

Public Health – Seattle & King County
Community Engagement for Preparedness Guide



Image source: <https://www.hrmagazine.co.uk/content/news/new-diversity-and-inclusion-standard-published-by-bsi/>

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Public Health

Seattle & King County

The logo for Public Health Seattle & King County, featuring a stylized black and white profile of a person's face looking to the right.

Grounding Content

Land Acknowledgement

Due to COVID-19 and remote work, communities are spread out around the globe. We ask for those using this guide to reflect on the lands on which you reside and acknowledge all the ancestral homelands and traditional territories of Indigenous peoples who have been here since time immemorial.

This team acknowledges the Coast Salish peoples of the land upon which we all live, work, and reside, the land which touches the shared waters of all tribes and bands within the Duwamish, Puyallup, Suquamish, Tulalip, and Muckleshoot nations.

Positionality Statement

The team that worked on this guide acknowledges that this work is part of an ongoing process of engaging with and centering community in emergency preparedness and response locally and across the nation.

The field of Emergency Management has historically lacked an understanding of the needs and preferences of racially and ethnically diverse communities during an emergency incident. This team's individual racial, ethnic, socioeconomic, and experiential backgrounds cannot encompass the deeply varied experiences of the communities that Public Health serves during emergency incidents, but we are committed to using our positions as active listeners and participants in shaping preparedness and response efforts that are reflective of and reach all communities in King County.

Commitment to Anti-Racism

On June 11, 2020, King County government, including Public Health – Seattle & King County, declared that racism is a public health crisis with a recognition that historically and currently King County has been complicit in perpetuating structural racism and white supremacy.

The confluence of structural racism and disabilities, gender identity, sexual orientation, class, and other intersectional identities leads to inequities in health outcomes that are amplified in the context of an emergency.

Equity-focused emergency preparedness is one component to dismantling the impacts of structural racism. Equity-focused preparedness involves centering community in planning and response and creating and implementing responsive, adaptive, and anti-racist preparedness tools as an active commitment to addressing racism as a public health crisis.

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About the Guide

This guide provides a central location for information about current trends in engagement techniques and the benefits of tools when engaging with the community on public health emergency preparedness (PHEP) planning.

- Creating a community-centered planning approach
- Creating Division and Program-specific tools to engage communities in PHEP
- Embedding and/or validating mechanisms for anti-racism in preparedness and response activities
- Supporting community members in their interactions with the Preparedness Section and Department-wide response teams

This guide should be used in tandem with existing tools listed on the Emergency Preparedness Community Resiliency + Equity [webpage](#), i.e., the standards and indicators for emergency preparedness and response for community-based organizations, social vulnerability index map, agency emergency plans, and preparedness tabletop exercises. This guide covers community engagement and co-creation during the preparedness stages of public health emergency management and lays the foundation for response activities, as well as the process of embedding equity within response, further outlined in the Equity Response Annex (ERA).

The goal of Community Engagement in PHEP is supporting programs/divisions with identifying community's needs during an emergency, supporting programs/divisions with evaluating their capacity to respond to identified needs, and then establishing what actions are doable to co-create appropriate and achievable expectations during a response. These agreed upon expectations form the community-centered basis of the programs/divisions service plans. Furthermore, equity impact review tools may be developed based on program/division-specific community engagement activities.

Preparedness' Guiding Principles for Community Engagement

The Planning Team crafted the following guiding principles for community engagement through a process of analyzing the values of the Preparedness Section and the themes of a Whole Community approach to public health preparedness through the framework of Collective Impact.

Collective Impact is a community-based participatory action approach that is rooted in principles of collaborative social change. The five defining characteristics of Collective Impact are: a common agenda, shared measurement, mutually reinforcing activities, continuous communication, backbone support. The guiding principles crafted below analyze the current functions and capacities of Public Health divisions and program's preparedness capacities using this equity-based framework.

Guiding Principles for Equity-based Community Engagement in Public Health Emergency Preparedness

- **Equity in Practice:** We recognize that emergencies negatively impact communities of color in disproportionate ways and ensure that our work is guided by the principle of dismantling that disproportionate negative impact utilizing anti-racist decision-making frameworks.
- **Representativeness:** We continually build new partnerships, maintain current ones, and appropriately adapt to represent the unique needs of our ever-changing community and specifically address access and functional needs for a public health emergency response.
- **Proactive Collaboration:** We create a shared vision for community-wide preparedness that evolves as needs change, includes a common understanding of problems, and a joint approach to solving problems through agreed-upon actions.
- **Transparent Communication:** We deliver frequent and structured open communications across many different community partners to build trust, assure mutual objectives, and create common motivation.
- **Backbone support:** We serve as the backbone for engaging community in preparedness planning, providing planning support, remaining committed to anti-racism, and co-creating a framework for measuring our progress that allows continuous learning, improvement, and accountability.

What is community engagement for Public Health Emergency Preparedness?

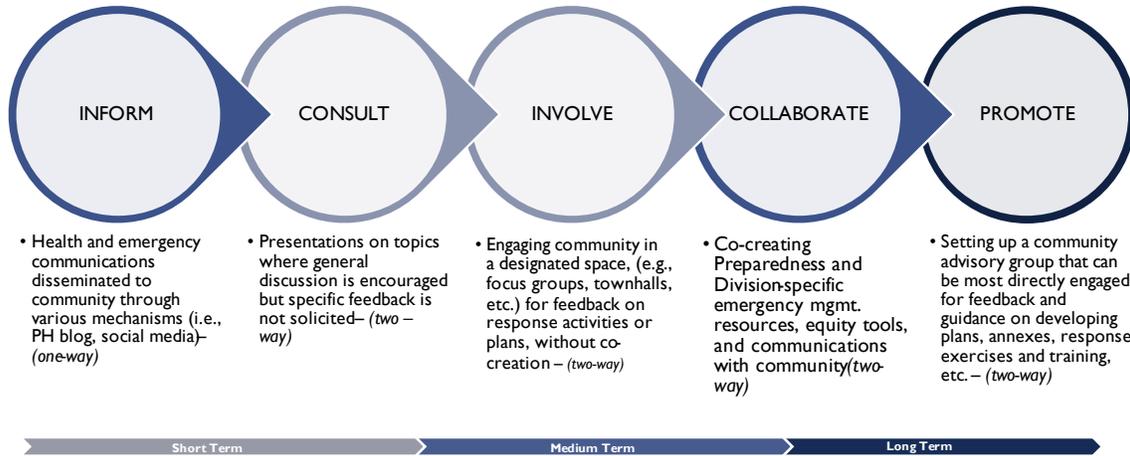
Starting in 2006, the Federal Emergency Management Agency (FEMA) emphasized the importance of utilizing [“A Whole Community Approach”](#) to public health preparedness. While this approach outlines general principles for incorporating the expertise of those with lived experiences, religious literacy, and cultural awareness into public health preparedness at all levels, the exact method used to drive long-term relationship building between public health preparedness personnel and communities is unique across geographies and health jurisdictions.

For the purposes of this guide, community engagement in the context of Public Health – Seattle & King County's emergency preparedness is defined as:

*A **participatory and anti-racist** approach to preparedness and response in which communities disproportionately impacted by emergency incidents are appropriately represented to prioritize and preserve their health and safety before, during, and after emergencies and disasters. Public Health will engage with community through open channels of communication, learn about specific needs during an*

emergency, and co-create appropriate and achievable plans that are community-informed and rooted in equity.

