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Integrating Health Equity into Disaster Recovery Plans

A Guide for Local Emergency Planning Committees

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Introduction

Disasters, whether natural or man-made, present unique challenges that can have long-lasting impacts on communities and individuals, especially those communities experiencing health inequities. Consequently, it is important to integrate health equity principles and considerations into disaster recovery plans. Kansas Department of Health and Environment (KDHE) recognizes the need for a comprehensive approach to disaster recovery that prioritizes the well-being of all community members, especially those experiencing health inequities.

This tool, "Integrating Health Equity into Disaster Recovery Plans," is specifically designed to guide Local Emergency Planning Committees (LEPC) across Kansas. The goal is to assist these entities in embedding health equity principles and considerations seamlessly into their local disaster recovery plans. By doing so, the hope is to ensure that the recovery processes not only restore communities but also address and mitigate systemic health inequities which may be exacerbated in the wake of a disaster.

The tool is structured to provide clear, actionable steps and considerations that encompass a range of scenarios and populations. It emphasizes the importance of understanding the diverse needs of the community, recognizing the social determinants of health and actively engaging with all segments of the community in the planning process. The guidance provided herein is grounded in the latest research and best practices in public health and emergency management, ensuring that recovery plans are both effective and equitable.

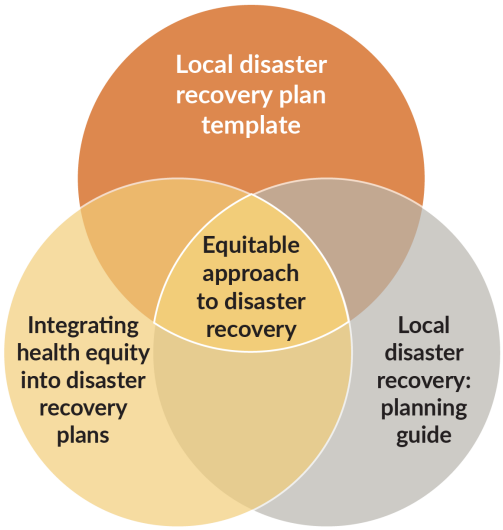
As communities move forward, it becomes their collective responsibility to ensure they are not only prepared for emergencies but also capable of recovering in a manner that leaves no one behind. This tool represents a step toward that commitment, and its creators encourage a thorough and thoughtful application in the vital work of LEPC.

> *The idea that some lives matter less is the root of all that is wrong with the world. – Dr. Paul Farmer*

How to Use this Guide

This guide aids LEPCs in integrating health equity principles into disaster recovery plans. This document serves as a supplementary resource to the "*Local Disaster Recovery: Planning Guide"* (Planning Guide). It closely follows the format of the original guide, and offers additional suggestions and insights for each of its sections. Additionally, for every section of the "*Local Disaster Recovery Plan Template,*" this tool presents a series of reflective questions to enhance the focus on equity considerations (page 23). Together, these resources offer a comprehensive framework for an equitable approach to disaster recovery planning (*Figure 1*).

Figure 1: **Integrating Health Equity into Local Disaster Recovery Planning**



Using the Tool

For each step in the Planning Guide, this tool outlines:

- Stated goals from the Planning Guide.
- Relevant health equity principles and considerations.
- Reflection questions to help teams consider health equity integration.
- Links to additional strategies and resources for comprehensive planning.

Completing the Reflection Questions

Learning organizations are essential for high-performance and success, and a reflective process is essential for developing a learning organization.[1,2] As such, reflection questions are used throughout this guide to encourage diverse perspectives and deeper insights into how to incorporate health equity principles into your disaster recovery plans. The process involves:

- Allocating ample time for the team to discuss each question set.
- Documenting responses on a whiteboard or flipchart for visibility.
- Answering questions sequentially, as each question builds on the previous.
- Post-discussion, seeking further input from individuals who work with diverse communities to broaden the perspective.

Why Center Health Equity in Disaster Recovery Planning?

Health equity is fundamental to our approach in disaster recovery planning. As defined by the Robert Wood Johnson Foundation, "health equity means ensuring everyone has a fair and just opportunity to be as healthy as possible. This involves removing obstacles like poverty, discrimination and their consequences, which include powerlessness and lack of access to essentials like good jobs, quality education, safe environments and healthcare."[3]

Disasters do not affect all communities equally. Populations that experience health inequities – including people with low-income, people of color, people who do not speak English, older adults, and people with disabilities – often face the greatest risks and have the least resources for recovery. Centering health equity in disaster recovery planning is not just an ethical imperative; it's a practical strategy that leads to more resilient and sustainable communities. Here are key reasons why health equity should be a key piece of disaster recovery planning.

1. **Disproportionate Impact on Populations Experiencing Health Inequities**: Disasters can exacerbate existing health inequities. Groups already experiencing health inequities often reside in areas more susceptible to disasters and have limited access to resources for effective recovery. Prioritizing health equity ensures these groups are not disproportionately affected by disasters.

2. **Long-term Health Outcomes**: The aftermath of a disaster has enduring health implications. Integrating health equity into recovery plans addresses both the immediate and long-term health needs of all community members, leading to improved overall health outcomes.

3. **Community Resilience and Cohesion**: Recovery efforts that consider the needs of diverse populations foster stronger community bonds and resilience. Such an inclusive approach builds a sense of belonging and collective strength, essential for overcoming the challenges posed by disasters.

