

Public Health – Seattle & King County

Equity Response Annex

ESF 8 PLAN RESPONSE ANNEX



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Record of Changes

Description of Change	Date Change was Made
<ul style="list-style-type: none"> ● Annex Creation ● Review of statistics, attachments, language translation tiers, and formatting changes 	October 2012
<ul style="list-style-type: none"> ● Updated statistics ● Replaced the “vulnerable population” terminology with “groups impacted by inequities” (GII), updated population categories to include People of color as a group impacted by inequities, and incorporated language of RCW 38.52.070 ● Consolidated ICS functions under Operations, developed roles and function of an Equity Officer and the integration of equity monitoring within each Operations Section Branch to reflect updated HMAC structure ● Revised to reflect functional structure of 2020-2021 COVID-19 equity response and lessons learned, and engaged the annex in community review processes by Equity Response Team and Community Navigators 	March 2016 – March 2021
<ul style="list-style-type: none"> ● Updated statistics ● Incorporated feedback from community review processes by Equity Response Team and Community Navigators Team ● Modified GII table ● Reformatted to align overall annex structure with that of other functional annexes ● Replaced Reference Documents with new tools ● Reviewed for ADA accessibility of document 	March 2023
<ul style="list-style-type: none"> ● Added a Glossary ● Updated statistics ● Incorporated feedback from community review processes by Equity Response Team ● Updated Reference Documents with new tools ● Updated Area Command graphic 	March 2024
<ul style="list-style-type: none"> ● Updated Glossary ● Updated Demographics 	March 2025

<ul style="list-style-type: none"> • Changed “Populations Impacted by Inequities” to “Priority Populations” 	
<ul style="list-style-type: none"> • Inclusion of Disability Equity / ADA Compliance Guidance • Inclusion of Language Access Guidance • Added and defined Inclusion, Diversity, Equity, and Accessibility • Removal of Planning P • Updated job aids • Adding appendices with all reference materials • Added list of acronyms 	<p>2026</p>

List of Acronyms

ACS – American Community Survey

ADA – Americans with Disabilities Act

ASL – American Sign Language

BIPOC – Black, Indigenous, and People of Color

CAG – Community Advisory Group

CBO – Community Based Organization

CCN – Community Communications Network

CEMP – Comprehensive Emergency Management Plan

CHB – Community Health Boards

CHBC – Community Health Board Coalition

ERA – Equity Response Annex

ERT – Equity Response Team

ESF #8 – Emergency Support Function

FBO – Faith Based Organization

HMAC – Health & Medical Area Command

IAP – Incident Action Plan

ICS – Incident Command Structure

IDD– Intellectual and Developmental Disabilities

IDEA – Inclusion, Diversity, Equity, and Accessibility

IPP – Integrated Preparedness Plan

KC– King County

LGBTQIA+ – Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual

LOTE – Language Other than English

MAT– Medicated Assisted Treatment

NIMS – National Incident Management System

NRF – National Response Framework

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OECP – Office of Equity & Community Partnerships

OEM– Office of Emergency Management

PHEP – Public Health Emergency Preparedness

PICC – Public Information Call Center

POD – Point of Dispensing

PPE – Personal Protective Equipment

Public Health – Public Health Seattle & King County

SUD– Substance Use Disorder

TPN– Trusted Partner Network

Introduction

Purpose

The Equity Response Annex is an annex to the Emergency Support Function #8 – Health, Medical and Mortuary Services (ESF #8) Plan of the King County Comprehensive Emergency Management Plan, the City of Seattle Comprehensive Emergency Management Plan, and the Regional Disaster Coordination Framework. The *Equity Response Annex* (Annex) for Public Health – Seattle & King County (Public Health) describes how the department establishes and implements equity-driven incident objectives and strategies during an emergency response. The annex provides an outline of:

- Current King County demographics
- The functional structure of public health response processes addressing health, medical, and mortuary services
- Approaches to carry out community-informed response operations during emergencies
- How to support community health and center equity during emergencies

Scope

This Annex can be referenced by Public Health leadership, staff, and volunteers to ensure that Priority Populations receive equitable access to resources, services, and health, medical, and mortuary information during emergencies.

Public Health defines Priority Populations as individuals, groups, or communities who experience institutional, structural, and systemic discrimination, bias, and racism in access to opportunities and resources. This ongoing lived experience of inequity places these individuals, groups, and communities at greater risk of disproportionate harm during and after emergency incidents. Priority Populations include, but is not limited to:

- Black, Indigenous, and People of Color (BIPOC) communities
- People with disabilities
- LGBTQIA+ communities
- People experiencing homelessness
- People who are incarcerated or justice-involved
- People who speak languages other than English (LOTE) or with limited English proficiency
- Older adults
- People with low incomes or experiencing economic instability
- Asylees and refugees

Priority Populations represent an intersectionality of these identities and more. The compounding effects of multiple overlapping forms of systemic inequity shape each person's lived experience in King County and their vulnerability during emergencies.

Planning constraints

This Annex was developed under nonemergency conditions and includes Public Health’s general procedures for integrating equity into Public Health’s Health and Medical Area Command (HMAC). When activated, HMAC serves as Public Health’s coordination point and organizational structure for emergency response that follows a formal incident action planning process consistent with the National Incident Management System (NIMS). The role of HMAC is further defined in the Emergency Support Function 8 (ESF #8) Annex to King County’s [Comprehensive Emergency Management Plan \(CEMP\)](#).

This Annex describes how NIMS concepts, including overall incident command, decision making, and action planning for each response operational period, can be modified and adapted by HMAC to better elevate and evaluate equity concerns and allow for collaboration between HMAC responders and the community. However, because health inequities experienced by communities in King County are multifaceted and institutionalized, many of the unique experiences of all Priority Populations may not be accounted for ahead of future emergencies. Public Health strives to close that gap through engaging with Priority Populations in preparedness activities. **This Annex should be considered a starting point for how to manage and respond to emergencies using equity-based approaches.** Public Health leadership and staff who adapt or implement this Annex should maintain flexibility for action and innovation to meet community needs during an emergency.

Overview Of King County Communities and Equity in Emergency Management

Demographic Overview of King County Communities

Public Health works to protect and improve the health and well-being of all people in King County. The department serves a resident population of over 2.3 million people. Over 100 languages are spoken in King County, and immigrants and refugees make up more than 19% of the population.¹ King County is also the 12th most populous county in the United States and home to two of the most diverse zip codes and school districts in the nation, where most of the population are Black, Indigenous, and People of Color (BIPOC).²

Understanding the demographic makeup of King County is a critical starting point for equity in emergency preparedness – but it is only a starting point. Demographic data must be paired with community engagement, lived experience, and qualitative knowledge to fully understand shifting needs, strengths, and disparities. As of this update, several previously relied-upon data

¹ [Seattle’s Immigrants and Refugees – City of Seattle Office of Immigrant and Refugee Affairs. American Community Survey Data. 2020.](#)

² [King County’s Demographics webpage. 2020.](#)

sources have been discontinued or are no longer accessible; data gaps are noted explicitly in the table below.

Important limitations when using this data:

- Standard demographic categories may not reflect cultural self-identification for all communities. Indigenous Latin American communities for example, may be grouped under broader racial categories despite distinct identities with needs. Disaggregated data for ethnic subgroups within broader racial categories (e.g. within the Asian diaspora) remains limited.
- Traditional datasets treat sex as binary and rarely include gender identity or sexual orientation, rendering entire communities invisible in data-driven planning. LGBTQIA+ population data should be sought from community-based sources.
- Language data frequently groups colonized and distinct languages under broad umbrellas (e.g. Pacific Island languages), masking diversity and obscuring planning needs. Language access planning must be directly informed by communities.
- Structural barriers, systemic undercounts, and historical erasure, especially in the U.S. Census, have attributed to the misrepresentation of communities including American Indian and Alaska Native populations.
- In alignment with the [Public Health Demographic Data Toolkit](#), demographic data should not be used in isolation. These figures do not capture people’s lived realities or how systems of oppression shape health outcomes. Community trust, relationships, and qualitative insight must complement any quantitative data used for equity planning.

The following table includes the most recent available estimates (2023–2024) where possible. Data source and year are noted for each category. Where data is unavailable or discontinued, this is explicitly indicated. Readers are encouraged to seek additional context from local organizations and community-based data sources.

Table 1. King County Population Demographic Information

Total King County Population: 2,271,380 residents (2023 Estimates)		
2023 American Community Survey (ACS) Age		
19 and under	496,048 individuals	21.3% of population
20 – 24	132,192 individuals	5.9% of population
25 – 44	770,513 individuals	34.3% of population
45 – 64	552,595 individuals	23.9% of population

65-74	187,744 individuals	8.6% of population
75 and over	123,624 individuals	6% of population
2022 ACS Sex		
Male	1,151,024 individuals	50.7% of population
Female	1,120,356 individuals	49.3% of population
2022 ACS Race and Ethnicity		
Non-Hispanic White	1,230,588 individuals	54% of population
Black or African American	151,954 individuals	6.7% of population
American Indian and Alaska Native	14,564 individuals	0.6% of population
Asian	474,574 individuals	20.9% of population
Native Hawaiian and Other Pacific Islander	17,935 individuals	0.8% of population
Hispanic or Latino	252,961 individuals	11.1% of population
Two or more race	277,919 individuals	12.2% of population
Population Trend by Place of Birth, 2022		
US-born	1,685,370 individuals	74.2% of population
Foreign-born	586,010 individuals	25.8% of population
Language Representation, 2022		
Speaks Other Language (5 years older)	674,203 individuals	29.7% of population
Limited English Proficiency	55,299 individuals	5.9% of population
Major Languages Spoken at Home in King County, 2022		
English only	630,241 individuals	66.7% of population

Spanish	62,683 individuals	6.6% of population
Chinese (including Mandarin, Cantonese)	59,288 individuals	6.2% of population
Vietnamese	17,175 individuals	1.8% of population
Somali, Amharic (2018 estimate)	37,200 residents	1.8% of population
Tagalog	14,616 individuals	1.5% of population
Korean	13,093 individuals	1.3% of population
French, Haitian, Cajun	8,274 individuals	.8% of population
German or Other West Germanic Languages	7,191 individuals	.7% of population
Hindi, Punjabi (2021 estimate)	39,580 residents	1.7% of population
Russian, Polish, other Slavic language	20,432 individuals	2.1% of population
Arabic	5,290 individuals	.5% of population
Japanese (2021 estimate)	11,410 residents	0.9% of population
Ukrainian (2021 estimate)	11,508 residents	0.6% of population
Other Asian and Pacific Island Languages (e.g., Samoan)	38,115 individuals	4% of population
American Sign Language ³ (2019 estimate)	Estimated 45,000 residents	2% of population
Disability Data, 2023⁴		
King County Overall (adults)	238,025 individuals	

³ [Gallaudet University](#) estimates that about 2-4 out of 1000 people are functionally deaf, hence the percentage per population is about 2-4%. This estimate uses 2% in calculations since that gives an approximate estimation on ASL fluency among deaf and deafblind populations.