A spectrum of community engagement for PHEP –



The timescale: The darker shade depicts engagement that occurs over a longer period, although most engagement initiatives exist along various stages on the continuum.

- **Inform:** This is the base level of engagement that involves a one-way communication, including links to additional resources and a general email for recipients to reach out but there isn't a clear prompting for two-way engagement in this category of outreach. For Preparedness, this includes health and emergency communications disseminated to community through various mechanisms (i.e., PH blog, social media)
- **Consult:** Sharing existing or implemented Preparedness Plans and Response Annexes for transparency, presentations on specific topics where general discussion is encouraged but specific feedback is not solicited.
- **Involve:** Preparedness led spaces for community feedback on response (i.e., AAR) and to ask questions to Preparedness Staff. Community members and representatives would be engaged in a designated space, i.e., focus groups, workshop, interviews, one-on-one interviews, timed surveys for feedback on activities or plans related to incident response, a space for PHSKC staff to learn more from community and gather perspectives on needs for plans and guidance during response, and general feedback related to incident response. This stage will not involve co-creation.
- **Collaborate:** This stage of engagement involves the co-creation of resources with community. Community will be involved in editing plans and response annexes and establishing the mechanism for community involvement in the response structure. There will be a process in place for a community group to provide feedback on Preparedness and Division-specific emergency mgmt. resources, ICS structure, communications, and equity tools
- **Promote:** The establishment of a community advisory group for Public Health Emergency Preparedness that represents are evolving communities in King County and can be most directly engaged for feedback and guidance on integrating community perspective in public health emergency preparedness and response.

Before taking the steps to establish a community engagement mechanism for preparedness planning, it is important to identify what community engagements already exist and whether those engagements may be pursued for the purposes of preparedness planning. In addition, it may help to identify whether existing community engagements are established and sustained. An *established* community engagement mechanism is one that has been validated and recognized by community partners as a reliable avenue

for providing input and feedback, and a *sustained* community engagement mechanism is one that meets the needs of the present while remaining flexible to changes, and reaches the same, or more, participants over a measure of time (i.e., yearly, quarterly, etc.)

Some questions to consider when conducting this rapid assessment of engagement are:

- Who are your community partners?
- For how long have you sustained these community partnerships?
- What are some of the equity principles that you apply to your work?
- Have you used the Equity Impact Review Tool to understand your role in this partnership?
- How have you engaged partners in preparedness and planning discussions?

Engagement And Outreach Activities by Pandemic Response Phase

Effective community engagement plays a pivotal role in guiding our response strategies through the dynamic phases of a pandemic. In the initial investigations and containment phases, proactive engagement is essential to swiftly disseminate accurate information, dispel rumors, and foster adherence to preventive measures. By tailoring messages to cultural contexts and leveraging community leaders as trusted messengers, we can ensure rapid adoption of recommended behaviors. As we transition to the mitigation phases, sustained community involvement is crucial in maintaining compliance with interventions like social distancing and mask-wearing. Collaborative approaches, such as establishing community task forces, facilitate two-way communication, allowing us to address concerns and adapt strategies in real-time. In the demobilization phase, community engagement assists in rebuilding trust and resilience by involving local residents in the design of recovery programs and mental health support. Throughout all phases, inclusive engagement ensures that marginalized populations are not left behind, reinforcing the principle that pandemic response is a collective effort requiring diverse perspectives and solutions.

Initial Investigation

- *Inform* – When a novel infectious disease agent is identified in the population, health emergency communications including preliminary information about the disease agent and tailored communications for specific at-risk groups (i.e., immunocompromised individuals)

Outbreak Containment

- *Inform* – When increasing numbers of human cases of novel illness are identified and the disease agent has the potential to spread from person-to-person, public health communications focus on control of the outbreak and informing the public of actions that can be taken to prevent further spread (i.e., personal NPIs)

Prevention & Targeted Mitigation

- *Inform* – At this stage, health emergency communications include more details on specific non-pharmaceutical interventions that have been identified to prevent spread (i.e., masking, respiratory etiquette, IQ, etc.) and/or available treatments disseminated to community through various mechanisms.

Community Mitigation

- *Inform* – Health emergency communications include information regarding specific non-pharmaceutical interventions, public health mandates and/or health advisories, tailored communications for specific at-risk communities, and available treatments disseminated to community through various mechanisms.
- *Consult* – Webinars, Q&As, and special presentations on topics related to the outbreak where general discussion is encouraged but specific feedback is not solicited.
- *Involve* – Engaging with community members through townhalls, focus groups, or community specific conversations to develop an informed targeted mitigation approach (i.e., changes to investigations protocols, outreach/guidance to healthcare facilities, businesses, etc.)

Targeted Mitigation

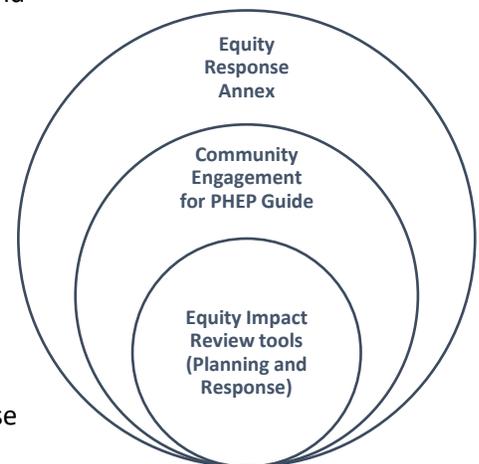
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Demobilization, Transition, and Future planning

- *Inform* – Health emergency communications, including information regarding non-pharmaceutical interventions and/or available treatments disseminated to community through various mechanisms.
- *Consult* – Webinars, Q&As, and special presentations on topics related to the outbreak where general discussion is encouraged but specific feedback is not solicited.
- *Involve* – Engaging with community members through townhalls, focus groups, or community specific conversations to identify demobilization and future planning strategies that are aligned with emergency protocols and community needs.

Preparedness Section’s Planning and Response Resources for Community Engagement & Equity

- The ***Equity Response Annex*** is the main resource for guidance and coordination around equity-based preparedness planning and emergency response activities.
- The ***Community Engagement for PHEP Guide*** is a resource that the Preparedness Section staff may utilize to plan community engagement activities along all parts of the preparedness cycle. The Guide also includes details to support community engagement during a response (that build on what is within the Equity Response Annex)
- The ***Equity Impact Review tools*** for planning and response are a set of tools that may be utilized by Preparedness’ Planning Team or HMAC response leadership and staff, respectively. These



tools aim to support staff with identify equity implications in planning and response activities and ensure that community is centered.

While these resources interrelate, they can be used independently.

PHSKC Preparedness Section Community Engagement Approaches

- Internal/community-facing groups may be engaged directly by Preparedness staff.
 - Collaborating with internal Divisions/Programs through meetings/workgroups for the co-creation of Plans and Functional Annexes
 - Connect with Division staff to engage in SME reviews of specific technical content areas in plans.
- Preparedness-specific Community Advisory Group
 - Focused on designing and co-creating preparedness resources and activities.
 - Membership rotates each year to allow for diverse representation.
- Community members and subject matter experts may be consultants or contractors on Preparedness products.
 - Engaging with the Equity Response Team to conduct Equity Reviews of Preparedness products.
 - Engaging with the Office of Equity and Community Partnerships through presentations and reviews (i.e., Disability Justice reviews with the Disability Justice Program Manager)
 - Engaging with SMEs in other divisions or across the county on community or content-specific reviews, i.e., Jail Health Services staff to provide guidance on how to center incarcerated communities, Language Access/Comms staff to provide guidance on health literacy and inclusive language, KC Disability Consortium to provide insight on disability justice, Pandemic and Racism Community Advisory Group, Community Navigators Team, KC Affinity Groups for community-specific guidance.
- Conducting focus groups, town halls, and other discussion-based activities with internal and external partners
 - Immediately after a response and through the After Action Review process to learn directly about information and resource needs during an emergency.
 - Before a response, in the form of exercises with community partners to learn about information and resource needs during specific emergency incident scenarios.