4. **Efficient Allocation of Resources**: Focusing on health equity in disaster recovery ensures that resources are planned to be distributed to those in greatest need before disasters strike, improving efficiency and effectiveness of recovery operations.

5. **Compliance with Legal and Ethical Standards**: Incorporating health equity aligns with legal frameworks and ethical standards that emphasize the rights and dignity of all individuals, ensuring that recovery efforts are both equitable and compliant with regulatory standards.

By focusing on health equity in disaster recovery, the Kansas Department of Health and Environment supports LEPCs in creating more inclusive, effective and sustainable recovery plans that benefit all community members, especially the populations at increased risk of poor health. This work emphasizes five critical areas.

1. **Reducing Health Inequities**: Ensuring that recovery efforts do not exacerbate health inequities and actively seeking opportunities to reduce them throughout the disaster recovery process.

2. **Fostering Inclusive Community Engagement**: Engaging diverse community stakeholders in recovery planning, using local knowledge and expertise to enhance planning efforts.

3. **Developing Culturally Competent Strategies**: Creating recovery strategies that are culturally sensitive, addressing the unique needs of different community groups.

4. **Ensuring Accessibility for All**: Making recovery resources and services accessible to everyone, including those with physical, financial, or language barriers.

5. **Making Data-Driven Decisions**: Using data to identify and address the specific needs of populations in disaster recovery.

Health Equity Lens Tools for Disaster Recovery Planning

This section equips LEPCs and health departments with an extensive range of resources, guiding them to integrate health equity considerations into their disaster recovery planning processes and plans. Recognizing the multifaceted nature of disaster recovery, this section assists with thoughtfully incorporating health equity across various planning and execution stages. It follows the six steps outlined in the "*Local Disaster Recovery Plan: Planning Guide*" from the Kansas Department of Emergency Management. It also describes how to incorporate the decisions made here into the "*Local Disaster Recovery Plan Template*." Each component of this guide is designed to ensure that health equity is not an afterthought but a central, guiding principle in every phase of disaster recovery planning, from establishing the planning team to finalizing the planning document.

Step 1: Establish a Planning Team

Step one of the Local Disaster Recovery Plan: Planning Guide calls for the development of a planning team with representation from local government departments and external partners with roles in implementing the plan. A successful planning team not only embodies diversity in its composition, with members from varied backgrounds and perspectives, but also fosters an inclusive environment where every individual feels valued and empowered to contribute effectively. It is important to integrate health equity principles up front when forming a disaster recovery planning team. This involves securing diverse participation from a range of communities, especially those already experiencing health inequities, and who are at greater risk of severe impact from disasters. Purposefully including members from these communities improves the planning process in the following ways:

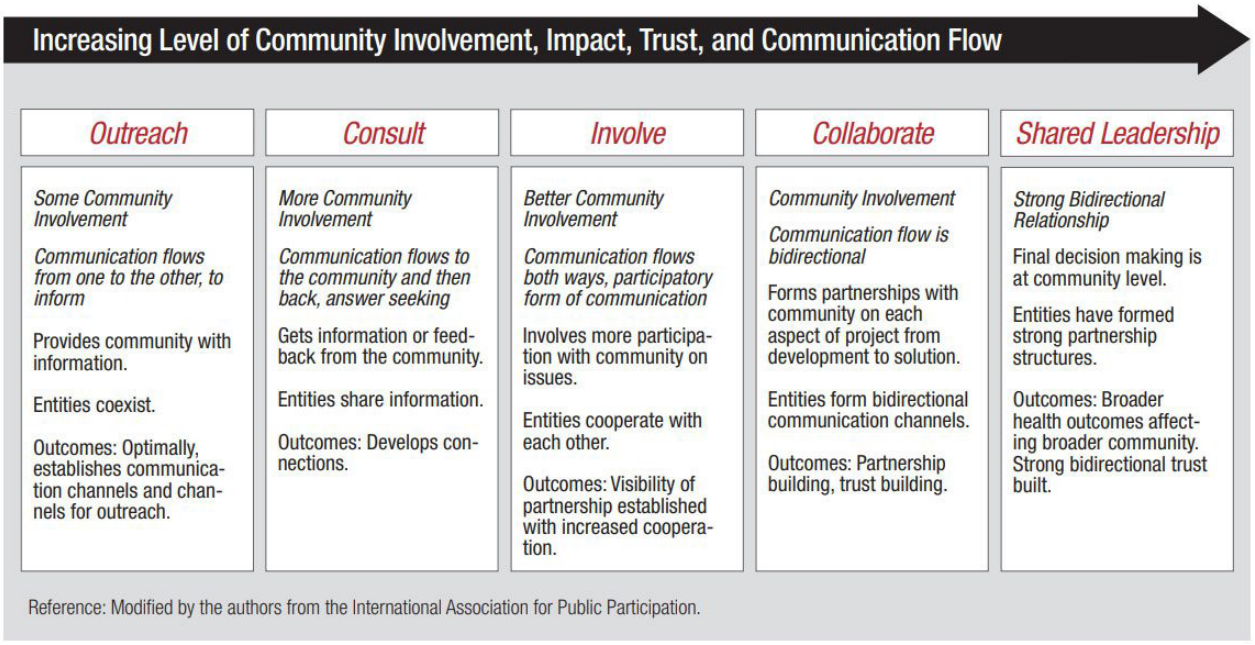
- **Reduce Blind Spots**: Community members bring diverse viewpoints and experiences to the table and can help reduce "blind spots" of the LEPC or local health department. Furthermore, individuals from communities experiencing health inequities have expertise in their lived experience, as well as their communities' needs and strengths. Reducing blind spots provides insights into how to solve community problems.[4]