Non-Hispanic White	11.8% of population
Black or African American	14% of population
American Indian and Alaska Native	19.8% of population
Asian	6.5% of population
Native Hawaiian and Other Pacific Islander	8.8% of population
Hispanic or Latino	10.1% of population
Two or more race	10.3% of population

Racism is a Public Health Crisis

[On June 11, 2020, King County government, including Public Health, declared that racism is a public health crisis.](#) Since then, the department has committed to integrating equity and anti-racism goals into our planning and operations. The [2024-2029 Strategic Plan](#) outlines how the Public Health is embedding Racism is a Public Health Crisis principles, objectives, and actions into all aspects of the department’s work.

Racism threatens communities across the United States by causing health inequity. Racism deprives individuals of vital access to healthcare resulting in higher death rates, shorter life expectancy, and greater severity of disease. Structural racism is a root cause of several health disparities, manifesting through laws and policies that create barriers to equitable and high-quality care.

When understanding the impacts racism has on the health of communities, it is vital to recognize that racism often manifests in an intersectional manner. Racism intersects with other forms of discrimination, including discrimination based on ability, socioeconomic status, sexuality, or place of birth. For example, the COVID-19 pandemic showed that people with disabilities experience unique impacts due to a lack of appropriate data on these communities as well as barriers to accessing information, testing, and vaccination that result in greater disparities during a response. As recovery efforts from COVID-19 continue, historically marginalized populations continue to face greater challenges due to racism and its intersections with other forms of discrimination.

Inclusion, Diversity, Equity, and Accessibility in Public Health Emergency Preparedness

Recognizing the layering of discrimination in our healthcare systems is necessary for effective public health emergency response. In addition to individual acts of discrimination, structural racism is a fundamental part of systems of power, informing decision-making and furthering health inequities. Implicit bias – the unconscious attitudes and stereotypes that shape decision-making, often without the awareness of the individual involved – operates within and reinforces these systems of power. In emergency response, implicit bias can influence who receives resources, how eligibility criteria are written, which communities are reached in outreach, and whose needs are treated as default. Addressing implicit bias at the individual level is necessary, but insufficient. Systemic change requires examining and restructuring the policies and the processes that allow bias to produce inequitable outcomes to scale.

In emergency response these systems of power include the Incident Command System (ICS) that is described further below. Due to state and federal requirements and funding-Public Health cannot abandon using these systems altogether. However, we can honor our commitment to addressing racism by actively incorporating inclusion, diversity, equity, and accessibility (IDEA) into the ICS Structure. This includes developing and maintaining strong community partnerships before a response, developing response roles that address health equity and incorporate community priorities in real time, and through incident action planning for each operational period of the response.

Defining Inclusion, Diversity, Equity, and Accessibility:

The terms inclusion, diversity, equity, and accessibility (IDEA) are often used together – but refer to distinct and complementary concepts. Understanding the differences between them helps Public Health staff embed anti-racism and apply each meaningfully in emergency preparedness and response work. We define IDEA as:

- Inclusion: creating conditions where all people can meaningfully participate, have their voices heard, and influence decisions, particularly those who have historically been excluded from or marginalized within systems of power.
 - In emergency preparedness, inclusion asks questions such as “are community member’s perspectives genuinely shaping plans, objectives, and priorities?”, and “are those closest to the problem closest to the solution?”
- Diversity: the presence of difference – across race, ethnicity, language, national origin, disability, gender identity, sexual orientation, age, socioeconomic status, and other dimensions of identity and lived experience.
 - In emergency preparedness, planning, and response, it is critical to include a diverse group of people, voices, and perspectives to best reflect the full range of communities we serve.

- **Equity:** ensuring that the communities most at risk receive equitable access to resources, services, and information when emergencies strike. It means directing resources where the need is greatest. This requires intentional planning, community partnership, and continuous adaptation throughout the response.
 - In emergency preparedness this can look like ensuring Priority Populations receive information in language, support, communication, and resources they need to prepare for, survive, and recover from emergencies.
- **Accessibility:** The degree to which spaces, systems, services, communications, and emergency response activities are proactively designed to remove physical, communication, technological, and procedural barriers and support full and equitable participation for all people, including people with disabilities and others with access and functional needs.
 - In emergency preparedness this can look like ensuring all public facing information is written in plain language, providing ASL interpretation, offering transportation support during emergencies, and ensuring that places such as vaccination sites and shelters are physically accessible.

To better support IDEA in emergency preparedness, the Preparedness Section has organized a Community Advisory Group (CAG) for Public Health Emergency Preparedness (PHEP). Members serve 2-year terms where they meet monthly to help better inform the work of the Preparedness Section. The CAG is comprised of ten community members from across King County that engage in providing feedback, discussions, and collaboration with Preparedness Section staff on emergency preparedness and response activities. Through this Community Advisory Group, the Preparedness Section aims to center communities' voices and priorities in preparedness planning work.

Strategies and Tools for improving Inclusion, Diversity, Equity, and Accessibility in Emergency Management

The [Community Engagement for Public Health Emergency Preparedness \(PHEP\) Guide \(EqRef 1\)](#) is a tool to inform community-engaged preparedness activities and response planning. The guide outlines an approach that involves centering community perspectives and engaging in equity impact reviews during preparedness and response. The guide includes:

- Information on Priority Populations in King County
- Approaches to engage with community in preparedness activities
- Recommendations for incorporating equity in the Incident Command System

The [Equity Impact Review tool](#) may be used to support equity-led decision making and prioritize Priority Populations before and during response activities. The tool includes a series of layered questions aimed at identifying the Priority Populations that are most at-risk during an emergency as well as those that are most impacted.

- “Most at risk” refers to populations that are systemically impacted by inequities daily.
- “Most impacted” is in reference to individuals or groups who are most likely to be impacted based on the current situation.

These two groups can be the same but can often differ. The [Equity Impact Review](#) process analyzes “impacts” as both the impacts of an emergency and the historical and systemic impacts of inequities experienced by different groups of people.

The [Social Vulnerability Index](#) is measurement tool that uses 16 United States census variables to help local health departments identify communities that may need support before, during, or after disasters. Additionally, Public Health relies on data from the Washington Tracking Network to identify social vulnerability to hazards across the county. Social vulnerability is defined as an unequal exposure to risk across various social categories, reflective of social and governance systems the produce inequities.

Disability Access and Disability Justice

People with disabilities represent a significant portion of King County residents and are among the Priority Populations most at risk for disproportionate harm during emergencies. Under the American with Disabilities Act (ADA), communication with people with disabilities must be “as effective” as it is with others. However, disability equity goes beyond ADA compliance: it requires proactive planning, centering the lived expertise of disabled people, and recognizing how disability intersects with race, language, income, and other identities. During a response, the [Disability Justice Technical Advisor](#) serves as the primary point of contact for disability access ([see Roles and Responsibilities section](#)).

Detailed guidance on disability access during emergency response operations, including communication access, physical space requirements, reasonable modifications to policy and process, service animal protocols, and guidance on supporting people with intellectual and developmental disabilities, psychiatric disabilities, and neurodivergent individuals, is provided below in [Appendix A: Disability Access and ADA Compliance Considerations](#). All response staff should review this appendix before and during activations.

Language Access

People who speak languages other than English (LOTE) or who are not fluent in English will have additional needs during an emergency. To help better support the needs of these communities consider the following:

- For in-person events such as points of dispensing (PODS) or vaccination events, have [“iSpeak” cards \(Appendix H\)](#) that an individual can utilize to help identify what their primary language is.

- Have signage in and around spaces in top tier languages or in the primary languages of a community in the surrounding areas.
- Ensure staff interacting with the public are aware of how to work with an interpreter ahead of an emergency. Always have interpreter information available.
 - Ensure you have Wi-Fi or cell signal available to communicate with an interpreter if you are using an off-site agency such as Lifeline.
- Ensure medical forms are in-language.
- Consider how different communities best communicate. Some communities communicate orally rather than with written content. Be prepared to have different modalities for folks to receive information: video, audio, and written
- Ensure your staff has been trained in empathy.
- Identify staff who speak multiple languages, ensure they are part of the planning process or are on site to help provide additional perspectives and/or concerns for folks who speak LOTE or who are not fluent in English.
- Build relationships with and advertise information via Ethnic Media sources.
- Ensure public messaging, educational, and informational materials are in language.

Understanding the [language tiers](#) at Public Health are a great start. However, it is important to note that an emergency may occur in an area or community of the county that is not represented in these tiers. We should always be prepared to provide information in-language, which requires staff to build relationships with Language Access Program ahead of a response.

For more information on the Language Access Program visit their [SharePoint Site](#) or email their team at ESJLanguages@kingcounty.gov.

Public Health intends to demonstrate its commitment to incorporating inclusion, diversity, equity, and accessibility in a meaningful way in the response structure by using the abovementioned tools and data sources and by utilizing the response structure and operations outlined below.

Operationalizing Equity in Emergency Response

During an emergency, the response activities that Public Health engages in align with the National Response Framework (NRF) and the guiding principles of the National Incident Management System as mandated in [RCW 38.52.070](#). Public Health collaborates with local partner agencies, community-based organizations, faith-based organizations, and other community partners to stabilize an incident, undertake community-centered response operations, and sustain health, medical, and mortuary services. As part of NIMS, Public Health uses the Incident Command System, which is a standardized incident management approach, to coordinate emergency response operations.

During an emergency response, Public Health has critical primary functions that are:

- Ensuring inclusion, diversity, equity, and accessibility are embedded, centered, and implemented through operations
- Coordinate public health and medical emergency operations including but not limited to:
 - Fatality management
 - Laboratory testing
 - Mass care support
 - Medical countermeasure dispensing and administration
 - Medical Material Management and distribution
 - Medical surge management
 - Nonpharmaceutical interventions implementation
 - Public information and warning
 - Surveillance and epidemiological investigation
- Effectively staff and mobilize response workforce personnel
- Maintain situational awareness of health outcomes and healthcare system
- Communicate effectively and equitably with response and community partners

To further ensure that equitable and community-centered practices are embedded in the ICS, Public Health will continue to establish equity-focused roles and teams within the response structure.

Equity-Based Incident Objectives

During a response, the Equity Officer and Equity Technical Advisor(s) use the [All-Hazards Equity-Based Incident Objectives \(EqRef 3\)](#) to address equity concerns by validating and supporting incident objectives to ensure they are rooted in equity and addressing equity concerns, challenges, and considerations. These objectives are integrated into the Incident Action Plan (IAP) and organized into three functional areas. The full working document is retained as EqRef 3 in the Annex Reference Documents.

Information Management

- **Monitor:** Monitor health impacts on Priority Populations through multiple channels — including the Public Information Call Center (PICC), social media, and community partner networks — with attention to communities most impacted by the emergency. Collect data disaggregated by race/ethnicity, language, disability, and geography where possible.
- **Collect:** Collect both quantitative and qualitative data on health impacts, deaths, and inequities in access to response services experienced by Priority Populations and the broader community.
- **Document and disseminate:** Document population impact data and use it in decision-making. Disseminate anti-racist, accessible response communications to Priority Populations through established channels, including the Community Communications Network (CCN) and community partners, following the Tier 1–3 language framework in the Emergency Risk Communication Plan.

