8.32%
Hispanic/Latino	26.17%
Unknown	11.84%
White	46.83%