- **Trust and Buy-In**: Engaging communities directly in the planning process fosters a sense of ownership and buy-in. When disaster recovery plans reflect the community's values and ideas, they are more likely to support and participate in the implementation of the plans. Building trusting relationships also improves communications, sustainability and support for disaster recovery initiatives.[5]

- **Empowerment and Capacity Building**: Community engagement and co-creation often involve educating and building the community's own capacity. Community capacity is built by increasing knowledge and awareness of the community members and the LEPC. Community capacity is also built by fostering new connections and collaborations among community members in a way that leads to improved collaboration.[6] This improves planning and implementation and serves to enhance other important government initiatives.

Principles of community engagement informs how you identify and include individuals from communities experiencing health inequities in disaster recovery planning. As it relates to disaster recovery planning, community engagement could be defined as "the process of working collaboratively with and through groups of people experiencing health inequities or at higher risk of adverse outcomes from disasters to mobilize resource, influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices."[7] Community engagement is viewed as a continuum of strategies for working with community members (*Figure 2*). Community engagement improves as the level of involvement increases, trust is built, and bi-directional communication and decision making improves. The ability to produce more desirable outcomes increases as community engagement grows.[7]

Figure 2: **Community Engagement Continuum**



Source: Clinical and Translational Science Awards Consortium Community Engagement Key Function Committee Task Force on the Principles of Community Engagement. Principles of Community Engagement; 2011. Accessed December 6, 2023. https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf.

Reflection Questions

The reflection questions here are intended to help the LEPC think through their disaster recovery planning team's composition and process of working with community members and how this enhances health equity and disaster recovery. Please remember to use the instructions found on the bottom of page two for this exercise. It is important to focus on this stage first, because this will influence the development of the entire disaster recovery plan. Your responses and reflections here can be incorporated into the "*Local Disaster Recovery Plan Template*."

Diverse Representation

1. Thinking about the different types of people and communities that live in and make up our jurisdiction, list them and seek input from others who might have different thoughts on the composition of your community.

2. Considering the listed groups, which are more likely to face health inequities or be disproportionately affected by a disaster? Why might these groups be at higher risk of negative consequences of a disaster?

3. Now, thinking about our disaster recovery planning team, which groups are represented in our team's membership? Which groups are missing and how does this overlap with those groups experiencing health inequities or who are at higher risk from disasters?

4. Who might we be able to include on our team from these groups? Who might be able to connect us with people from these communities?

5. What barriers might deter individuals from these communities from participating? What steps could we take to remove or minimize these barriers?

6. Which roles can communities more likely to face health inequities or be disproportionately affected by a disaster play in our planning and implementation processes?

Include this information in the Local Disaster Recovery Plan Template in the section titled "3.2.3 Partnerships and Operations – External Partners."

Community Engagement

1. Considering the community engagement continuum shown in *Figure 2*, which stage do you think best describes our typical interaction with the community, particularly with the groups we previously identified as experiencing health inequities?

2. What stage of the community engagement continuum would represent an aspirational but realistic way for us to engage with our community for disaster recovery planning? Why is this stage appropriate for our team?

3. What steps could our team take to move one stage higher up on the community engagement continuum regarding our disaster recovery planning?

Include this information in the Local Disaster Recovery Plan Template in the section titled "3.2.3 Partnerships and Operations – External Partners" or in the section titled "5.3.3 Recovery Functional Areas – Community Assistance" in the fifth bullet.

Summary of Step 1

The rationale for establishing a health equity-focused planning team in disaster recovery emphasizes the importance of integrating diverse community perspectives, particularly from groups facing health inequities. This approach is crucial for identifying and addressing planning "blind spots," building trust and buy-in, and empowering communities. By involving these groups in the planning process, LEPCs (LEPC) will enhance communication, foster community capacity, and ensure that disaster recovery efforts are inclusive and effective. The focus on comprehensive community engagement, as guided by the reflection questions, is essential in mobilizing resources, influencing systems, and shaping policies and practices, leading to more equitable and successful disaster recovery planning.

Additional Strategies and Resources

Principles of Community Engagement 2nd Edition: This is a comprehensive report that details the definitions and principles of community engagement and also provides practical strategies.

Dimensions of Health Equity: Used to identify groups that experience health inequities.

Figure 3: **Dimensions of Health Equity**

1. Socio-economic position, poverty and income inequality.
2. Race, racism, racial discrimination and segregation.
3. Gender, gender identity, immigration status, disability and age.
4. Geographic, residential, community and neighborhood context.
5. Working conditions, labor markets and employment policy.
6. Social networks, social capital, social cohesion and power.

Sources: Adapted from Lisa F. Berkman, Ichiro Kawachi, M. Maria Glymour, eds. Social Epidemiology. 2nd ed. Oxford Academic; 2014 and Oakes JM, Kaufman JS. Methods in Social Epidemiology. Wiley; 2006.