Identifying current community engagement

Before going further in this guide, identify whether there is currently an established and sustained, community engagement mechanism within your Team, Program, and/or Division?

- Who are your community partners?
- For how long have you sustained these community partnerships?
- What are the topics around which you engage with community partners?
- Does your team apply equity principles to community engagement work?
- How have you engaged partners in preparedness and planning discussions?
- Are community partners compensated for their time?

Identify those who need to be involved to accomplish your group's objectives or specific projects. (These are often the people suggested by

Step 1.) Review potential participants and partners:

1. Who in the community that you are serving can most benefit if they were to participate?
2. Who in the community can be most effective in bringing about the vision and mission?
3. What community engagement roles are currently unfilled or need to be created and who might best fill them?
4. Where would community members be found?
5. How would community members/partners be involved in Preparedness planning and activities?
6. What potential barriers exist to recruiting new partners, and what strategies can help overcome those barriers to their involvement?
7. How many members do you want involved? Should there be a membership target?
8. Will membership be on a rotational basis to allow for different groups to be appropriately represented?

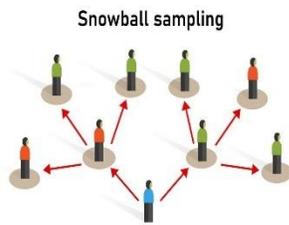
- Step 2.) Review representation from different sectors of the community as way to identify who should be involved and who is not. Consider representation from different sectors, including:
 - Social institutions (e.g., public, and private schools, businesses, media, government).
 - Other community organizations (e.g., clinics and hospitals, housing and transportation authorities, neighborhood associations, parent-teacher organizations, professional groups, social service agencies, faith communities).
 - Specialized groups - organizations specifically oriented around issues central to your group's vision and mission.
 - Individual leaders and citizens - recruit those in the community with influence and/or commitment to your group's mission and objectives

Overall, consider what sectors of the community may not be currently represented or underrepresented that are essential to this planning effort?

Part I. Identifying Community Groups for Public Health Preparedness Planning

Identify community groups that are within the Program/Division scope of work to partner with on the co-creation of preparedness plans. Collaborate with internal Division and Program-level staff, specifically staff designated to serve as liaisons for faith-based communities or small businesses, for example, to identify community partners that have commonly worked with the Department.

In addition, consider using a snowball sampling strategy to reach out to community groups that have previously not worked with PHSKC.



A technique in which outreach begins with a small population of known individuals/CBOs/FBOs and expands by asking those initial participants to identify others that may want to participate. Oftentimes the known CBOs, FBOs, individuals are the *agents of change* for that community.

Agents of change are trusted members of a community or trusted community-based org, faith-based groups, media outlets, small business owners, etc. that are most likely already engaged in addressing issues that matter to their community.

Pros: Helps with identifying populations, CBOs, FBOs, that may otherwise be difficult to locate

Cons: Accessing only a particular subgroup; does not guarantee representation of whole community

Types of community groups

When considering types of community groups to engage, identify different categories of groups based on community served, services offered, and geographic focus. Some examples of categories for community groups include (but are not limited to) the following:

- Immigrant service organizations
- Faith-based organizations and Interfaith councils
- Organizations serving people with disabilities and access and functional needs
- Ethnic/community media
- Community-based and run organizations
- Indigenous service organizations & Tribal Networks
- Social service agencies/nonprofits
- Childcare networks
- Children and youth service organizations
- Housing and shelter service organizations
- Small businesses
- Community mutual aid groups
- Neighborhood councils
- Mental health service organizations
- Elderly services organizations
- Philanthropic organizations
- Community foundations
- Organizations providing substance use treatment and harm reduction services
- Domestic violence networks
- Professional associations, hospitals/clinics, and networks
- Food banks
- Veterans' organizations

POPULATIONS IMPACTED BY INEQUITY (AS OUTLINED IN THE PHSKC EQUITY RESPONSE ANNEX)

- Aging Adults and Children
- Individuals with Medical Needs
- Individuals who are Blind
- Individuals who are Deaf, Deaf-Blind, Hard of Hearing
- Individuals with Developmental Disabilities
- Individuals with Mental Health Conditions
- Individuals with Limited Mobility or Homebound
- Individuals who have Experienced Domestic Violence
- Individuals who work or are forced into the sex industry
- Individuals Experiencing Homelessness or Transitional Housing
- Immigrant, Diaspora, and Refugee Communities
- Individuals who are Undocumented
- Individuals who are Limited or Non-English Speaking
- Individuals and Families with Limited Resources
- Clients of the Criminal Justice System
- Individuals who are drug or alcohol dependent
- Black, Indigenous, and People of Color
- LGBTQ+ and Gender Nonconforming Individuals
- Veterans

Planning for community outreach should involve the creation of a community outreach and engagement team. The team should comprise of two or more individuals in leadership roles that are responsible for internal and external coordination of community outreach and engagement related to preparedness planning, i.e., communications to community partners, coordination, and co-chairing of CAG, connecting with internal PHSKC program staff on relationships and engagement, collaborating with other jurisdictions community engagement focused planning activities.

Some questions to consider when conducting initial discussions on community outreach and engagement for PHEP:

Who are the people that experience the most negative impacts of an emergency incident that your Team/Program/Division can address? Of this group, who are the agents of change?

In what ways could a community or faith-based group that you have not engaged with be involved in a collaborative partnership for planning and response activities relevant to your Team/Program/Division?

Based on population demographics, what community or faith-based groups are missing from the Division/Program/Department's current engagement efforts?

How can your Division/Program build upon existing outreach and community engagement to focus on emergency preparedness and response planning?

What services do the faith-based or community groups you are trying to reach routinely provide? How can your Team/Program/Division's planning and response efforts integrate with those services?

What techniques have you used to previously engage community and faith-based partners? Are the techniques informed by cultural, religious, language, gender and sexuality, and accessibility norms of that community?

What unique skills and perspectives can the community groups you frequently engage with bring to emergency preparedness and response planning?

What type of community engagement for emergency preparedness planning can the Program/Division realistically commit to?

Part II: Engaging with Community on Public Health Preparedness and Response Activities

Once you have identified community groups to partner with for preparedness activities, begin the process of reaching out to these groups. In so doing, keep in mind the following guiding principles of equitable outreach:

Equity	Approach groups in a manner that reflects their cultural and religious beliefs, norms, and practices, and ensure that schedules support attendance (i.e., accommodate work hours, need for childcare, preferred meeting spaces, cultural/religious holidays)
Inclusivity	Identify adequate accommodations for disabilities and access and functional needs and identify + address language barriers in outreach (make translation and interpretation available in real-time)
Accountability	Engage with community on their terms, i.e., participate in non-preparedness planning community meetings when invited and listen to the community's needs and priorities; appropriately compensate community groups for participation
Collaboration	Partner with Preparedness staff on materials that describe emergency mgmt. principles, steady-state essential functions, and response role(s); plan listening sessions where community may share perspectives on their preparedness and/or response needs
Communication	Partner with trusted media outlets and community leaders to create (written, visual, audio) preparedness materials both before and after engagement

Streamline communications internally to avoid sending community groups multiple requests. Work with the [Equity Response Team](#) to reach out to the internal team to coordinate outreach.