Public Health Information and Guidance

- **Health and safety guidance:** Helps to ensure guidance is distributed in an equitable way, taking into consideration if guidance is available in multiple languages, accessible formats, and communication modalities — including written, audio, and video — with interpretation options. Sharing concerns from community with Public Health staff to help guide messaging.
- **Public information:** Develop relevant, specific, actionable, and anti-racist messaging for Priority Populations. Promote messages through platforms beyond Public Health's standard channels, including community radio, community blogs, community centers, faith-based organizations, and schools.

Technical Support

- **Resource allocation:** Weight resource allocation toward communities with the greatest risk of harm and greatest barriers to access. Consider transportation, personal protective equipment (PPE), diagnostics, and accessible and disability-inclusive spaces for quarantine, shelter, and care.
- **Community and organizational support:** Provide public health support to Community Based Organizations (CBOs), Faith Based Organizations (FBOs), and other organizations active in disasters. Equip community outreach teams and navigators to support people with disabilities and connect them to appropriate services.
- **Disability-specific outreach:** Coordinate with the Disability Justice Technical Advisor to identify and address the specific needs of disability communities during the response, including accessible communications and in-person services.

Incident Command Structure

The Incident Command System is a standardized form of organizing emergency response activities that allows multiple agencies to work together using common terminology and operating procedures. Public Health, under the legal authority of the Local Health Officer, establishes the Health and Medical Area Command (HMAC) as a response structure during emergencies and public health incidents. HMAC positions will be identified and staffed depending on incident type, hazard type, complexity, and legal responsibilities and authorities. HMAC serves as the coordination point for public health and medical services response within Seattle and King County and sets the strategy, objectives and priorities for health and medical emergency response.

Departmental ICS & HMAC Integration

The HMAC structure is complementary to the incident command systems and leadership structures utilized by Public Health's emergency response partners. Public Health will activate HMAC to establish overall health, medical, and mortuary response and recovery objectives, coordinate incident information with ESF #8 agencies, and manage the acquisition and use of medical resources. The organization chart below outlines the ICS structure for HMAC. Public Health has created the Equity Officer and Equity Technical Advisor (Equity TA) positions within the HMAC organizational structure. This model uses the Operations Section as an example of

how Technical Advisors may be placed. Equity Technical Advisors work to support all branches within the Operations Section.

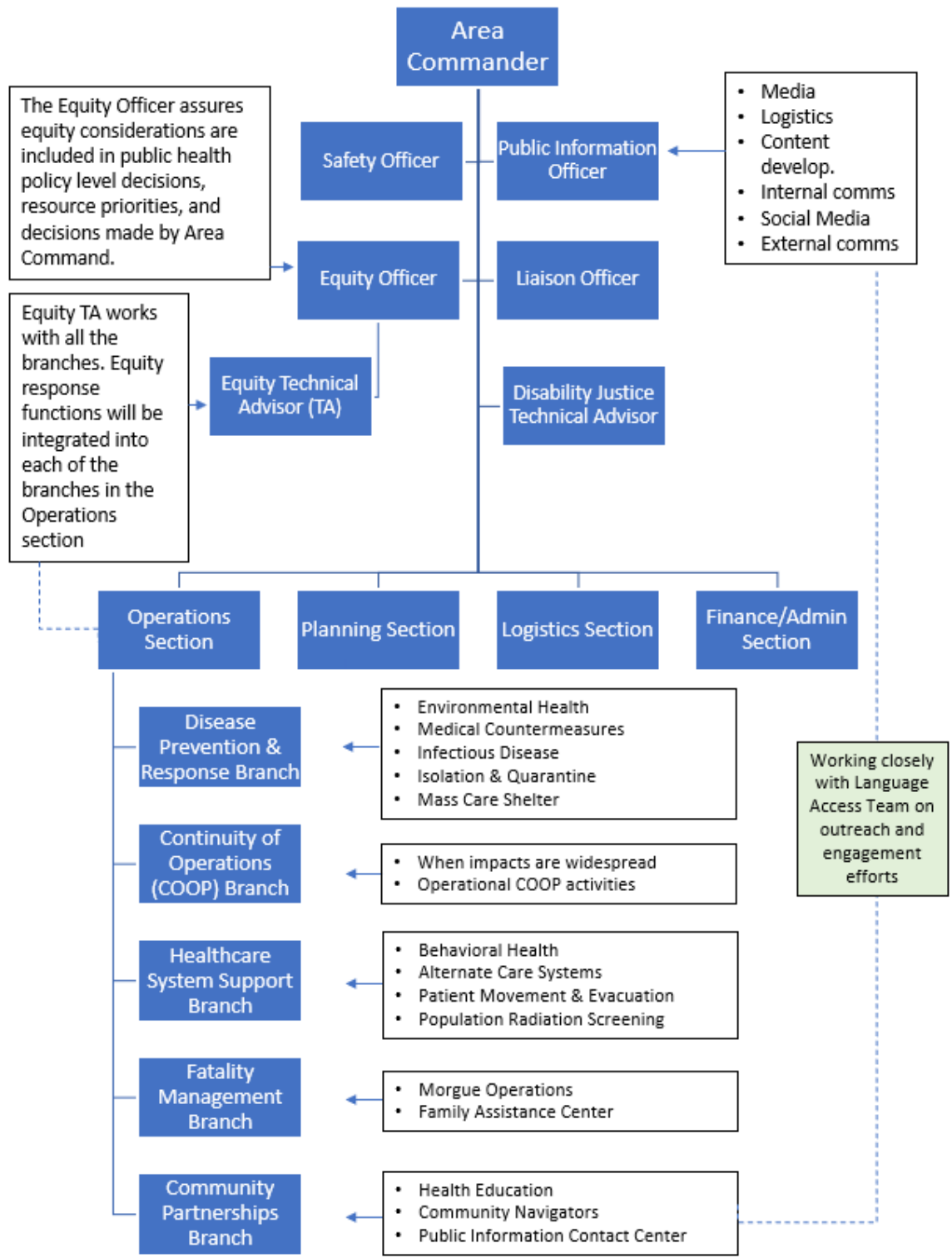


Figure 1. Equity embedded in ICS/HMAC Structure
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Roles and Responsibilities

Public Health's Workforce Mobilization Annex outlines the processes for identifying and deploying HMAC response staff in a manner that is consistent with King County policies, collective bargaining agreements, and emergency worker regulations. Public Health may incorporate an expanding scale of equity-focused positions into the HMAC structure as it moves through response operations. For detailed guidance on each role, see the associated appendices below:

Equity Officer

The Equity Officer reports directly to the Incident Commander. Their primary responsibility is to ensure equity-led decision making and practices are incorporated into HMAC management functions, response priorities, and policies. This includes informing incident objectives for each operational period, reviewing emergency services eligibility criteria, and working with the Public Information Officer and Language Access team on health and safety messaging. Public Health staff who are members of the Equity Response Team (ERT) may fill this position. [View Appendix B for the Equity Officer job aid.](#)

Equity Technical Advisor(s)

The Equity Technical Advisor reports to the Equity Officer and is embedded in the Operations Section. Their primary responsibility is to ensure equity practices are incorporated into specific operational response strategies and activities, facilitate two-way communication between the Equity Officer and Operations Section branches, and use the Equity Impact Review Tool to inform the development of incident objectives and IAP components. [View Appendix C for the Equity Technical Advisory job aid.](#)

Equity Response Team (ERT)

The Equity Response Team (ERT) is an impartial body connected to HMAC through the Equity Officer. It is comprised of community members and King County and City of Seattle staff with diverse subject matter expertise and lived experiences. The ERT discusses and provides guidance on equity concerns, reviews response plans, and materials, and conducts equity impact case studies. Per existing contractual agreements, ERT members cannot hold official HMAC response roles, but will be consulted throughout the response and kept up to date of operations each operational period. [View Appendix D for the Equity Response Team \(ERT\) job aid.](#)

Disability Justice Technical Advisor

The Disability Justice Technical Advisor reports to the Equity Officer, and the role is placed within the Operations Section alongside the Equity Technical Advisor(s). This role works and liaises with the disability communities and community partners, provides technical assistance on disability equity and social determinants of health affecting disability communities during a response, and advises on ADA compliance and accessibility across Public Health response activities. [View Appendix E for the Disability Justice Technical Advisor job aid](#) and [Appendix A for Disability Access and ADA Compliance Considerations](#).

HMAC Community Partnerships Branch

The Community Partnerships Branch within the Operations Section of HMAC coordinates community partnerships, outreach, and engagement during a response. The Branch may include setting-specific outreach groups, representatives from risk communications and Language Access, and the Public Information Call Center team. Groups focus on community engagement, outreach, and education, and providing consultation on response operations with a focus on centering the needs of Priority Populations most at risk. The Branch builds on existing outreach mechanisms and established relationships while identifying and reaching communities not served by standard channels. [View Appendix F for the Community Partnerships Branch Lead job aid](#).

Incident Action Planning

Effective, equity-centered incident action planning relies on ongoing two-way engagement with the community — both before and during a response. Community input shapes which incident objectives are set, how resources are allocated, and whether response strategies are genuinely reaching Priority Populations. Approaches for community engagement during a response include:

- Convening the [Equity Response Team \(ERT\)](#)
- Convening the Community Advisory Group for PHEP
- [Community Health Boards](#) (CHB)
- [Community Navigators](#) to discuss response operations and decision-making.
- Communicating directly with leadership of CBOs and FBOs whose work focuses on the most impacted communities
- Collecting field observations of barriers, questions
- Reviewing complaints during response operations; and using surveys and other feedback mechanisms to capture community partner perspectives on response equity.

For detailed community engagement methods, see [the Community Engagement for PHEP Guide \(EqRef 1\)](#).

Equity Considerations in Emergency Communications

Equitable communication during a response requires more than translation. It requires intentional planning for the specific needs and circumstances of Priority Populations — including language access, accessibility across formats, and reaching communities through trusted channels built before the emergency. The [Emergency Risk Communication Plan \(v11, August 2025\)](#) is the authoritative source for communication channel protocols, message clearance procedures, CCN operations, and language access processes including the Tier 1–3 language prioritization framework. Response staff should refer to that plan for operational communications guidance.

Key equity considerations for emergency communications:

- All written and visual materials shared with communities must be screen-reader accessible when posted online, use high color contrast, and be written at a 6th–8th grade reading level. For printed materials, large print and braille options should be available.
- Video materials should include audio description for visual information. Materials should be available in multiple modalities, written, audio, and video, as different communities access and prefer information differently.
- Language access planning must go beyond the standard Tier 1–3 translation framework when the current incident disproportionately affects a specific language community. Consult the Equity Officer and community partners to determine which language groups have the greatest need for the current incident.
- Messaging should be culturally appropriate and co-developed with community partners where possible. The Office of Equity and Community Partnerships (OECPP) can support equity and cultural appropriateness review of in-language documents and community outreach materials.
- Community channels – including the Community Communications Network (CCN), Community Health Boards, Community Navigators, CBOs and FBOs, and multilingual media – should be activated early and used throughout the response, not only when standard channels fall short.