Step 2: Collect Resources

Step two of the Planning Guide tasks the LEPC with gathering information for the planning process. It is also important to gather information needed to aid in health equity planning at this point. Much of this information is provided in other sections of this tool. However, information not included in the other steps includes data and tools to identify health inequities; evidence-based policies and practices for advancing health equity; and training and tools for addressing implicit bias and promoting cultural competency.

- **Identifying Health Inequities**: Avoid assumptions about health inequities. Use health data analysis to uncover differences in outcomes across race, ethnicity, socio-economic status, and other dimensions of health equity.[8] Alternatively, conduct focus groups or interviews with diverse community members to explore health and health care barriers.[9]

- **Evidence-Based Policies and Practices**: These are rooted in empirical research and prove effective in various settings. This approach combines top scientific research, practitioner expertise and community values for informed decision making.[10]

- **Cultural Competency**: This entails recognizing and valuing the diverse cultural, linguistic and social backgrounds in communities. Essential for health equity, it aids in effectively communicating and addressing the distinct needs of individuals from varied cultures, reducing misunderstandings and biases and enhancing trust. It extends from individual to institutional competence.[11]

Reflection Questions

The reflection questions here are intended to help the LEPC think through the resources they will need to complete their planning process. While a variety of resources may be helpful, information about local health inequities, evidence-based policies and practices, and training about implicit bias and cultural competency are critical. Please remember to use the instructions found on the bottom of page two for this exercise. It is important to focus on this stage before beginning the planning process because this information may help you clarify your vision for disaster recovery in your community. Your responses and reflections here can be incorporated into the Local Disaster Recovery Plan Template.

Identifying Health Inequities

1. How can we acquire and analyze data and information to identify health inequities in our community?

2. How can the experiences of those facing health inequities or higher disaster risks be integrated to identify the underlying causes of these health inequities?

3. How can we partner with professionals who have expertise in quantitative and qualitative research to ensure our data is interpreted correctly?

Include information about groups experiencing health inequities in the Local Disaster Recovery Plan Template in the section titled "1.6 Planning Assumptions."

Evidence-Based Practices

1. How can we identify evidence-based policies and practices relevant to disaster recovery in our jurisdiction? How can we ensure that our strategies are supported by research?

2. How do the evidence-based policies and practices we identified align with our community's values and desires?

3. What does our expertise tell us about what will work for our community?

4. How can we integrate evidence-based policies and practices, the values and aspirations of our community, and our expertise into an equitable vision for disaster recovery in our community?

Include a vision for equitable disaster recovery that integrates evidence-based policies and practices, the values and aspirations of our community, and our expertise in the Local Disaster Recovery Plan Template in the section titled "1.4 Recovery Priorities."

Implicit Bias and Cultural Competence

1. In what ways might our own background and experiences influence our decisions in the disaster recovery process? How can we become more aware of our biases and ensure they do not negatively impact our disaster recovery plan?

2. How well do we understand the unique needs and concerns of diverse cultural groups in our community? What steps can we take to deepen our understanding and ensure these perspectives are represented in our planning?

3. What specific actions can we take to regularly assess and improve our cultural competency and reduce implicit bias in our work? What steps will we take before further embarking on our disaster recovery planning?

Include training or any other preparations your team will complete to address implicit bias and build cultural competence in the Local Disaster Recovery Plan Template in the section titled "5.1 Preparedness."

Summary of Step 2

The rationale for step two in the Planning Guide underscores the need for LEPCs (LEPC) to comprehensively gather resources for health equity-focused disaster recovery planning. Insights into populations experiencing health inequities help to identify populations in greatest need. Information about evidence-based policies and practices help clarify a vision for an equitable disaster recovery. Training and self-reflection about implicit bias and cultural competency helps create the conditions on the LEPC needed for authentic inclusion of diverse perspectives outside of those of the team. The reflection questions guide this process, ensuring that planning is not only data-driven but also deeply rooted in the team's norms and addresses their unique needs.

Additional Strategies and Resources

Data Resources to Identify Health Inequities

To pinpoint health inequities effectively, it's essential to break down data along the dimensions of health equity as outlined in *Figure 3*. The following data sources are useful in this process:

1. **Community Health Assessment**: Community health assessments and community health needs assessments, conducted by local health departments and non-profit hospitals respectively could be an important source for information about health inequities. Community health assessment is a requirement for accreditation of local health departments[12] and community health needs assessments are a requirement for non-profit hospitals' community benefit programs as part of the Affordable Care Act.[13]

2. Kansas Information for Communities: This resource encompasses vital statistics such as data on births, deaths, cancer cases, hospital discharge diagnoses and emergency department diagnoses. It facilitates the disaggregation of data by age, race, sex, Hispanic origin, and provides insights into trends over time and across counties.

3. U.S. Census Bureau – My Community Explorer: This tool offers a comprehensive view of communities, including economic profiles, social characteristics, racial and ethnic demographics and business information.

4. Chartbook: Racial and Ethnic Health Disparities in a Changing Kansas: Published in 2017, this chartbook presents an in-depth analysis of health inequities across Kansas. Although the data is specific to Kansas, it can be extrapolated to identify potential health inequities in other communities.

While these data sources are critical for uncovering health inequities, navigating and interpreting the data can be complex. Collaboration with an epidemiologist or a health education specialist is advisable for a more nuanced understanding and application of this information. Your local health department may have these professionals on staff or could facilitate a connection.