Community groups may be engaged directly by Preparedness staff, collaborating with internal Divisions/Programs through **workgroups for the co-creation** of Plans and Functional Annexes. Engagement can occur in the form of a **Community Advisory Group** that convene for the purposes of designing and co-creating a response document, policy, or procedure. Community members and subject matter experts may be **consultants, contractors, or interns** to guide the development of specific Preparedness products. Preparedness will **partner with existing Programs and Divisions** conducting ongoing community engagement work to integrate preparedness training and information communications on a consistent basis. Conducting **focus groups** and discussion-based activities with community groups to learn directly about information and resource needs during specific emergency incident scenarios. Engagement with community groups in any of the aforementioned structures will be occur through compensated mechanisms.

Public Health Preparedness Community Training and Communications Outline

Preparedness and other Departmental staff should have completed FEMA trainings (ICS 100, 200, 300, 700/800) prior to engaging in preparedness planning efforts and connecting with community partners on these topics. Specific staff trainings may need to be organized. To date all PHSKC staff that have previously engaged in response roles have up to date FEMA trainings.

Reach out to community. Unengaged groups may not be familiar with the language, resources, and infrastructure of public health preparedness.

Engage with community directly by conducting listening sessions to learn priority concerns including those around preparedness and response.

Consider scheduling time with or request to attend pre-scheduled community group meetings to meet with communities personally to listen and share concepts of public health preparedness and planning, as needed.

Managers may assign a staff member to attend community groups' regular meetings to begin building relationships with community members.

PROMOTE

COLLABORATE

INVOLVE

CONSULT

INFORM

Develop a list of key emergency preparedness and response concepts that communities should be aware of and are connected to your essential functions and priority response activities.

Create a space to share information regarding those concepts and key communications needs to community partners.

PH Preparedness Key Concepts

Overview of Emergency Management Concepts

Overview of Preparedness Cycle

Overview of Public Health Emergency Preparedness Response Capabilities

Overview of Incident Command Structure

For training, consider sessions that teach public health preparedness key concepts highlighted in the box to the left.

Part III: Connecting Community Group Characteristics with Preparedness Capacities

In public health preparedness, the term “[Public Health Emergency Response Capabilities](#)” refers to ***specific resource elements that guide state and local public health systems with preparedness and response planning for public health emergencies.***

Each of the community characteristics below can aid in identifying greatest needs and priorities of community groups during specific public health emergency scenarios:

- Demographic reach
- Equity principles
- Information gathered during scenario-specific planning sessions.

Service plans will be developed by aligning Division/Program services and/or Department-wide preparedness plan(s) and capacities with community groups’ greatest needs and priorities during a public health emergency.

Community Centered Service Plan Development

Understanding the Demographic Reach, Equity Principles, and existing Preparedness capacities of a community group will be a mechanism for Division/Program staff to accomplish the following:

- Identify possible alignments between community group capacities and existing services and functions.
- Use information gathered regarding community group capacities to inform services and functions that Division/Program provides.
- Complete an Equity Impact Review of the Service Plan

This process will contribute to creating a community-informed and centered Service Plan and other Division/Program specific preparedness activities.

Definitions of Services, Service Types, and Service Plans:

- **Services** refers to a grouping of daily functions that a program or division provides that have a response role and that can be scaled up to meet the complexity of an emergency. In the context of community centered planning, Programs/Divisions should consider the ways in which their services connect with community, who that community is, and whether their work is meeting community's needs?
- **Service Types** are categorizations of services based on the types of functions that are comprised within it. Building on the connections and relationships identified through daily services community engagement, identify which community groups may be most engaged for a particular service type (e.g., public information development, medical countermeasure distribution)
- **Service Plans** are a guide for how to coordinate and use available resources to deliver and scale up a service during an emergency response. The community partnerships identified through previous service planning work will be leveraged during an emergency response to ensure that partners are well informed and receive the services and resources they need.

Equity Impact Review Tools for Preparedness

This review tool has been designed to ensure that the response document is thoroughly assessed for equity implications. In times of crisis, populations that face historic and systemic inequities bear a disproportionate burden. Marginalized communities, including communities of color, those with limited access to healthcare, economic resources, or information, are at higher risk of experiencing adverse health outcomes during infectious disease outbreaks. By conducting an equity review, we aim to identify potential gaps, biases, and inequities within this plan, and uncover any unintended consequences that may disproportionately affect the most impacted and at-risk populations.

This **Equity Impact Review tool for Preparedness** encompasses two sets of questions:

- Process questions delve into the development and decision-making processes that contributed to the development of the response document. This includes examining the involvement of community partners, the consideration of social determinants of health, and the extent to which equity concerns were integrated into the planning process.
- Implementation questions focus on the practical aspects of implementing the objectives and strategies described in the response document. The questions assess whether the strategies outlined in the Annex effectively center community and ensure equitable access to response services, resources, and information.

The screenshot displays the 'Phase 1: Scope' and 'Phase 1: Checklist' sections of the Equity Impact Review tool. The 'Phase 1: Scope' section includes instructions for identifying who is affected and how to reach them, and a list of questions (1.1-1.4) regarding population groups, outreach, and response operations. The 'Phase 1: Checklist' section provides a series of checkboxes for evaluating the accuracy and sufficiency of the information provided, with specific prompts for identifying high-risk populations and assessing outreach effectiveness.

Instructions

- This review will be conducted between the Equity Response Team and Preparedness Section Planning Team
- Each review session will focus on a specific section of the response document.
- Once a review is complete and feedback and/or action steps are identified, the Planning Team will work on incorporating feedback and implementing action steps. An updated document will be shared with the Equity Response Team for validation.
 - Note: Some feedback and/or action steps may require longer term activities and planning within the Preparedness Section, and therefore may not be accomplished within the immediate development timeline of the response annex.
- While completing this review, reviewers may reference the following resources to support with feedback and action steps that may arise:
 - Equity Response Annex
 - Community Engagement Guide for Public Health Emergency Preparedness
 - Health Literacy Training Guide

Process

<p>Based on data from the most recent version of the <i>Equity Response Annex</i>, how have key at-risk groups, BIPOC communities, and impacted communities been centered in the development of the [Section of the Response Document]?</p> <p>Click or tap here to enter text.</p>
<p>Which partners (internal and external) were engaged in the review of the [Section of the Response Document]?</p> <p>Click or tap here to enter text.</p>
<p>How has community feedback been incorporated into the [Section of the Response Document] or how will it be?</p> <p>Click or tap here to enter text.</p>
<p>Has the [Section of the Response Document] been reviewed for health literacy and inclusive language?</p> <p>Click or tap here to enter text.</p>
<p>Has the [Section of the Response Document] been reviewed for disability justice?</p> <p>Click or tap here to enter text.</p>
<p>Has the [Section of the Response Document] gone through a review that centers incarcerated communities?</p> <p>Click or tap here to enter text.</p>
<p>Has the [Section of the Response Document] gone through a review that centers individuals experiencing homelessness?</p> <p>Click or tap here to enter text.</p>
<p>Are the operational objectives and strategies informed by the needs of the most at-risk and most impacted groups before a public health emergency?</p> <p>Click or tap here to enter text.</p>
<p>Will the [Section of the Response Document] be translated into languages that belong to the communities identified as most impacted?</p> <p>Click or tap here to enter text.</p>