Ensure that information and updates are reaching Priority Populations through two-way channels, not only broadcast. Community feedback mechanisms (surveys, field observations, PICC)

Communication Channels – Quick Reference

Community Communications Network (CCN): Email ccn@kingcounty.gov or use GovDelivery. Clear all messages with the Communications Content Lead before sending.

Community Health Board Coalition (CHBC): Email communityhealthboardcoalition@gmail.com to reach all 16 CHBs.

Office of Equity and Community Partnerships (OEC): Translation and interpretation into up to 30 languages; equity and cultural appropriateness review.

Alert Seattle: City of Seattle official emergency alert system. Currently English only.

Alert King County: County-wide emergency alert system. Currently sends messages in nine languages.

- **Trusted Partner Network (TPN):** Community leaders who can provide translation assistance and rapidly disseminate messages. Maintained by KC OEM.

Summary of Incorporating Equity in Response Operations

During a response and HMAC activation, response leadership should use the structures, roles, and tools outlined in this Annex — together with the [Equity Impact Review Tool \(EqRef 2\)](#) and the [Community Engagement for PHEP Guide \(EqRef 1\)](#) — to ensure that incident objectives and response strategies are equity-focused and community-informed. The table below summarizes the four core strategy areas. For full detail and practical guidance, see the Equity in Emergency Response: Quick Reference for Response Staff one-pager (in the [Annex Reference Documents](#)).

Strategy Area	Core Actions
Resource Allocation	Weight allocation toward communities with the greatest risk of harm and barriers to access. Use the Equity Impact Review Tool. Consider transportation, PPE, diagnostics, and accessible and disability-inclusive spaces for quarantine, shelter, and care.
Community Outreach and Partnerships	Activate CCN, CHBs, Community Navigators, CBOs, and FBOs early. Select interpreters who are aware of regional dialects. Equip outreach teams to support people with disabilities. Center community feedback on operational decisions throughout the response.
Accessible Communications	All materials: screen-reader accessible, high color contrast, plain language. Large print and braille available. Multiple modalities (written, audio, video). Follow Tier 1–3 language framework in the Emergency Risk Communication Plan.
Data and Informed Decision-Making	Collect disaggregated data on service access from the first operational period. Track qualitative feedback: barriers, complaints, unmet needs. Translate data collection tools and provide interpretation. Use data to adapt operations in real time.

Planning for Communication Barriers: What to Anticipate

Even with strong planning, the following barriers commonly arise during a large-scale incident, particularly in the first operational periods:

- Public Health, CBOs, and community leaders may not have access to functioning telecommunications systems, including telephone and internet.
- Public health responders, CBO staff, and community leaders may be personally affected by the emergency and unable to respond to communications.
- Available language resources, including ASL, may not cover all communities in a timely manner, and communications may not meet the full range of access needs (screen reader accessibility, braille, audio formats).
- Data needed to drive equitable resource allocation and targeted communications may not be available in the early stages, or may not be disaggregated by race, language, disability, geography, or the compounding effects of multiple social determinants of health.

Annex Maintenance

Review and revision

This Annex will be reviewed yearly. The revision process will include outreach to the Community Advisory Group for PHEP, Equity Response Team, and relevant Public Health divisions and programs represented in the Annex to ensure their response activities and services are documented accurately.

Following any exercises or actual emergency responses, Public Health will seek feedback on the response from HMAC responders, Public Health divisions and programs involved in the response, impacted communities, and key partners across the county. Based on this feedback, this Annex will be updated to include lessons learned and address recommended improvements.

Socialization

Relevant portions of the updated Annex will be shared with the following groups after the review and updating process is complete each year:

- Public Health's Office of Equity and Community Partnerships, including but not limited to the following groups:

- Community Navigators Team
- Equity Response Team
- Health Equity and Anti-Racism Community Advisory Group
- Preparedness Section’s Community Advisory Group for Public Health Emergency Preparedness
- Public Health divisions and programs
- King County Office of Emergency Management
- City of Seattle Office of Emergency Management
- Emergency management representatives from local jurisdictions

Socialization is intended to seek feedback from as well as to inform partners of changes to the contents of this annex. Public Health divisions and programs directly involved in emergency response and key community partners will participate in the revision process, ensuring thorough engagement prior to any socialization.

Training and Exercises

Preparedness maintains an Integrated Preparedness Plan (IPP), which details the training and exercise priorities for Public Health response actions. Portions of the Equity Response Annex may be integrated into the IPP to ensure key capabilities are exercised and relevant training developed.

As the Annex is updated on a yearly cadence, Preparedness Section staff will organize and implement yearly training on the Equity Response Annex to ensure that all staff remain familiar with the updated content.

Health Equity and Social Justice in Emergency Management: Trainings and Exercises

Equity-centered emergency preparedness and response require not only the right structures and tools, but staff who are prepared to use them effectively. Training on health equity, social justice, disability access, and cultural humility are essential to ensuring that equity is genuinely embedded in response operations – not just written into plans.

Recommended training areas include:

- Structural racism, anti-racism, and racial equity frameworks
- Implicit bias and its impacts on decision-making and service delivery
- Disability equity, disability justice, and ADA compliance, including communication access and reasonable modifications to policy and process
- Cultural humility and trauma-informed approaches to community engagement
- Working effectively with interpreters and language access services
- Community engagement and trust-building with Priority Populations before, during, and after a response

Exercises should specifically test equity components of the response, not only operational logistics. Examples of equity-focused exercise objectives:

- Testing whether language access is operationalized at a simulated point of dispensing for medical countermeasures – is multilingual signage in place, are interpreter services available and functioning, are materials in accessible formats?
- Testing the Disability Justice Technical Advisor role and whether physical accessibility requirements are met at a simulated response site
- Testing the Community Partnerships Branch's ability to activate the CCN and reach Priority Populations within a defined timeframe
- Testing whether equity considerations are raised and incorporated during simulated IAP development meetings

Following exercises and real responses, Public Health will document equity-specific feedback from HMAC responders, community partners, and impacted communities, and use that feedback to update this Annex.

Glossary

ADA - the [Americans with Disabilities Act](#) is federal civil rights legislation that was signed into law in 1990 to address discrimination on the basis of disability in employment, public accommodations, transportation and telecommunications as well as state and local government services ([Disability Language Style Guide](#), National Center on Disability and Journalism).

Black, Indigenous, and people of color (BIPOC) – a term referring to “Black and/or Indigenous People of Color.” While “POC” or People of Color is often used as well, BIPOC explicitly leads with Black and Indigenous identities, which helps to counter anti-Black racism and invisibilization of Native communities.

Community Advisory Group (CAG) – a group of up to ten King County community members that engage in providing feedback, discussions, and collaboration with Preparedness Section staff on emergency preparedness and response activities.

Community Communication Network (CCN) – a partnership between ~~PHSKC~~ Public Health, community-based organizations, and community leaders to ensure essential health-related information reaches Priority Populations

Community Health Board (CHB) – community led initiatives and organizations that strive to serve communities that are disproportionately affected by inequities to reduce health disparities, improve access to health, education, and economic independence, and overall improve health outcomes.

Community Health Board Coalition (CHBC) – a group of 16 Community Health Boards representing historically marginalized communities in King County, all of whom experience high levels of health disparities daily.

Emergency Support Function (ESF) #8 – an organizational structure to help provide the direction, coordination, and mobilization of health and medical resources, information, and personnel during emergencies and disasters. There are 15 ESFs in total; Public Health is focused on ESF 8: Health, Medical, and Mortuary Services.

Equity – ensuring that the communities most at risk receive equitable access to resources, services, and information when emergencies strike. It means directing resources where the need is greatest. This requires intentional planning, community partnership, and continuous adaptation throughout the response.

Equity Impact Review Tool (EIR) – a tool that helps support equity-led decision making and prioritizes Priority Populations by inequity in response efforts.

Equity Response Team (ERT) – a team comprised of community members and Public Health staff who hold diverse subject matter expertise and lived experiences. The team’s primary

responsibilities are to discuss and provide guidance on equity concerns, review response plans, tools, and documents, and regularly meet with relevant response groups and community partners.

Health and Medical Area Command (HMAC) – the structure Public Health uses to organize our internal response to support the health, medical, and mortuary needs of the community. HMAC supports the coordination of communication and information sharing, prioritization of services and allocation of scarce resources, and decision making among leadership and authorities.

Incident Action Plan (IAP) – formally documents incident goals known as operational period objectives or incident objectives that inform response activities and outline the overall response strategy.

Incident Command System (ICS) – The Incident Command System, or ICS, is a model tool for command, control, and coordination of a response. It provides a means to coordinate the efforts of individual agencies through a common goal of stabilizing the incident and protecting life, property, and the environment. ([CDC](#))

Intersectionality - first defined by Kimberlé Crenshaw, the concept of intersectionality describes the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class, and other forms of discrimination “intersect” to create unique dynamics and effects. This often creates compounding experiences of oppression for people who hold multiple marginalized identities ([Center for Intersectional Justice](#)).

Language Other Than English (LOTE) – This term refers to when an individual or group that either does not speak English and/or speaks another/multiple languages. LOTE is used by our Language Access Program in place of ELL (English Language Learner), ESL (English as a second language), or LEP (Limited English proficient) to intentionally highlight the value of multilingualism.

National Incident Management (NIMS) – a framework that guides all levels of government, non-governmental organizations, and the private sector to work together to prevent, protect against, mitigate, respond to, and recover from incidents.

National Response Framework (NRF) – a guide to help jurisdictions, citizens, non-governmental organizations, and business respond to all types of disasters and emergencies. It is structured to help develop continuity plans, integrate continuity plans, build capabilities to respond to cascading failures among businesses, supply chains, and infrastructure sectors, and collaborate to stabilize community lifelines and restore services.

Health Equity and Anti-Racism Community Advisory Group – Formerly known as the Health Equity and Anti-Racism Community Advisory Group ([HEARCAG](#)), this Public Health Seattle & King County advisory group helps share information and urge action within their respective

networks and informs Public Health on what they are seeing and hearing out in community – both challenges and opportunities.

Priority Populations – individuals, groups, or communities who experience institutional, structural, and systemic discrimination, bias, and racism in access to opportunity and to resources daily.

Public Health Reserve Corps (PHRC) – medical and non-medical volunteers who support PHKSC in meeting the needs of affected communities during an incident.

Social Vulnerability – the susceptibility of social groups to the adverse impacts of natural hazards, including disproportionate death, injury, loss, or disruption of livelihood.

Structural Racism – a system of organizational and institutional policies created over time that support a continued unfair advantage for some people and unfair or harmful treatment of others based on their race or ethnic group. Structural racism comes from deep patterns of social, economic, and cultural differences that have developed over time between different groups of people. It affects the physical, social, and economic conditions of where people live, learn, work, and play. Structural racism is a serious problem and can lead to poor health outcomes, such as higher rates of disease and death in certain racial and ethnic groups.