Resources to Identify Evidence-Based Policies and Practices

Understanding which policies and programs effectively promote health equity and address social determinants of health is essential. This knowledge allows LEPCs to develop strategies which not only enhance community resilience before a disaster but also support the building of health equity capacities in the aftermath. For identifying evidence-based practices in health equity, the following resources are recommended:

- **The Community Guide**: Renowned for its comprehensive systematic reviews of scientific studies, The Community Guide stands as the gold standard in recommendations for enhancing and protecting population health. Crafted through the careful deliberation of experts in health care, public health and research, it offers guidance on a range of health topics. This includes evidence-based practices specifically addressing social determinants of health and health equity.

Resources for Cultural Competence and Humility

In tandem with addressing health inequities, fostering cultural competence and humility within the planning team is vital. Cultural competence refers to the ability to understand, communicate with, and effectively interact with people across cultures, while cultural humility involves recognizing one's own limitations in knowledge and understanding of different cultures. This step is crucial for ensuring that disaster recovery plans are inclusive and sensitive to the diverse needs of the community. Resources and curriculum for cultural competence are available from the following two resources.

- U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response - Cultural and Linguistic Competency for Disaster Preparedness Planning and Crisis Response
- U.S. Department of Health and Human Services Office of Minority Health - Cultural Competency Curriculum for Disaster Preparedness and Crisis Response

Step 3: Identify Recovery Priorities

Step three of the Planning Guide calls for the planning team to identify disaster recovery priorities using information previously gathered. Setting priorities includes the process of determining the most important tasks or goals to focus on, often involving a decision making process that considers the relative urgency, impact and resources required. However, this also involves identifying goals that will not be pursued. Priority setting is essential due to the limited nature of resources. However, this process can also be controversial.[14] Reasonable disagreements tend to exist regarding the selected priorities. Research shows that public officials value a “fair” process because of this.[15] In the absence of consensus on what should be

prioritized, public officials can take the following steps to develop a fair and equitable prioritization process.[14]

Public Accessibility: The prioritization process should be open and transparent to the public and to stakeholders. Making the prioritization process public demonstrates respect for the diversity in values and beliefs of those affected by decisions.

Relevant Voices: Including a wide range of perspectives in selecting priorities improves the perceived fairness of the process. Public officials should seek perspectives from stakeholders who are often excluded from the decision making process. If possible, consensus is preferred to majority or elite rule.

Appeals: There should be an opportunity for stakeholders to appeal decisions. This shows respect for those who disagree and can de-escalate conflict.

Enforcement: There should be rules that ensure the previous procedures are adhered to. Leaders of the priority setting process should ensure that all stakeholders have an opportunity to express their views and understand the implications of the decisions being made.

Multi-Criteria Decision Analysis (MCDA) significantly improves the objectivity and transparency of decision making processes. Unlike unstructured decision making methods, MCDA provides a systematic and rational approach that is both objective and transparent.[16] The process of MCDA involves the following steps:[17]

1. **Identify Objectives:** Define the objectives for the priority-setting process using specific, measurable, agreed-upon, realistic and time-bound criteria.

2. **Identify Options:** List potential options that could help achieve the set objectives, reflecting the decisions that need prioritization.

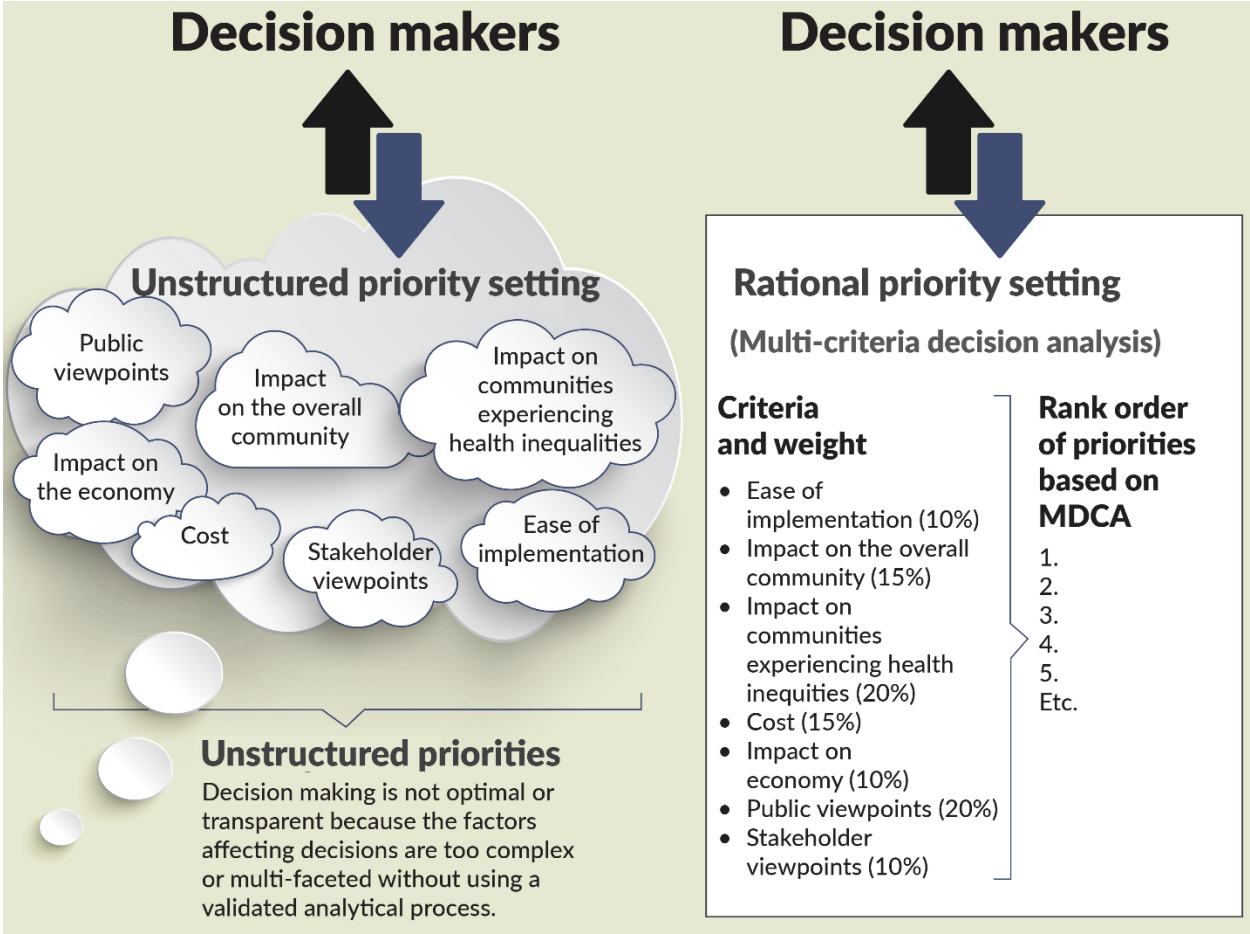
3. **Identify Criteria:** Choose measurable criteria to assess the priority of each option. These criteria can be quantitative (such as cost, number of people affected) or qualitative (like community perceptions, ease of implementation).