Implementation

<p>How will the objectives and strategies that are outlined in the [Section of the Response Document] support with identifying communities that are most at-risk during the public health emergency? Click or tap here to enter text.</p>
<p>How will the objectives and strategies that are outlined in the [Section of the Response Document] support with identifying communities that are most impacted by the public health emergency? Click or tap here to enter text.</p>
<p>Are the outlined objectives and strategies in the [Section of the Response Document] inclusive of:</p> <ul style="list-style-type: none">- Black communities?- Disabled communities?- Indigenous communities?- Immigrant groups?- Incarcerated communities?- Individuals who are houseless?- Individuals living in congregate settings?- LGBTQIA+ communities?- People of Color communities?- Key Impacted Communities? <p>Click or tap here to enter text.</p>
<p>Will feedback from impacted communities be used to inform resource allocation associated with the objectives and strategies in the [Section of the Response Document]? Click or tap here to enter text.</p>
<p>How will community groups (CBOs, FBOs, community members) be kept apprised of HMAc activation and response activities associated with the [Section of the Response Document]? Click or tap here to enter text.</p>
<p>Is it clear in [Section of the Response Document] when impacted community groups will be engaged in decision-making associated with the response objectives and strategies? Click or tap here to enter text.</p>
<p>How will input on response operations be gathered from community groups? Click or tap here to enter text.</p>

Equity Impact Review Tools for Response

[A link to the full guide in the Appendix]

Equity-focused emergency preparedness is one component to dismantling the impacts of structural racism. Equity-focused response involves centering community in planning and response and creating and implementing responsive, adaptive, and anti-racist preparedness tools as an active commitment to addressing racism as a public health crisis.

When conducting an **equity impact review (EIR) during a response**, consider the needs of the individuals that are most negatively impacted by the disaster and those that are greatest risk of harm. The distinction between groups that are *most at-risk* and those that are *most impacted* is critical for the consideration of how emergency operations may be organized to reach communities during an emergency and mitigate harm. The EIR tool is a decision-making support for identifying, implementing, and evaluating equity-led decisions for response activities, i.e., through providing an equity review of incident objectives, identifying priority impacted communities, evaluating outreach and engagement activities to at-risk groups, examining resource allocation, and planning for demobilization and/or transitioning operations.

It must be acknowledged that the individuals completing the EIR tool and those responsible for making decisions regarding response operations, may not be representative of the communities that are most negatively impacted by the disaster. Therefore, for each phase of the review process, it will be essential for response staff to remain reflective of internalized biases and individual positionality^{1,2}. Through a process of reflexivity and recognizing the shortcomings in perspectives of those completing the tool, aim to intentionally sharpen focus on the ways in which different forms of oppression (and simultaneously privilege), i.e., race, gender, class, language, sexual orientation, disability, place of birth, etc., may negatively impact people's ability to access and receive support services and information through response operations.

In summary...

EIR Purpose: Ensure that equity impacts are rigorously and holistically considered and advanced in the implementation of the response operations (i.e., Incident Objectives, response strategies and activities, information and guidance, policies, funding allocations, and field activities)

How and When to Use the EIR Process: It is expected that the equity impact review is embedded within the processes of developing Incident Action Plans, Incident Objectives, and decision making for response activities during each operational period in a response. The tool

¹ National Equity Project. Frameworks for Equity:

<https://www.nationalequityproject.org/resources/frameworks#:~:text=Leading%20for%20Equity%20Framework&text=In%20its%20simplest%20form%2C%20the,can%20use%20in%20their%20work>

² Identity, positionality, and reflexivity: Relevance and application to research paramedics.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9662153/>. 2022.

may be used during Command Staff meetings as well as by individual Operations Section Branches and Groups when deliberating on response operations.

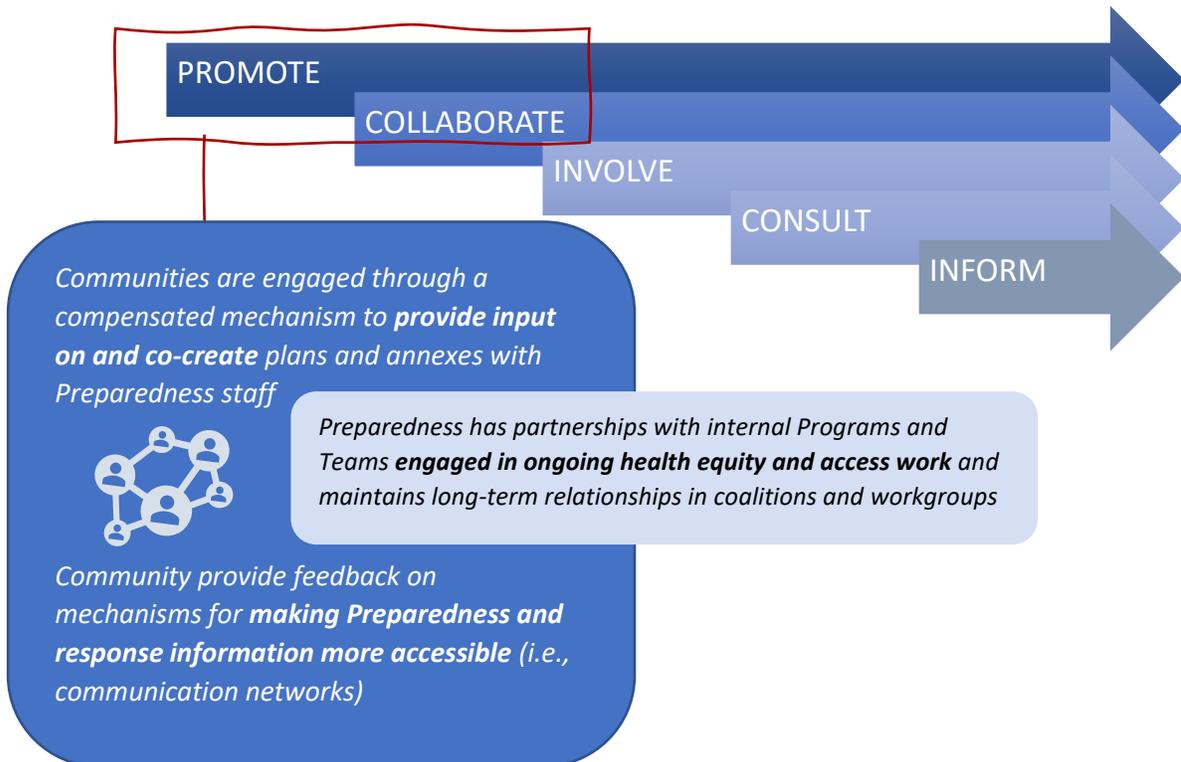
When conducting this review process: A) Consider organizational and cultural diversity, B) Include members who regularly engage with communities or connect with impacted communities, C) Involve team managers and response leadership, and D) Engage subject-matter experts on community knowledge *and* response operations.