[\(National Cancer Institute\)](#)

Systems of power – the beliefs, practices, and cultural norms on which individuals lives and institutions are built. They are rooted in the social constructions of race and gender and embedded in history (colonization, slavery, migration, immigration, genocide), present-day policies, and practice. These systems of power reinforce white supremacy, patriarchy, and heteronormativity as defining power structures in the United States and feed the structural barriers that are the root causes of inequity experienced by young women of color– [Center for Law and Social Policy \(CLASP\)](#)

Systemic Racism – the oppression of a racial group to the advantage of another as perpetuated by inequity within interconnected systems (such as political, economic, and social systems)

Trusted Partner Network (TPN) – a partnership with individual community leaders who may be able to provide translation assistance and are able to quickly spread messages within their social networks.

Annex Reference Documents and Additional Resources

- EqRef 1: [Community Engagement for Public Health Emergency Preparedness Guide](#)
- EqRef 2: [Equity Impact Review Tool](#)
- EqRef 3: [All-Hazards Equity-based Incident Objectives](#)
- EqRef 4: [Disability Justice Assessment and Report](#)
- EqRef5: [Plain Language & Health Literacy Manual](#)
- EqRef 6: [Demographic Data Toolkit](#)
- EqRef7: [Quick Guide for Equity in Emergency Response](#)

Appendix A: Disability Access and ADA Compliance Considerations

Welcoming Interactions

- Avoid commenting on someone's name, accent, or appearance.
- Do not ask "where are you really from?" or similar questions.
- When unsure how to pronounce someone's name, ask respectfully (e.g.: *Can you tell me how to say your name?*)
- Normalize all forms of gender expression and avoid guessing or assigning gender roles (e.g. "partner" or "spouse" instead of "husband/wife").
- Use plain language and avoid jargon.

Communication

- Always offering written materials in alternate formats (e.g. large print, braille, or electronic) and being ready to read materials aloud when requested.
- For deaf or hard of hearing individuals: provide qualified ASL interpreters when requested and know where the assistive tools are (e.g., Video Remote Interpreting tablets, speech-to-text apps).
- Avoid assuming writing notes is sufficient for someone who uses ASL. The ADA requires access to communication in the format the person prefers.
- For individuals with intellectual and developmental disabilities (IDD)
 - Offer step-by-step instructions and be willing to repeat.
 - Visual cues (like picture cards or printed station maps) can be incredibly helpful.
 - Check for understanding without making assumptions: *"Would you like me to go over that again with you?"*

Reasonable Modifications to Process and Policy

The ADA requires flexibility in policy and process when needed for access because existing policies may create unnecessary barriers for access. Reasonable modifications may include but are not limited to:

- Allowing someone to move ahead in line if they can't wait in a crowded space.
- Allowing a care partner to accompany someone throughout the process, including in private spaces or decision-making moments.
- Offering a private or alternate space for someone who is overwhelmed, rather than requiring them to use the standard queue.

Physical Space Requirements

Ensuring physical spaces are ADA compliant is a first step. Additional steps for compliance include:

- Ensure pathways are at least 36 inches wide for wheelchair access.
- At turning points (e.g., check-in, station transitions), allow a 60-inch turning radius.
- Check-in tables, registration stations, and vaccination stations should be 28 and 34 inches high for wheelchair users.
- Keep path surfaces firm, stable, and free from tripping hazards (cords, cones, uneven mats).
- Place signage at accessible heights (around 48 inches) and ensure high color contrast and large fonts.
- Provide chairs or resting spots throughout lines and in waiting areas. This is especially important for people with mobility limitations or fatigue.
- Clearly mark priority or alternate lines for people who cannot stand or wait for long periods of time.

Transportation and accessible parking and drop-off zones

- Plan public events such as PODs, townhalls, and other types of meetings close to public transportation. Include transportation information on public facing materials.
- Ensure there is clearly marked **accessible parking**, ideally near the entrance, with room for van ramp deployment.
- Identify and sign **accessible drop-off zones** where a vehicle can pull up close to the entrance with minimal slope and safe curb access.
- Ensure the route from the entrance to all service stations is step-free, with ramps and automatic door options if available.

Service Animals

Staff may not ask for documentation, request the animal to demonstrate the task, or separate the person from their animal. Staff are not required to ask if the individual is accompanied by a service animal. The ADA allows staff to ask two questions about service animals:

- “Is the animal a service animal required because of a disability?”
- “What work or task has the animal been trained to perform?”
- Ensure relief areas are available.
- Service animals are allowed in all areas where the public can go.

Intellectual and Developmental Disabilities (IDD)

- Use plain language and avoid jargon. For guidance review the [Plain Language & Health Literacy Manual](#).
- Offer step-by-step instructions and be willing to repeat.
- Have visual cues (e.g. picture cards or printed station maps).

- Check for understanding without making assumptions, try asking *“Would you like me to go over that again with you?”*

Neurodivergence and Sensory Access

Things such as PODs or other in-person environments can be overwhelming for people with autism or anyone with sensory processing differences. Things to consider include:

- Designate a quiet, low-stimulation space where people can wait or regroup.
- Offer earplugs or headphones if available.
- Let people skip loud or crowded areas when possible (e.g. direct to a quieter station).
- Avoid bright or flashing lights near entrances and key stations.

Mental Health and Behavioral Disability Inclusion

People with psychiatric disabilities, trauma histories, or who are experiencing mental health symptoms may present differently. Suggestions for support include:

- Use calm, non-threatening language: *“Take your time, we’re here to support you.”*
- Avoid escalating behaviors like crowding, rushing, or involving security unless safety is at risk.
- Offer private space when someone seems distressed.
- Normalize behaviors like pacing, stimming, or needing to take breaks.

Substance Use Disorder (SUD)

SUD is a protected disability under the ADA, especially for people in recovery. Ways to support people with SUD include:

- Offer flexibility in communication, pacing, and support.
- Avoiding judgmental language. Staff don’t need to know someone’s diagnosis or treatment to treat them with respect.
- Do not deny services based on appearance or behavior alone. Someone may be in withdrawal, on medication-assisted treatment (MAT), or experiencing side effects.

Additional things to keep in mind

- Understanding intersectionality is paramount. For example, someone may need both language access support and a support person. Be prepared to meet multiple needs.
- In general, offer a private space for anyone who may need more privacy for cultural, medical, trauma-related, or personal reasons.

Complaint/escalation process

Have a dedicated person who can address and resolve access issues in real time. This role should be staffed by the Disability Justice Technical Advisor or Equity Officer.

Equity Response Annex, p.36

Appendix B: Equity Officer Job Aid

Equity Officer

HMAC Job Aid – Equity Response Annex

Public Health
Seattle & King County

HMAC Role: Command Staff

Direct Supervisor: Area Commander / Incident Commander

Document Reference: EqRef 3, Equity Response Annex

Purpose

The Equity Officer works alongside HMAC leadership to ensure that equity-led decision-making and practices are embedded in all aspects of HMAC emergency management — including management functions, response priorities, policies, and resource allocation. This role exists to guarantee that Priority Populations receive equitable access to resources, services, and information throughout the response.

Position Status	Activated as needed based on incident scope and complexity
Works Closely With	HMAC Leadership, Equity Technical Advisor(s), Equity Response Team (ERT), Public Information Officer, Community Partnerships Branch, Language Access Team, Planning Section Chief
Key Tools	Equity Impact Review Tool (EqRef 2), Community Engagement for PHEP Guide (EqRef 1), Emergency Response Bill of Rights (EqRef 4), All-Hazards Equity-Based Incident Objectives (EqRef 5)

Core Responsibilities

- Participating in Unified Command Objectives Meetings, Command and General Staff Meetings, and Tactics Meetings during the ESF 8 Incident Planning cycle
- Ensure equity-led decision-making is incorporated into HMAC management functions, incident objectives, response priorities, and policies for each operational period
- Review emergency services eligibility criteria to identify barriers to equitable access for Priority Populations and recommend adjustments
- Collaborate with the Equity Technical Advisor(s) on the development of operational period objectives and response strategies and tactics

- Work with the Public Information Officer and Language Access Team to ensure health and safety messaging is translated, culturally appropriate, and accessible across formats (plain language, braille, audio/visual, large print)
- Promote and develop the use of resources such as social vulnerability maps and the Equity Impact Review Tool to inform policy decisions and resource allocation
- Ensure HMAC staff are updated on equity-related issues; report out on equity considerations at HMAC briefings
- Interface with community-based organizations and community leaders to provide and receive situational awareness
- Provide support to liaisons at city and county EOCs and encourage equity integration in their incident planning cycles
- Collaborate regularly with the State Office of Equity, King County Office of Equity and Social Justice, and the Public Health Office of Equity and Community Partnerships
- Help staff and maintain the Equity Response Team during the response, if appropriate
- Develop triage and documentation protocols for equity-related concerns raised during the response
- Maintain a written log of all significant actions, decisions, and equity concerns during each shift

Shift Duties

Beginning of Shift	
[]	Obtain a situational briefing from the Planning Section Chief and Area Commander: nature/scope of incident, areas of operation, estimated damages/injuries/deaths, immediate risks, relevant public health threats, ESF-8 actions underway, resource availability, status of Emergency Proclamations and Federal Disaster Declarations, anticipated demobilization timeline
[]	Read the current ESF 8 Operational Objectives, Incident Action Plan, Situation Report, and any long-range planning reports
[]	Notify your usual supervisor of your response assignment
[]	Obtain a copy of the Equity Impact Review Tool from the Situation Unit Leader
[]	Get acquainted with Area Command General Staff, section leads, and technical advisors
[]	Ensure HMAC is staffed appropriately; develop a staffing schedule covering at least a 3-day period
[]	Review the Equity Response Annex
[]	Activate the Community Communications Network (CCN) if appropriate — clear all CCN messages with the Communications Content Lead before sending

[]	If the event involves severe weather with potential for power outages, activate ERA Attachment: Severe Weather Event Checklist
[]	If the Medical Countermeasures plan is activated, review ERA Attachment: Medical Countermeasures
[]	Develop equity intelligence priorities for the current operational period
[]	Connect with the Situation Unit Lead to coordinate conference calls with CBOs, FBOs, and ESF 6/Human Service Leads (see ERA Attachment: CCN Conference Call Draft Agenda)
[]	Determine an appropriate briefing schedule for community entities providing human impact information
[]	If appropriate, activate the Intradepartmental Team and determine frequency/methods of communication during the response
[]	Identify and establish contact with appropriate community partners in accordance with the intelligence strategy
[]	Inform communication strategy with the External Communications Lead — confirm culturally appropriate, low-literacy, and translated information is available
[]	Coordinate with Health Care for the Homeless Network staff, if appropriate
During Shift	
[]	Receive briefing from the outgoing Equity Officer if applicable
[]	Continue collecting population impact information to contribute to the ESF-8 Situation Status Report and ESF 6/Human Service Leads
[]	Attend Command and General Staff meetings
[]	Review and update equity intelligence priorities as circumstances change
[]	Ensure equity intelligence information is continually collected and updated in the Area Command Center
[]	Prepare and brief the Area Commander and Planning Chief with accurate, up-to-date equity-related information and any imminent threats to Priority Populations or CBOs
[]	Confirm and maintain contact with ESF 6/Human Service Leads to maintain the CBO/FBO conference call schedule
[]	Coordinate with External Communications Lead, Intradepartmental Team, and Health Education Team on culturally appropriate messages — including translations, braille, audio/visual, and low-literacy formats