4. **Weigh the Criteria:** Assign a relative importance to each criterion, with the total weight across all criteria adding up to 100 percent.

5. **Analyze the Options:** Establish a method to gather data for each criterion for all options. This might include cost analysis, epidemiological studies, community surveys or listening sessions.

6. **Make Decisions:** Calculate a weighted score for each option to determine their rank order. Note that these only represent recommendations and decision-makers are not strictly bound to the highest-ranked options. Lower-ranked options might be chosen, or additional options sought, especially if there are gaps in the information accounted for in the MCDA process.

Figure 4: **Examples of Multi-Criteria Decision Analysis vs. Unstructured Decision Making**



Note: Criteria and weighting shown are presented for illustrative purposes.

Source: Adapted from Baltussen R, Niessen L. Priority setting of health interventions: The need for multi-criteria decision analysis. Cost Effectiveness and Resource Allocation. 2006;4. doi:10.1186/1478-7547-4-14

Reflection Questions

The reflection questions here are intended to help the LEPC think through the prioritization process to ensure the process and outcomes are viewed as fair and equitable. Please remember to use the instructions found on the bottom of page A-2 for this exercise. This step represents a

critical stage in your disaster planning process because it will forge your overall direction. Remember to include diverse community members in the prioritization process. Your responses and reflections here can be incorporated into the Local Disaster Recovery Plan Template.

Priority Setting Process

1. How will we engage stakeholders and the public in the prioritization process, especially those from communities experiencing health inequities?

2. What measures will we take to ensure all relevant voices are included in the process? How will we reach out to those initially overlooked?

3. After finalizing the disaster recovery plan priorities, how will stakeholders and the public propose amendments? What procedures will there be addressing these appeals?

4. What strategies will we implement to ensure adherence to the decisions made in this process?

Multi-Criteria Decision Analysis

1. Thinking about the vision we established for disaster recovery in our community and the priorities established, what are the objectives for our disaster recovery plan?

2. What strategies can help us achieve these objectives? How will we incorporate feedback from stakeholders and diverse communities regarding strategies we should pursue?

3. How will we evaluate these strategies? What criteria can we use? How will we measure these criteria? How will we rank the relative importance of the criteria?

4. Once we have calculated the relative importance of each strategy, how will we select priorities? Will options with the highest scores automatically be chosen? If not, how will we rationalize our decisions?

Summary of Step 3

Using an open, transparent and objective priority-setting process helps ensure that equity considerations are purposefully incorporated into decision making. It also helps create buy in from key constituents and builds trust. These aspects will all facilitate successful disaster recovery initiatives.

Additional Strategies and Resources

Multi-criteria analysis: A manual: An in-depth guide describes in detail how to conduct a multi-criteria decision analysis.

AMP Toolbox: Developed with funding from the European Commission under the Sixth Framework Programme, this multi-criteria decision analysis tool provides a Microsoft Excel-based tool to support the conduct of MDCA.

Step 4: Fill out Recovery Coordination Framework

Step 4: Fill out Recovery Coordination Framework of the Guide (page 4-12) involves a detailed process for disaster recovery planning at the local jurisdiction level. The Lead Planner is tasked with reviewing and aligning the Recovery Coordination Framework to the local processes, ensuring it covers essential roles like Strategic Leadership, Operational Management and Partnerships. This step includes identifying specific roles and individuals to fulfill these responsibilities, with an emphasis on adaptability depending on the jurisdiction's capacity and the disaster's scope. Key roles such as County Board representative, Disaster Recovery Manager, Financial Recovery Manager and Legal Counsel are outlined, each with specified qualifications and responsibilities.