Part IV: Establishing and Sustaining Engagement for Preparedness Activities

Work with a small group of community groups to pilot how the process of learning about their Demographic Reach, Equity Principles, and any existing preparedness efforts are incorporated into Service Plan creation.

Identify various stages and methods of engagement, create a structure for going through scenario-based exercises, and preparedness planning-focused sessions with community.

Use information gathered from pilot to develop a strategy for continual engagement on preparedness planning topics that can be implemented within the parameters of existing Program/Division activities and community partner availabilities.



Effective public health emergency preparedness relies heavily on community engagement, as it fosters a collaborative approach to identify risks, develop response plans, and promote resilience within the community. Engaging diverse community groups is essential to ensure that the needs and concerns of all individuals are considered in emergency planning efforts. In this section, various methods of community engagement are described, including meetings, townhalls, drills, and exercises, and an analysis of how to reach and involve different community groups based on their sociodemographic characteristics.

Community Meetings and Townhalls

Community meetings and townhalls are crucial platforms for engaging residents, local leaders, and stakeholders in public health emergency preparedness efforts. These gatherings offer an opportunity to present information, solicit feedback, and address concerns. To ensure maximum participation, meetings and townhalls should be organized at various times and locations, including virtual options for those who cannot attend in person. Flyers, local media announcements, and social media campaigns can be employed to reach a wide audience. Engaging community leaders and influencers is vital to encourage participation among their respective groups.

Engaging At-Risk Populations

- **Low-Income Communities:** Collaborate with local non-profit organizations and faith-based groups that serve these communities. Offer translation services, childcare, and transportation to enable participation.
- **Individuals who are Elderly and/or Disabled:** Partner with senior centers, retirement communities, and disability support organizations. Ensure that meeting venues are accessible, and provide materials in large print or other accessible formats.
- **Immigrant and Non-English Speaking Communities:** Utilize bilingual community health workers and interpreters to facilitate communication. Translate informational materials into various languages.

Drills and Exercises

- Drills and exercises play a significant role in preparing communities for emergencies. These activities allow community members to practice response protocols, identify weaknesses, and build confidence in their abilities. Examples of community engagement through drills and exercises include:
- **Tabletop Exercises:** Gather representatives from diverse community groups, including community-based organizations, healthcare facilities, and schools, to simulate response to different emergency scenarios.
- **Community-Wide Emergency Drills:** Collaborate with emergency services, law enforcement, and community organizations to conduct large-scale drills involving the entire community, promoting a cohesive response.

Reaching Diverse Racial and Ethnic Groups

- **Cultural Competency Training:** Provide training to emergency planners and responders to understand the values, norms, and communication styles of different cultural groups.
- **Community Liaisons:** Appoint community liaisons who can bridge the gap between emergency planners and community members, ensuring that concerns are heard and addressed.

IV. Compensation Planning for Community Engagement

Compensating community partners for their engagement in public health emergency preparedness activities is essential for fostering inclusive and sustainable partnerships. By recognizing their expertise, addressing financial barriers, and providing incentives, community partners are motivated to actively participate in preparedness planning efforts. The choice of compensation approach depends on the specific context and available resources. A combination of approaches may be employed to ensure that community partners are appropriately compensated and empowered to contribute effectively to building a resilient and prepared community.

Compensating community partners is crucial. Below is a comparison of different approaches to appropriately compensate community partners for engaging in preparedness planning activities.

Recognize Expertise

Community partners often possess valuable local knowledge and lived experiences. Compensating them acknowledges the significance of their insights and encourages their active participation in preparedness planning.

Ensuring Equitable Participation

Compensation addresses potential financial barriers that community partners may face when dedicating time to preparedness activities. It promotes equitable participation, ensuring that diverse voices are heard.

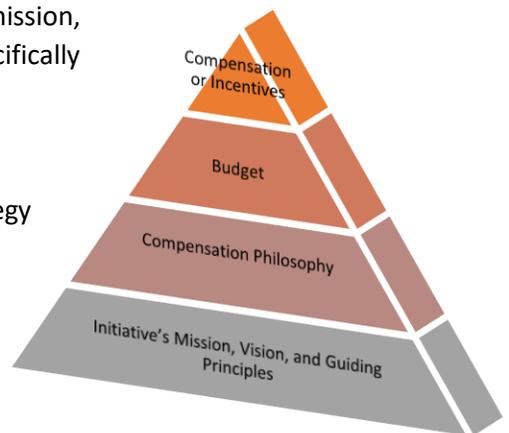
Building Sustainable Partnerships

By compensating community partners, a foundation of trust and collaboration is established, fostering long-term, sustainable partnerships for future preparedness endeavors.

Develop an internal compensation philosophy shaped by the stated mission, vision, and objectives/guiding principles of Program/Division and specifically preparedness planning.

Create a budget that aligns with the compensation philosophy:

- Partner with community groups to develop a long-term strategy for continual engagement for preparedness planning.
- Identify a compensation structure that aligns with the compensation philosophy and long-term budgeting.



Approaches to Compensating Community Partners

- **Stipends and Honorariums:** Offering stipends or honorariums is a common approach to compensate community partners for their time and expertise. For attending meetings, participating in townhalls, or contributing to planning exercises, community partners receive a predetermined payment as a token of appreciation. This approach provides immediate recognition and financial support, encouraging active participation. However, it may not be sustainable for long-term engagement, especially if funding is limited.

- **Reimbursement for Expenses:** Instead of direct monetary compensation, community partners can be reimbursed for expenses incurred during their engagement. This may include transportation costs, childcare expenses, or any other out-of-pocket costs directly related to their participation. Reimbursement removes financial barriers and is especially beneficial for individuals who might face challenges attending meetings or events due to financial constraints. However, it may not fully recognize the time and effort invested by community partners.
- **Capacity Building Support:** In addition to financial compensation, providing capacity building support can be an effective approach. This may involve training opportunities, skill development workshops, or resources to enhance the community partner's abilities to engage in preparedness activities effectively. Offering capacity building support fosters skill development and empowers community partners to take on more significant roles in preparedness activities. However, it may not address immediate financial needs.
- **Collaboration in Grant Funding:** Community partners can be included as co-applicants in grant applications. If funding is secured, these partners can receive compensation through project budgets, promoting financial sustainability for their involvement. Including community partners in grant funding builds financial sustainability and fosters a sense of ownership. However, this approach requires successful grant applications, which are not guaranteed.

Writing a Compensation Philosophy

A well-designed compensation philosophy supports the program’s strategic plan and initiatives, goals, competitive outlook, objectives, and action strategies. An effective and equity-based compensation philosophy may address the following questions. In addition, the Equity Response Team may provide consultation support when creating a compensation philosophy.

Sample compensation philosophy

“We are committed to ensuring that our compensation structure is directly linked to our mission and values. Each participant in this community-based project is a vital representation of the importance of increasing economic opportunities for communities by placing a focus on lived experiences, emphasizing diversity and inclusion, and ensuring

Developing a Compensation Philosophy for Effective Community Engagement in PHEP

Understanding Compensation Philosophy and Its Relevance

A compensation philosophy serves as a foundational framework that outlines an organization's principles, strategies, and rationale for remunerating individuals engaged in various roles. In the context of public health emergency preparedness, community engagement is an indispensable facet of ensuring effective disaster response and recovery. Community engagement involves actively involving individuals, groups, organizations, and other stakeholders in collaborative efforts to enhance disaster preparedness,

response, and recovery. Developing a compensation philosophy specific to community engagement is crucial to ensure equitable, sustainable, and impactful partnerships that foster resilience across diverse communities.