[]	Inform section staff of unexpected or significant equity issues arising from the incident
[]	Meet with External Communications Lead and Content Lead regarding messaging to community partners
[]	Continue to send CCN messages as necessary — clear all messages with Communications Content Lead (see Annex Appendix I: CCN Communications Protocols)
[]	Request maps, data, and situational awareness materials to support equity-informed policy decisions
[]	Develop and provide policy recommendations on equity issues to the Area Commander and other King County departments as needed
[]	Maintain a written log of all significant actions and decisions
[]	Route requests for assistance from community partners to healthoc@kingcounty.gov
End of Shift	
[]	Brief the incoming Equity Officer and Area Commander on :incident status, key equity concerns, outstanding actions, and community partner contacts
[]	Develop a final report of population impact information collected during the shift; provide to Situation Status Unit Leader and key contacts
[]	Communicate shift transition details with the incoming Equity Officer, community contacts, and ESF-6 contact at KCECC
[]	Submit all documentation to the Documentation Unit via healthoc@kingcounty.gov
Demobilization	
[]	Coordinate with the Area Commander on the ESF 8 demobilization plan
[]	Schedule an after-action debrief focused on equity and the centering of Priority Populations during the response — this should be conducted in person
[]	Document and share after-action items for future discussion and planning
[]	Conduct or support incident debriefings and development of the After-Action Report
[]	Ensure all documentation is submitted to the Documentation Unit via healthoc@kingcounty.gov upon deactivation

Appendix C: Equity Technical Advisor Job Aid

Equity Technical Advisor

HMAC Job Aid – Equity Response Annex

Public Health
Seattle & King County

HMAC Role: Operations Section (embedded across branches)

Direct Supervisor: Equity Officer

Document Reference: Equity Response Annex

Purpose

The Equity Technical Advisor ensures that equity practices are embedded into specific operational response strategies and their related activities. This role bridges the Equity Officer's guidance and the day-to-day work of the Operations Section – translating equity priorities into concrete actions within branches, facilitating community feedback, and supporting equity-informed decision-making at the operational level.

Position Status	Activated when HMAC is activated; one or more Equity TAs may be assigned depending on incident scope
HMAC Placement	Assigned to and embedded within Operations Section; may support multiple branches simultaneously
Works Closely With	Equity Officer, Operations Section Chief and Branch leads, Community Partnerships Branch, Public Information Officer
Key Tools	Equity Impact Review Tool (EqRef 2), Community Engagement for PHEP Guide (EqRef 1), All-Hazards Equity-Based Incident Objectives (EqRef 5)

Core Responsibilities

- Participate in operational and tactical meetings as assigned by the Equity Officer; attend regular meetings with Operations Section leads
- Ensure equity practices are embedded into specific operational response strategies and activities for each branch of the Operations Section

- Facilitate connections, feedback, and two-way communication between the Equity Officer and branches within the Operations Section
- Use the Equity Impact Review Tool to support the development of incident objectives and components of the Incident Action Plan (IAP)
- Identify and flag equity concerns arising within specific operations (e.g., barriers to access at a POD, language gaps in outreach, inaccessible physical spaces) and elevate to the Equity Officer
- Support the Community Partnerships Branch in ensuring that outreach and engagement activities reach Priority Populations
- Advise branch leads on culturally informed, disability-inclusive, and linguistically accessible approaches to their specific operations
- Track and document equity-related issues, barriers, and community feedback arising within operations; contribute to the Equity Officer's situational briefings
- Support after-action review processes with equity-specific observations from operations

Shift Duties

Beginning of Shift	
<input type="checkbox"/>	Receive briefing from the Equity Officer: current equity priorities, outstanding concerns, and community context for the incident
<input type="checkbox"/>	Read the current Incident Action Plan (IAP), Situation Report, and operational period objectives
<input type="checkbox"/>	Review the Equity Impact Review Tool with the Equity Officer to understand equity priorities for the current operational period
<input type="checkbox"/>	Connect with Operations Section leads to understand the planned activities for each branch during the shift
<input type="checkbox"/>	Confirm attendance at key operational and tactical meetings for the shift
<input type="checkbox"/>	Identify any Priority Populations or access concerns specific to the branch operations being supported this shift
<input type="checkbox"/>	Notify the Equity Officer of any immediate equity concerns identified during briefing
During Shift	
<input type="checkbox"/>	Attend assigned operational and tactical meetings; actively raise equity considerations in discussion of objectives and strategies
<input type="checkbox"/>	Monitor branch operations for equity concerns: barriers to access, language gaps, inaccessible spaces or processes, disproportionate impacts on Priority Populations

[]	Facilitate feedback and two-way communication between Operations Section branches and the Equity Officer
[]	Support branch leads in identifying and addressing equity issues in real time — including flagging when adjustments to operations are needed to better serve Priority Populations
[]	Advise on culturally appropriate, disability-inclusive, and multilingual approaches for outreach, service delivery, and community communications
[]	Document equity-related observations, barriers, and community feedback from operations each shift
[]	Attend regular check-ins with the Equity Officer; provide updates on operational equity concerns and actions taken
[]	Route equity concerns or community requests that require policy-level decisions to the Equity Officer
End of Shift	
[]	Brief the incoming Equity Technical Advisor on outstanding equity concerns, key contacts within Operations Section branches, and any unresolved issues
[]	Provide a written summary of equity observations and actions from the shift to the Equity Officer
[]	Submit all documentation to the Documentation Unit via healthcoc@kingcounty.gov
Demobilization	
[]	Participate in after-action debriefing with the Equity Officer, focused on equity and the centering of Priority Populations during operations
[]	Document and submit operational equity observations for inclusion in the After Action Report
[]	Ensure all documentation is submitted to the Documentation Unit via healthcoc@kingcounty.gov upon deactivation

Appendix D: Equity Response Team (ERT) Job Aid

Equity Response Team (ERT)

HMAC Job Aid – Equity Response Annex

Public Health
Seattle & King County

HMAC Role: Advisory body connected to HMAC through the Equity Officer

Direct Supervisor: Equity Officer; *ERT members are not part of the formal HMAC/ICS structure, but report to the Equity Officer as their HMAC connection. Members retain their regular supervisors outside of response.*

Document Reference: Equity Response Annex

Purpose

The Equity Response Team (ERT) is an impartial advisory body that provides guidance on equity concerns, reviews response plans and tools, and conducts case studies to analyze equity impacts during and after emergency responses. The ERT is comprised of both community members, Public Health, and City of Seattle staff who bring diverse subject matter expertise and lived experiences. The team connects to HMAC through the Equity Officer and ensures that community voices and priorities are incorporated into emergency response decision-making.

Team Composition	Community members and Public Health staff with diverse subject matter expertise and lived experiences
HMAC Connection	Connected to the HMAC structure through the Equity Officer; ERT members are not a formal part of the ICS org chart but are consulted regularly throughout the response
Participation	ERT members may serve in HMAC (in the Equity Officer or Equity TA role) on a voluntary basis, or may serve in an advisory capacity without a formal HMAC role
Key Tools	Equity Impact Review Tool (EqRef 2), Community Engagement for PHEP Guide (EqRef 1), Emergency Response Bill of Rights (EqRef 4), Equity-Based Incident Objectives (EqRef 5)
Important Note	Per existing contractual agreements, ERT members cannot hold official HMAC response roles, but will be consulted during a response and kept apprised of response operations each operational period

Core Responsibilities

- Discuss and provide guidance on equity concerns arising during an emergency response

- Review response plans, tools, documents, and communications for equity and cultural appropriateness – including in-language materials and public-facing content
- Regularly meet with relevant response groups, community partners, and the Equity Officer and Equity TA(s) throughout a response
- Conduct case studies on specific response operations to analyze equity impacts and determine whether operations are genuinely community-informed
- Provide feedback on whether response operations and resource allocation are adequately serving Priority Populations
- Advise the Equity Officer on policy recommendations related to equity concerns arising during the response
- Support community outreach and engagement approaches during the response, as appropriate and within individual capacity
- Contribute to after-action review processes with equity-focused observations and recommendations

During a Response: How ERT Members Are Engaged

ERT members not serving in a HMAC role will be kept updated of the incident response each operational period through briefings and shared folders or documents.

ERT members may be asked to:

- Meet with the Equity Officer and/or Equity TA periodically or regularly to provide perspective and inform response decisions
 - Review specific documents, communications, or plans for equity and cultural appropriateness
 - Provide feedback on whether response operations are effectively reaching Priority Populations
 - Participate in after-action reviews

ERT members serving in a HMAC role (as Equity Officer or Equity TA) will follow the shift duties outlined in their respective Job Aids.

ERT members will be provided with the appropriate tools and resources to support their roles during a response.

Shift Duties — Advisory (Non-HMAC) ERT Members

When Activated / Notified of Response

<input type="checkbox"/>	Receive notification from the Equity Officer that HMAC has been activated and your advisory support is being requested
<input type="checkbox"/>	Confirm your availability and capacity to participate in the current response
<input type="checkbox"/>	Review the initial briefing materials shared by the Equity Officer (situation report, initial incident objectives)
<input type="checkbox"/>	Identify any equity concerns, community context, cultural appropriateness, or priority information specific to your subject matter expertise or community connections that should be elevated to the Equity Officer
During the Response	
<input type="checkbox"/>	Participate in scheduled check-ins or briefings with the Equity Officer and/or Equity TA as requested
<input type="checkbox"/>	Review documents, communications, or plans shared for equity and cultural appropriateness review; provide written or verbal feedback to the Equity Officer
<input type="checkbox"/>	Alert the Equity Officer to equity concerns, community needs, or information gaps that come to your attention through your own networks or knowledge
<input type="checkbox"/>	Attend community meetings, health board meetings, or other community spaces where response-related equity concerns may arise – elevate key observations to the Equity Officer
<input type="checkbox"/>	Support community outreach and engagement if within your capacity and appropriate to your role
After the Response	
<input type="checkbox"/>	Participate in after-action debrief focused on equity and the centering of Priority Populations during the response
<input type="checkbox"/>	Provide written feedback or observations for the After Action Report, particularly regarding equity impacts and community experience of the response
<input type="checkbox"/>	Share recommendations for improvement in future responses based on observations during this incident

Appendix E: Disability Justice Technical Advisor

Disability Justice Technical Advisor

HMAC Job Aid — Equity Response Annex

Public Health
Seattle & King County

HMAC Role: Operations Section (placed alongside Equity Technical Advisor(s))

Direct Supervisor: Equity Officer

Document Reference: Equity Response Annex | Annex Attachment: Disability Access & ADA Compliance

Purpose

The Disability Justice Technical Advisor provides technical assistance to advance disability equity during emergency responses. This role works with disability communities and other community partners, provides consultation on ADA compliance and accessibility in Public Health response activities, and advises the Equity Officer and Operations Section on disability-related social determinants of health impacting the disability community during a response.

This role recognizes that disability justice goes beyond ADA compliance — it requires centering the lived expertise of disabled people, understanding the intersectionality of disability with race, language, income, and other identities, and actively working to remove structural barriers to participation in emergency response services.