Additionally, this step focuses on engaging external partners like private entities, NGOs and faith-based organizations, vital for comprehensive disaster recovery. These partners are chosen based on their contributions to recovery efforts, and the establishment of pre-disaster agreements with them is highly recommended.

The Long-Term Recovery Group (LTRG) also plays a crucial role, coordinated by a designated individual who oversees recovery activities. The LTRG comprises members from various sectors, each bringing expertise in areas such as community assistance, economic recovery, health and social services, housing and infrastructure systems. The framework emphasizes the need for clear communication, flexibility, and continuity in roles from the response phase to recovery, catering to the specific needs and capacities of the local jurisdiction.

To strengthen equity considerations during this step, the following strategies may be implemented:

1. **Adapting the Recovery Coordination Framework**

   Diverse Representation: Include representatives from various community groups, especially under-represented populations, on the planning team. This could involve outreach to community leaders, NGOs and advocacy groups.

   Cultural Competence Training: Provide cultural competence training for team members to ensure sensitivity towards diverse community needs.

   Equity Audit: Conduct an equity audit of the existing framework to identify any biases or gaps in representation and address them.

2. Identifying Recovery Personnel

Inclusive Recruitment: Ensure the recruitment process for recovery personnel is inclusive, with a focus on diversity in terms of race, gender, socioeconomic background and abilities.

Community Engagement: Engage community members in the selection process of recovery personnel to build trust and ensure representation.

Successor Planning: In successor planning, prioritize diversity to maintain an equitable approach throughout the recovery process.

3. Role Assignments (County Board, Disaster Recovery Manager)

Equitable Role Distribution: Distribute roles equitably, ensuring responsibilities do not disproportionately burden certain groups.

Training and Empowerment: Provide training to all personnel on equity and inclusion, empowering them to make decisions that consider diverse community needs.

Feedback Mechanisms: Implement feedback mechanisms where community members can voice concerns or suggestions regarding the recovery process.

4. Engagement with External Partners

Diverse Partnerships: Form partnerships with a wide range of organizations, including those representing historically underserved groups.

Equity in Agreements: Ensure that MOUs and contracts with partners include clauses that emphasize the importance of equity in recovery efforts.

Regular Consultations: Hold regular consultations with external partners to assess and adjust strategies for equitable recovery.

5. Long-Term Recovery Group Coordination

Reflective Representation: Ensure the LTRG reflects the diversity of the disaster-impacted community.

Ongoing Equity Training: Provide ongoing training for LTRG members on equity and social justice issues.

Community Feedback Loop: Establish a feedback loop with the community to continually assess the effectiveness of equity considerations.

6. Functional Area Coordination (Community Assistance, Economic, etc.)

Targeted Support: Develop targeted support strategies for groups disproportionately affected by the disaster in each functional area.

Inclusive Communication: Use inclusive and accessible communication methods to reach all community segments.

Resource Distribution: Monitor resource distribution in each functional area to ensure it is equitable and reaches those most in need.

7. Monitoring and Evaluation

Equity Metrics: Incorporate equity metrics in monitoring and evaluation processes to measure the effectiveness of equity strategies.

Regular Reviews: Conduct regular reviews of recovery efforts with an equity lens, adjusting strategies as necessary.

Transparent Reporting: Maintain transparency in reporting the progress of recovery efforts, including how equity considerations are being addressed.

Reflection Questions

1. How can the Planning Team ensure that the Recovery Coordination Framework includes diverse perspectives, especially from communities and groups that are often under-represented or disproportionately affected by disasters? Consider the implications of not having a diverse representation in decision making roles.

2. In identifying recovery personnel and defining their roles, how can the team ensure equitable allocation of resources and support to all areas of the community, including those historically underserved?

3. What strategies can be implemented to ensure that recovery efforts are culturally competent and engage with different segments of the community, including those with language barriers, disabilities or unique cultural needs?

4. How can the Long-Term Recovery Group (LTRG) be structured to continually assess and address the evolving needs of all community segments, especially those who might be overlooked in standard recovery processes?

5. What mechanisms can monitor the effectiveness of equity considerations in the recovery process and gather feedback from various community groups to ensure ongoing improvement?

Summary of Step 4

Step four of the Local Disaster Recovery Plan involves completing the Recovery Coordination Framework to align with local disaster recovery efforts. This step, led by the Lead Planner, focuses on integrating key roles such as Strategic Leadership, Operational Management and Partnerships, ensuring adaptability to the jurisdiction's needs and the disaster's scope. It includes identifying specific roles like County Board representative, Disaster Recovery Manager and others, emphasizing their qualifications and responsibilities. This step also highlights the importance of engaging external partners (private entities, NGOs, faith-based organizations) and establishing pre-disaster agreements. The Long-Term Recovery Group (LTRG) is tasked with coordinating recovery activities, with members from various sectors contributing their expertise. The framework underscores the need for diversity, clear communication and continuous role adaptation from response to recovery, ensuring an inclusive and effective disaster recovery process.

Additional Strategies and Resources

Planning for Post-Disaster Recovery: Next Generation: The 2014 manual offers a no-nonsense explanation of the benefits — and limitations — of planning for unpredictable events. Case studies from big cities and smaller towns show what it takes to come back stronger from a natural disaster.