Components of Community Engagement Work in Public Health Emergency Preparedness

Community engagement work in the realm of public health emergency preparedness encompasses a broad spectrum of activities. These include, but are not limited to:

1. *Outreach and Education*: Disseminating vital information about disaster preparedness, response procedures, and recovery resources to communities, ensuring that they are well-informed and equipped to act appropriately during emergencies.
2. *Stakeholder Collaboration*: Collaborating with local governments, NGOs, healthcare institutions, and community-based organizations to create a comprehensive network that enhances the collective capacity to respond to emergencies.
3. *Cultural Competence*: Recognizing and addressing cultural, linguistic, and socio-economic diversity to ensure that engagement efforts resonate with all segments of the community.
4. *Participatory Planning*: Involving community members in decision-making processes related to emergency preparedness initiatives, empowering them to contribute their insights and experiences.
5. *Capacity Building*: Providing training, resources, and skill development opportunities to community members, enabling them to take on active roles in disaster response and recovery.

Approaches to Developing a Compensation Philosophy

1. *Equity-Based Approach*: Prioritize historical disparities and systemic injustices that impact vulnerable communities disproportionately. A compensation philosophy grounded in equity strives to acknowledge and address these disparities, ensuring fair compensation for time, expertise, and contributions. It emphasizes tailored approaches for different communities, accounting for varying levels of involvement and potential barriers to participation.
2. *Value-Driven Approach*: Base compensation on the intrinsic value of community engagement work. Highlight the importance of the work and its long-term impact on community resilience, motivating participants beyond monetary incentives.
3. *Skill and Expertise Approach*: Recognize varying levels of expertise by offering compensation that reflects the skills and knowledge community members bring to the table. This can encourage specialized involvement and increased commitment.

Importance of an Approach-Based Compensation Philosophy: Developing a compensation philosophy tailored to community engagement work is pivotal for successful public health emergency preparedness. Here's why:

- a. *Inclusivity*: Different communities and partners have unique needs and expectations. An approach-based compensation philosophy ensures that engagement efforts resonate with diverse groups, fostering a sense of ownership and investment.
- b. *Sustainability*: A well-structured compensation philosophy acknowledges the ongoing commitment required for effective community engagement. This can lead to sustained involvement, strengthening partnerships and enhancing overall preparedness efforts.

- c. Quality Outcomes: By valuing the input, expertise, and dedication of community members, an approach-based compensation philosophy elevates the quality of engagement initiatives, leading to more informed and impactful disaster response strategies.
- d. Ethical Considerations: Demonstrating fair compensation practices in community engagement work reinforces ethical standards, demonstrating respect for the time and contributions of community members.

In conclusion, developing a compensation philosophy specifically designed for community engagement work in public health emergency preparedness is essential for fostering collaborative partnerships and enhancing community resilience. Embracing different approaches allows us to customize compensation strategies to various community needs, ultimately resulting in more effective and sustained engagement efforts. By recognizing the value of community contributions and aligning compensation with the philosophy's underlying principles, we can create a stronger foundation for a resilient and well-prepared society.

Below is a framework for helping understand some of the core components of a compensation philosophy for your community engagement work –

Is the overall program anti-racist? (Complete an Equity Impact Review)

Is the overall program perceived by participants as fair?

Are there enough resources to appropriately support the program participants, staff, and arrangements?

Has there been an analysis of the proposed program's internal strengths and external opportunities?

Is the proposed program fair, competitive and in line with organization-wide compensation philosophy and policies?

Developing a Community Engagement Budget

Create a draft of the costs associated with engaging with community including staff time, material resources, communications, and outreach. Work closely with the Finance Department to validate budget and identify funding sources for any longer-term engagements. The sample budget organizing tools to the right may be used to guide the budget development process.

Developing a Community Engagement Budget for Effective Public Health Emergency Preparedness

A community engagement budget is a strategic financial plan outlining the allocation of resources for activities aimed at involving individuals, groups, and organizations in collaborative efforts for public health emergency preparedness. Community engagement is integral to effective disaster response and recovery, as it empowers communities to actively contribute to their own safety and resilience. Developing a well-structured community engagement budget is crucial for optimizing resources and ensuring that engagement efforts are impactful and sustainable.

1. *Communication and Outreach*: Disseminating accurate and timely information to communities about emergency procedures, resources, and preventive measures.
2. *Community Training*: Providing training sessions that empower community members with essential skills, such as first aid, CPR, and basic disaster response techniques.
3. *Stakeholder Collaboration*: Collaborating with local authorities, community-based organizations, healthcare institutions, and non-governmental organizations to build a comprehensive network for disaster response.
4. *Cultural Competence*: Tailoring engagement strategies to the cultural, linguistic, and socio-economic contexts of diverse communities to ensure that messages are relatable and effective.
5. *Participatory Planning*: Involving community members in the development of emergency response plans, leveraging their local knowledge and insights.

Staff time					
Activity	Staff member	Hours	x	Hourly rate	= Cost of engagement
Resources (equipment and supplies)					
Activity	Staff member	Hours	x	Hourly rate	= Cost of engagement
Outreach					
Activity	Staff member	Hours	x	Hourly rate	= Cost of engagement
Compensation to participants					
Activity		Hours	x	Hourly rate	= Cost of engagement
Total staff time costs					=

Approaches to Inclusion and Compensation in Community Engagement Budgets

1. *Financial Incentives*: Allocate funds for compensating community members for their time, expertise, and contributions. This approach recognizes the value of their involvement and ensures that individuals from diverse backgrounds can participate.

2. *Capacity Building*: Allocate resources for providing training, workshops, and skill development sessions to enhance the capabilities of community members, enabling them to actively engage in preparedness activities.

3. *Collaborative Resources*: Allocate resources for materials, equipment, and infrastructure that empower communities to take proactive measures, such as establishing community-based emergency shelters or communication networks.

Developing a community engagement budget tailored to public health emergency preparedness is a strategic investment that yields significant returns in terms of community resilience and effective disaster response. By allocating resources for inclusive approaches to engagement and compensation, we acknowledge the invaluable contributions of community members and foster partnerships that are built on trust, respect, and shared responsibility. Inclusion of diverse stakeholders and equitable compensation within the budget ensures that community engagement efforts are both impactful and sustainable, contributing to a more resilient society as a whole.