Position Status	Activated as needed based on incident scope and the nature of disability-related access needs in the response
HMAC Placement	Operations Section, placed alongside the Equity Technical Advisor(s); reports to the Equity Officer
Works Closely With	Equity Officer, Equity Technical Advisor(s), Community Partnerships Branch, Public Information Officer, Language Access Team, disability community organizations and partners
Key Tools	Annex Attachment: Disability Access & ADA Compliance Considerations, Equity Impact Review Tool (EqRef 2), ADA Title II guidance, EqRef 6: Disability Justice Assessment and Report

Core Responsibilities

- Liaise with disability communities and disability-serving organizations during the response to understand needs, barriers, and priorities
- Provide technical assistance to advance disability equity issues related to social determinants of health impacting disability communities during the response
- Advise the Equity Officer and Operations Section on how response activities can be made more accessible and inclusive for people with disabilities
- Provide consultation on implementing ADA Title II compliance and accessibility requirements across Public Health response activities, including PODs, testing sites, vaccination events, and other in-person operations
- Identify and flag physical, communication, and programmatic access barriers in response operations and recommend solutions in real time
- Ensure that disability access considerations are embedded into incident objectives and operational strategies – including communication access (ASL, alternate formats), physical space requirements, reasonable modifications, and service animal protocols
- Support the Community Partnerships Branch in reaching disability communities through appropriate outreach channels
- Advise on the application of disability-inclusive language in public communications and community-facing materials
- Document disability-related access issues, barriers, and accommodations provided during the response
- Contribute disability equity observations to after-action review processes

Key Disability Access Areas to Monitor During a Response

COMMUNICATION ACCESS: Are materials available in alternate formats (braille, large print, electronic)? Are ASL interpreters available when requested? Are Video Remote Interpreting tablets or speech-to-text tools on hand? Are digital materials screen-reader accessible with high color contrast?

PHYSICAL SPACE: Are pathways at least 36 inches wide? Is there a 60-inch turning radius at check-in and transition points? Are stations at accessible heights (28-34 inches for wheelchair users)? Are surfaces firm, stable, and free from hazards? Is accessible parking and drop-off clearly marked?

REASONABLE MODIFICATIONS: Are priority or alternate lines available for people who cannot stand or wait for long periods? Can care partners accompany individuals throughout the process? Is a quiet/low-stimulation space available?

SERVICE ANIMALS: Staff may only ask: (1) Is the animal a service animal required because of a disability? (2) What work or task has the animal been trained to

perform? Staff may NOT ask for documentation or separate the person from their animal.

GRIEVANCE PROCESS: If a person experiences an access issue, they should be directed to the designated on-site accessibility contact for real-time resolution. Flag all grievances to the Equity Officer.

Shift Duties

Beginning of Shift	
[]	Receive briefing from the Equity Officer: current equity priorities, any disability-specific concerns from prior operational periods, and community context
[]	Read the current Incident Action Plan (IAP), Situation Report, and operational period objectives — identify any disability access implications
[]	Review the Annex Attachment: Disability Access and ADA Compliance Considerations for the current incident type
[]	Contact disability community partners and organizations to identify immediate disability-related needs and barriers
[]	Conduct or arrange a walk-through of in-person response sites (PODs, vaccination sites, etc.) to assess physical accessibility
[]	Confirm availability of communication access tools: ASL interpreters, VRI tablets, alternate format materials, braille
[]	Identify any operations that may present specific disability access concerns for the current operational period and flag to the Equity Officer
During Shift	
[]	Monitor response operations for disability access barriers — physical, communication, and programmatic
[]	Provide real-time technical assistance to response staff on ADA compliance, reasonable modifications, and disability-inclusive practices
[]	Liaise with disability community partners and organizations to receive feedback on response operations and relay information to the Equity Officer
[]	Attend operational and tactical meetings as directed by the Equity Officer; raise disability equity concerns in discussion of objectives and strategies
[]	Document disability access issues identified during the shift, accommodations provided, and any unresolved barriers
[]	Review any draft public communications or in-person materials for disability-inclusive language and accessibility standards
[]	Track and triage disability access grievances raised by community members; escalate to the Equity Officer as needed
End of Shift	

[]	Brief the incoming Disability Justice Technical Advisor on: outstanding access concerns, disability community contacts, any unresolved accommodations, and actions taken
[]	Provide a written summary of disability access observations, issues, and accommodations to the Equity Officer
[]	Submit all documentation to the Documentation Unit via healthcoc@kingcounty.gov
Demobilization	
[]	Participate in after-action debrief focused on equity and disability access during the response
[]	Document disability-specific access barriers and gaps for inclusion in the After Action Report — with specific recommendations for improvement
[]	Follow up with disability community partners on any unresolved concerns from the response
[]	Ensure all documentation is submitted to the Documentation Unit via healthcoc@kingcounty.gov upon deactivation

Appendix F: Community Partnerships Branch Job Aid

<p>Community Partnerships Branch Lead HMAC Job Aid - Equity Response Annex</p>	<p>Public Health Seattle & King County</p>
<p>HMAC Role: Operations Section: Community Partnerships Branch</p> <p>Direct Supervisor: Operations Section Chief</p> <p>Document Reference: Equity Response Annex Emergency Risk Communication Plan (v11, 2025)</p>	

Purpose

The Community Partnerships Branch Lead coordinates community partnerships, outreach, and engagement during an emergency response. The Branch is the operational hub for connecting Public Health's response with the communities most impacted by the emergency, particularly Priority Populations. It focuses on community engagement, outreach, and education, and provides active consultation on response operations to ensure the needs and priorities of the most impacted and at-risk communities are centered throughout the incident.

Position Status	Activated as needed; branch structure and staffing scale with incident complexity
HMAC Placement	Operations Section: Community Partnerships Branch
Works Closely With	Equity Officer, Equity Technical Advisor(s), Public Information Officer, Risk Communications team, Language Access Team, Community Health Boards, CBOs, FBOs, Community Navigators, Office of Equity and Community Partnerships (OECF)
Branch Components	May include: setting-specific outreach groups, Risk Communications representative, Language Access representative, Public Information Call Center (PICC) team, Community Navigators
Key Tools	Community Engagement for PHEP Guide (EqRef 1), Equity Impact Review Tool (EqRef 2), Community Communications Network (CCN) protocols, Emergency Risk Communication Plan (v11, 2025)

Core Responsibilities

- Coordinate community outreach and engagement activities during the response, with a focus on reaching Priority Populations that are most at risk and most impacted by the emergency
- Facilitate two-way communication between community partners and HMAC ensuring community feedback, needs, and concerns are captured and elevated to the Equity Officer and Operations Section leadership
- Build on existing outreach mechanisms and established relationships within Public Health while identifying and reaching communities not currently served by standard channels
- Coordinate with the Risk Communications team and Language Access to ensure all community-facing materials are translated, culturally appropriate, and accessible following the Tier 1-3 language prioritization framework in the Emergency Risk Communication Plan
- Coordinate with community-based organizations (CBOs) and faith-based organizations (FBOs) to disseminate information in specific geographic areas and to communities who speak languages other than English
- Coordinate with the Community Health Board Coalition and individual Community Health Boards to reach historically marginalized communities
- Coordinate with Community Navigators to provide on-the-ground outreach and support for Priority Populations
- Provide consultation on response operations to ensure equity and community needs are centered in operational decision-making

Key Community Communication Channels

COMMUNITY COMMUNICATIONS NETWORK (CCN): Partnership between Public Health, CBOs, and community leaders. All messages sent from ccn@kingcounty.gov or GovDelivery. Clear all messages with Communications Content Lead first.

COMMUNITY HEALTH BOARD COALITION (CHBC): 16 CHBs representing historically marginalized communities in King County. Email communityhealthboardcoalition@gmail.com to reach all boards or contact individual CHBs directly for immediate outreach.

COMMUNITY NAVIGATORS: On-the-ground outreach support. Contact via Community Navigator Monitors.

OFFICE OF EQUITY AND COMMUNITY PARTNERSHIPS (OEC): Share situational awareness at OEC meetings; work with Language Access Team for translation into up to 30 languages.

PUBLIC HEALTH RESERVE CORPS (PHRC): Multilingual volunteers available for in-language health communications and on-the-ground outreach.

CBOs AND FBOs: Effective for rapid dissemination in specific geographic areas or neighborhoods. Provide appropriately translated materials to grocery stores, restaurants, gathering centers, and other high-traffic locations.

COMMUNITY ADVISORY GROUP (CAG): Community members from across King County whose insights inform equity in preparedness and response. Contact via rbirdie@kingcounty.gov.

Shift Duties – for Branch Manager (and delegated as appropriate)

Beginning of Shift	
[]	Receive briefing from the Operations Section Chief and the Equity Officer: current incident priorities, equity concerns, and community context
[]	Read the current Incident Action Plan (IAP) and Situation Report identify any community engagement or outreach priorities for the operational period
[]	Review the Equity Impact Review Tool to understand which Priority Populations are most at risk and most impacted by the current incident
[]	Brief branch staff and outreach teams on incident priorities, equity focus areas, and community engagement objectives for the shift
[]	Confirm interpreter availability and language access resources for the shift
[]	Identify any community partners or organizations that need to be contacted or activated for the current operational period
[]	Review any draft community-facing materials for the shift – confirm translations and cultural appropriateness with Language Access
During Shift	
[]	Coordinate and monitor community outreach activities; ensure outreach teams are covering priority communities and collecting field observations
[]	Maintain contact with CBOs, FBOs, Community Health Boards, and Community Navigators – collect situational feedback on community needs and barriers
[]	Coordinate with the Communications and Language Access teams to develop and disseminate translated, culturally appropriate community materials
[]	Monitor community call volume and community channel activity for patterns indicating disproportionate impact on Priority Populations; elevate to Equity Officer, as needed
[]	Compile and document community field observations, feedback, and reported barriers from outreach teams, share with the Equity Officer and Operations Section Chief
[]	Facilitate connections between community partners and HMAAC as needed, route requests for operational assistance to appropriate sections
[]	Attend operational meetings as assigned; provide updates on community engagement activities and community-reported needs
[]	Ensure that outreach materials and activities are accessible to people with disabilities, coordinate with the Disability Justice Technical Advisor as needed

End of Shift	
[]	Brief the incoming Community Partnerships Branch lead as well as other roles that may be rotating in/out of HMAC on: outstanding community engagement actions, active outreach in progress, key community contacts, and any unresolved community needs or barriers
[]	Share written or verbal summaries of community engagement activities, observations, and feedback to the Equity Officer and Operations Section Chief
[]	Submit all documentation to the Documentation Unit via healthcoc@kingcounty.gov
Demobilization	
[]	Coordinate with community partners on transition from response operations – ensure communities are informed of demobilization and ongoing resources and services once HMAC is deactivated
[]	Participate in after-action debrief focused on equity and community engagement during and/or after the response
[]	Document community engagement activities, partnerships activated, barriers encountered, and lessons learned for inclusion in the After-Action Report
[]	Ensure all documentation is submitted to the Documentation Unit via healthcoc@kingcounty.gov upon deactivation

Appendix G: Equity in Emergency Response 1-Pager

<h3 style="margin: 0;">Equity in Emergency Response</h3> <p style="margin: 0;">Quick Reference for Response Staff</p>	<p style="margin: 0;">Public Health Seattle & King County</p>
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What Does ‘Equity’ Mean in an Emergency Response?

Equity in emergency response means ensuring that the communities most at risk receive equitable access to resources, services, and information when emergencies strike. It means directing resources where the need is greatest. This requires intentional planning, community partnership, and continuous adaptation throughout the response.

Who Are Priority Populations?

Priority Populations are individuals, groups, or communities who experience institutional, structural, and systemic discrimination in access to opportunity and resources daily. This lived

experience of inequity puts them at greater risk of disproportionate adverse outcomes during emergencies.

Priority Populations include, but are not limited to:

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• Black, Indigenous, and People of Color (BIPOC)• People with disabilities• LGBTQIA+ communities | <ul style="list-style-type: none">• People experiencing homelessness• People who are incarcerated• Immigrants, refugees, and asylees | <ul style="list-style-type: none">• People with limited English proficiency• Older adults• People with low incomes |
|--|--|--|

These identities intersect. Someone may face multiple compounding barriers at once.

Four Strategies for Equity-Centered Response

1. Resource Allocation

- Weight resource allocation toward communities with the greatest risk and barriers to access.
- Consider: transportation, PPE, accessible quarantine spaces, and treatment for those who become ill.
- Use the Equity Impact Review Tool to guide allocation decisions.
- Build public and private partnerships to address structural inequities before and during an incident.

2. Community Outreach and Partnerships

- Ensure language services interpreters are aware of regional dialects and can reach marginalized communities.
- Equip outreach teams to support people with disabilities and connect them to appropriate services.
- Use established channels: Community Communications Network, Community Health Boards, Community Navigators, CBOs, and FBOs.
- Center the voices and priorities of communities most impacted by the emergency.

3. Accessible Communications

- All written and visual materials must be screen-reader accessible when posted online.
- Use high color contrast and plain language (6th-8th grade reading level).
- Provide large print and braille for printed materials.
- Include audio description in any video materials with visual-only information.
- Translate materials following Tier 1-3 language prioritization (see [Emergency Risk Communication Plan](#)).

4. Data and Informed Decision-Making

- Collect disaggregated data on community outreach and service access (by race/ethnicity, language, disability, geography).
- Track qualitative feedback: barriers, complaints, and unmet needs reported by communities.
- Ensure data collection tools are translated and interpretation is available.
- Use data to adapt response operations in real time, not only for after-action review.

Plan for Barriers	
<ul style="list-style-type: none"> • Telecommunications may be down, blocking access to interpreters and online resources. • Responders and community partners may be personally affected by the emergency and unable to respond. 	<ul style="list-style-type: none"> • Available language resources may not reach all communities. Plan for gaps in advance. • Data may be unavailable or not disaggregated, making it difficult to identify disproportionate impacts in real time.

Equity Officer	Equity Technical Advisor	Equity Response Team (ERT)	Disability Justice Technical Advisor
Reports to the Incident Commander. Ensures equity-led decision making is embedded in all HMAC management functions, response priorities, and policies.	Embedded in Operations. Ensures equity practices are built into specific operational strategies and facilitate community feedback to response branches.	Advisory body of community members and staff. Reviews plans, provides guidance on equity concerns, and conducts equity impact analyses.	Provides technical assistance on disability equity, ADA compliance, and accessibility in Public Health response operations.

How These Mechanisms Work Together

Equity in emergency response is not the responsibility of a single role or team; it is built through a coordinated system of internal and community-facing mechanisms that each play a distinct part.

Within HMAC, the Equity Officer sets the direction, the Equity Technical Advisor ensures operational follow-through, and the Disability Justice Technical Advisor addresses accessibility. Together they anchor equity in command and operations.

Outside of HMAC but directly connected to it, the Equity Response Team provides advisory guidance from community members and staff, reviewing plans and elevating equity concerns throughout the response. The Preparedness Community Advisory Group (CAG) brings a preparedness-specific lens, offering guidance on response procedures and public-facing products.

On the ground, the Community Partnerships Branch coordinates outreach and engagement across all community channels, including the Community Communications Network, Community Health Boards, CBOs, and FBOs. Community Navigators deliver direct service and outreach to Priority Populations, feeding real-time observations back to HMAC.

These mechanisms are designed to reinforce one another. Community feedback flows from the field through Navigators and the CP Branch up to the Equity Officer. Advisory guidance from ERT and CAG informs response decisions at the command level. Together, they ensure that the communities most impacted by an emergency are not an afterthought – they are centered throughout.

Appendix H: iSpeak Cards

Communication Guide

My name:

Please do not touch me

The best way to communicate with me is:

Interpreter

Sign Language Interpreter

Lip-Read

I cannot lip-read

Assistive Listening Device

Texting

Writing

I don't talk, but I can hear you and understand you.

I can write my replies. Please be patient.

I need more time. Please be patient.

I understand English but communicate best in another language.

My reply:

My language is...

 American Sign Language	Tagalog arg aking salita Tagalog
Hablo español Spanish	انا اتكلم العربية Arabic
我说中文 Chinese	አማርኛ እናገራለሁ ። Amharic
Tôi nói tiếng Việt Vietnamese	من دری صحبت می کنم Dari
Af-soomaali baan ku hadlaa Somali	ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹਾਂ Punjabi
Я говорю по-русски. Russian	እነ ትጊንያ እየ ተዘረብ Tigrinya
나는 한국어를 할 줄 알아요 Korean	私は日本語を話します Japanese
я розмовляю українською Ukrainian	ljeḷā kajin ṃaje! Marshallese

Equity Response Annex, p.57

General



Stations



I Am...



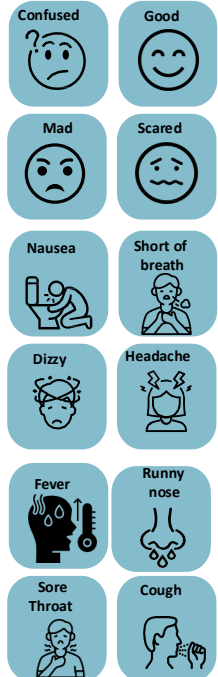
I Have ...



I Need...



I Feel...



Appendix I: CCN Communications Protocols

Community Communications Network Communications Protocol

Introduction

The Community Communication Network (CCN) is a partnership between Public Health – Seattle & King County (PHSKC), community-based organizations (CBOs) and community leaders to ensure essential health-related information reaches vulnerable residents during emergencies.

GOAL: Establish communication channels that enable PHSKC, response agencies and CCN members to provide emergency information to community-based organizations and the vulnerable residents they serve during times of crisis.

In addition to work email addresses and phone numbers, member organizations are also asked to provide a primary and secondary emergency contact along with his/her personal cell phone, home phone and email address.

There are two categories of messages:

- **HEALTH ADVISORY:** provides important information for a specific incident or situation.

HEALTH ALERT: conveys the highest level of importance; warrants immediate action or attention. After-hours contact information may be used to contact organizations.

Messages are typically communicated via email. Depending on the nature of the incident, after-hours phone contact may be made to initiate a more immediate response.

Email Communications to vulnerable populations during response

The Community Communication Network is a partnership between Public Health – Seattle & King County (Public Health), community-based organizations (CBOs) and community leaders to ensure essential health-related information reaches vulnerable residents during emergencies.

Purpose of the CCN

Establish communication channels that enable Public Health, response agencies and CCN members to provide emergency information to community-based organizations and the vulnerable residents they serve during times of crisis.

When is the CCN used?

The CCN is used to issue urgent and non-urgent information about natural disasters, severe weather events, disease outbreaks, product contamination and other events and King County residents need information about what to do and what not to do to protect themselves and loved ones.

The purpose of the PHSKC CCN Activation Procedure is to identify the circumstances and actions that PHSKC staff will consider when issuing a HEALTH ADVISORY or a HEALTH ALERT message via the CCN.

1. Primary triggers for activation of CCN HEALTH ADVISORY include:

- Information and messages are non-urgent in nature
- Public Health information to convey to community-based organizations in day-to-day situations information (i.e., health education, grant opportunities, immunization clinics, etc.)
- Local Emergency Operations Centers (EOC) may or may not be activated
- Residents need information about what to do and what not to do to protect themselves and loved ones

2. Primary triggers for activation of CCN HEALTH ALERT include:

- Emergency or disaster is occurring in King County, at local/municipalities or county level

- Information and messages to convey are urgent in nature
- After-hours phone contact of CBOs is necessary to initiate a more immediate response
- Emergency Operations Centers (EOC) are activated
- Residents need information about what to do and what not to do to protect themselves and loved ones

Sending CCN HEALTH ADVISORY or a HEALTH ALERT message does not replace existing emergency notification systems.

3. CCN HEALTH ADVISORY Activation Checklist & Protocol Equity Liaison will:

- Receive request or initiate request for CCN HEALTH ADVISORY activation
- Review request for CCN activation and determine if message will be sent
- Draft low-literacy HEALTH ADVISORY message for distribution
- Send draft HEALTH ADVISORY message to Advanced Practice Center Manager or the Communications Manager for review and approval
- Send CCN via email according to CCN instructions
 - In addition to CBOs, include the following individuals on CCN email: Preparedness Section Manager, Communications Manager, Healthcare Coalition Program Manager, Regional Health Officers, Chief Medical Officer, EOC Liaisons

4. CCN HEALTH ALERT Activation Checklist & Protocol Equity Liaison

Equity Liaison or delegate will:

- Receive request or initiate request for CCN HEALTH ALERT activation
- Review request for CCN activation and determine if message will be sent by email and/or by phone to emergency after-hour contacts (*see below for triggers to activate after hour phone contact*).
- Draft low literacy HEALTH ALERT message for distribution
- Send draft HEALTH ALERT message to Advanced Practice Center Manager, Area Commander and/or the Communications Manager for review and approval
- Notify and brief Preparedness Manager and/or ESF 8 Area Commander of communication strategy prior to sending CCN
- Send CCN via email according to CCN instructions

5. Issuing a HEALTH ALERT to CBO Partners' after hour/emergency contacts

Triggers to activating HEALTH ALERT after-hours contact information:

- Immediate contact is required and email is not sufficient

- Events are disproportionately impacting certain communities- either geographically or demographically
- Services or expertise of particular agencies are needed immediately

The Equity Liaison will:

- HEALTH ALERT has been issued via CCN work email addresses
- Send CCN via CBO representatives' personal email according to CCN instructions
- Coordinate with Area Commander and/or ESF 8 Planning Section Chief to collect critical and accurate incident information for dissemination
- Coordinate message development Communications Manager and/or Information Officer
- Supervise staff to make phone calls to CCN partners via home and personal cell phones

6. Managing requests to FORWARD message from partner agency

The Equity Liaison or delegate:

- Determine, in consultation and coordination with the Communications Manager/PIO, if message will be sent.
- Forward email message according to CCN instructions, if appropriate.