	Incentives	Compensation
Goals	<ul style="list-style-type: none"> • Increase response and completion rates • Attract participation from a specific group • Increase participation rates among low-income individuals 	<ul style="list-style-type: none"> • Remove financial barriers to participation • Show all community members that their time and feedback is valued • Attract participation from underrepresented groups who may be harder to reach
Implementation	<ul style="list-style-type: none"> • Incentives include gifts cards, coupons, or thank-you gifts • Make sure your incentive is appealing to the respondents you would like to attract • Incentives can be “prepaid” (sent with the request for participation) or “promised” (distributed after completion of an activity) • A sweepstakes or raffle can be easier and cheaper than distributing an incentive to every participant • Participants do not need to have an intrinsic investment in the project 	<ul style="list-style-type: none"> • Payment is explicitly tied to acknowledging the value of participants’ experience (lived and otherwise), time, and labor • Compensation amount needs to be scaled with experience and knowledge of the participant and the level of effort or time being asked of them • Compensation can be “prepaid” (sent with the request for participation) or “promised” (distributed after completion of an activity) • Participants do not need to have an intrinsic investment in the project but oftentimes compensation is used to reach those who are impacted by a project but do not typically participate in planning processes
Considerations	<ul style="list-style-type: none"> • Response bias is possible, as participants may not have an 	<ul style="list-style-type: none"> • If budgets are tight, or funding cannot be reached, financial compensation might not be feasible

	<p>intrinsic interest in the project/outreach effort</p> <ul style="list-style-type: none"> • Incentives become less effective over time or create an expectation that all outreach processes will include an incentive • Prepaid incentives are more effective at increasing response rates than promised ones 	<ul style="list-style-type: none"> • Direct monetary payment has been found to increase survey response rates more than incentives • Not everyone can receive compensation
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Tools and Resources for Community Engagement for Preparedness

This section is a compendium of existing tools and resources that may be used for:

- Identifying Community Groups to Partner with for Preparedness
- Learning Community Needs for Preparedness Planning
- Conducting Tabletop Exercises for Emergency Scenarios
- Conducting Community Outreach During Response
- Utilizing Equity Mapping to Support Community Outreach
- Evaluating Community Engagement Approaches

Identifying Community Groups to Partner with for Preparedness

In response to community concerns, the King County Office of Equity and Social Justice partnered with Headwater People to create an Equity Impact Awareness Tool to guide and support King County Divisions as they are reviewing and recommending potential sites for COVID-19 quarantine and recovery.



KEY QUESTIONS FOR EQUITY IMPACT AWARENESS King County
Office of Equity & Social Justice

Progress must be swift and this is an imperfect tool. Nevertheless, it aims to identify communities that are extremely vulnerable to prolonged hardship with less resources to recover in an economic crisis. These are not the only considerations in reviewing sites, however these questions will highlight the inequities of risks in the County by race, economics, and age.

- Does this community's Black, American Indian & Alaska Native and Latinx residents together exceed 10%*? 20% of residents?
- Are more than 20% of this community's household incomes within 200% of the federal poverty level**? 30% of households?
- Do less than 50% of this community's households own the home they live in?
- Have more than 16% of residents in this community experienced food insecurity in the last year?
- Are more than 14% of residents of this community 65 years or older?

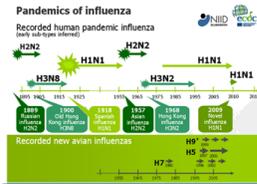
*The thresholds were chosen to highlight extreme economic conditions and to locate the 25% of areas with the most risk.
**The federal poverty threshold for a family of 4 in 2019 was \$26,370.

Post-incident critiques often confirm that experience gained during exercises was the best way to prepare teams to respond effectively to an emergency. Exercises should be designed to engage team members and enhance knowledge of plans, allow members to improve their own performance, and identify opportunities to improve capabilities to respond to real events.

PHSKC's Preparedness Section includes a number of tabletop exercises and preparedness assessment tools that Teams/Programs/Divisions may adapt to guide their preparedness planning discussions with community and learn more about community group's interest in

preparedness planning support.

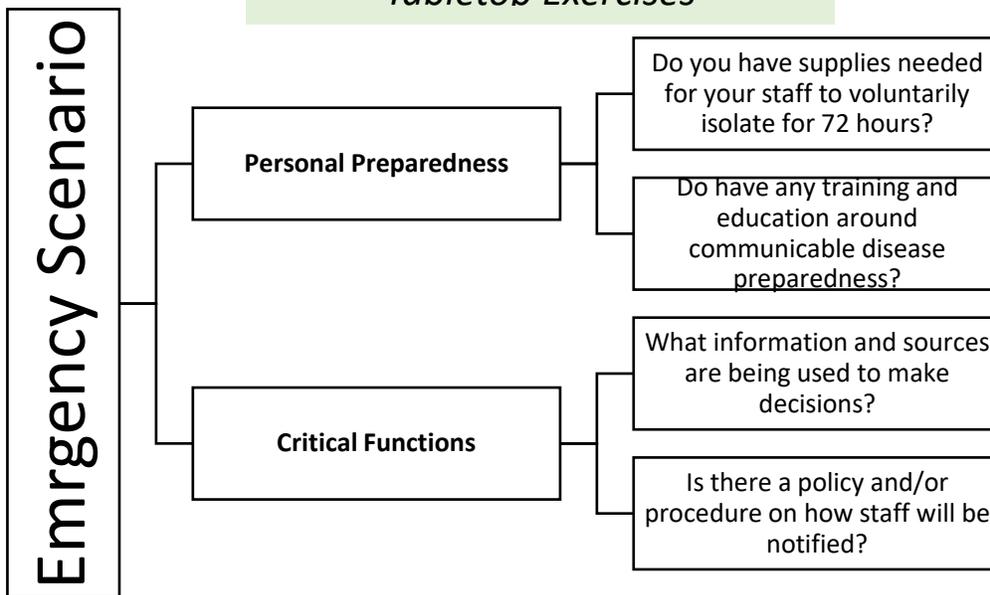
Scenario



- CDC has declared this to be a Category 5 pandemic
- Many local businesses are reporting up to 40% absenteeism, with some shutting down completely
- It is estimated that 20% of the local population has become ill



Tabletop Exercises



Conducting Community Outreach During Response

Assembling the Table
The following three-step process outlines how to identify, assess, and prioritize the people with whom you will engage. Remember, knowledge and expertise do not refer to specific degrees, titles, or accolades. Rather, an equitable approach to engagement acknowledges that expertise comes from a variety of sources—such as education, work experience, lived experiences, community participation, and service participation.

1. Identify your stakeholders

Consider these questions throughout the process to ensure no one is overlooked:

- Who will be representing the interests of the individual community members whose administrative data are being used?
- Which people or organizations will be affected by the results of your data sharing effort now and in the future?
- Which people or organizations are influential on this issue at the local, state, national, or international level?
- Who is influential within your neighborhood, community, or organization?
- Who can obstruct a decision if they are not involved (individuals, funders, political leaders, oversight groups, etc.)?
- Who has been involved in this issue in the past?
- Who has not been involved in past engagements, but should have been?
- Are there any barriers to engagement that may be/have been deterring some stakeholders?

2. Assess your stakeholders' interests

Think through why (or why not) and in what ways each group of stakeholders' engagement with preparedness planning in the context of your work.

3. Prioritize stakeholders

3. Prioritize stakeholders

IMPORTANT Keep informed, keep on board, enlist participation if possible

CRITICAL Close engagement, enlist supportive allies/champions

IMPORTANT Keep informed

IMPORTANT Keep informed, enlist participation in coalitions of supportive groups

TOOLS AND RESOURCES FOR COMMUNITY ENGAGEMENT FOR PREPAREDNESS
(ADAPTED FROM BRYSON, J. 2004)

Gathering at the Table
 Establish communication norms and model a commitment to equity during all interpersonal engagement as well as structured visits and conversation.

Equity-based preparedness and response goals

Be aware of individual identities in the room and how dynamics

Recognize the difference between intent and impact

Be prepared to address harm

Provide a plan to the group that defines harm and outline processes for repair and restoring justice

Individuals can cause harm or hurt despite their best intention

Activities for equity-focused preparedness and response

TOOLS AND RESOURCES FOR COMMUNITY ENGAGEMENT FOR PREPAREDNESS
(ADAPTED FROM BRYSON, J. 2004)