Diversity, Equity, and Inclusion in Disaster Planning and Response: On its website, SAMHSA outlines a comprehensive approach to Diversity, Equity and Inclusion (DEI) in all phases of disaster planning and response. These strategies emphasize the importance of tailoring efforts to the unique needs of the communities being served.

Step 5. Cost Recovery Processes

According to the Local Disaster Recovery Plan: Planning Guide (pages 12-13), the Planning Team conducts activities to streamline the process and ensure efficiency during pre-disaster cost recovery planning. These activities, as advised in the Planning Guide, include reviewing and potentially updating existing policies and procedures related to recovery, especially in areas like procurement, financial management and inventory control. The Planning Guide recommends documenting standard operations and adding an 'incident-activation step' for efficient funding recovery when emergency plans are activated, in cases where policies are outdated or missing. Further, the Planning Guide advises the implementation of tracking mechanisms within the financial system, such as setting up specific cost centers or project codes. It also tasks the team with identifying a central location for storing all cost recovery information and designating stakeholders responsible for keeping asset inventories updated. Additionally, the Planning Guide suggests the team should detail existing contracts for disaster response and establish communication methods for activated recovery processes. These activities, recommended by

the Planning Guide, all aim to assist the Lead Planner in developing the Funding Recovery section of the Local Disaster Recovery Plan.

To strengthen equity considerations during this step, the Planning Team could engage in the following activities:

Broad Stakeholder Involvement: Involve a broad range of stakeholders, including representatives from underserved communities.

Local Collaboration: Collaborate with local organizations that understand the diverse needs of the community.

Equity-Focused Training: Provide equity-focused training regularly for stakeholders likely to participate in the disaster recovery process. This training should be conducted routinely and proactively, well before any disaster occurs.

Data-Driven Decision Making: Use data to identify and address inequities in recovery outcomes.

Accountable Decision Making: Develop clear and accountable decision making processes.

Accessible Communication Strategies: Develop accessible and multilingual communication strategies.

Policy Review and Update: Continuously update and review policies with community input to ensure they remain relevant and equitable.

Policy Inequity Analysis: Analyze existing policies and procedures for potential inequities.

Targeted Policy Creation: Create specific policies to address the needs of underserved communities.

Reflection Questions

1. How do the existing policies and procedures for recovery processes address the needs of all community members, including underserved populations? Are there areas where these processes could be more inclusive and equitable?

2. What strategies are we using to communicate cost recovery processes clearly, transparently and inclusively? How do we ensure that this information is disseminated effectively to all segments of the community?

3. How do we incorporate feedback from diverse community members to continuously improve our disaster recovery plans and processes? What mechanisms are in place for community members to voice concerns and suggestions?

4. In the planning for asset inventories, risk assessments, and recovery activities, how do we ensure equitable allocation of resources and support to all areas of the jurisdiction, especially those historically underserved or at higher risk?

Summary of Step 5

Incorporating equity into pre-disaster cost recovery planning is vital for an effective and inclusive response. This approach ensures rapid and efficient resource allocation during disasters, significantly reducing the need for lengthy administrative procedures. It enables a swift response to the needs of affected communities, particularly focusing on historically underserved groups. For example, effective tracking and management systems grounded in equity principles improve the fairness and accessibility of resource distribution. Regularly updating risk assessments and focusing on equity ensures comprehensive protection for all areas. Reviewing contracts and agreements from an equity standpoint ensures that the services activated during disasters are inclusive and cater to the diverse needs of the community. This includes understanding the scope of services and the process to extend contracts if necessary. Equity-focused communication strategies promote inclusivity and transparency, especially regarding cost recovery activations.

Additional Strategies and Resources

Counting the Costs: Improving Disaster Recovery Cost Estimation: The RAND Corporation provides a comprehensive suite of tools, datasets and strategies designed to enhance the accuracy and equity of disaster recovery cost estimations.

Step 6. Review and Adapt Plan

Step 6, "Review and Adapt Plan," as described on page 13 of the Planning Guide, involves the Lead Planner and the Planning Team consolidating information and decisions from Steps 2- 5 into the Local Disaster Recovery Plan Template. This step includes detailed instructions for completing the template. The team then reviews and finalizes the draft plan, which is subject to review and approval by the local Emergency Management Department and county. Once approved, the Emergency Management Director or their designee disseminates the plan among relevant partners and personnel identified within the plan.

To strengthen equity considerations during this step, the following activities could be implemented:

Community Consultation and Feedback: Engage with a wide range of community groups, especially historically under-represented, to gather feedback on the draft plan. This can be through public meetings, surveys or focus groups.

Accessibility of Information: Make sure that all materials related to the plan are accessible to people with disabilities. This includes providing documents in different formats (like Braille, large print, or audio) and ensuring that online materials are compatible with screen readers.

Language Inclusivity: Offer translations of the plan and related materials in languages commonly spoken in the community to ensure non-English speakers can access and understand the information.

Regular Review and Updates: Establish a process for regularly reviewing and updating the plan to adapt to changing community needs and demographics. This should include continuous engagement with diverse community groups.

Transparent Communication: Ensure that the plan review process is transparent and that decisions made are communicated clearly to the public. Engage with local community organizations to help communicate the plan. This builds trust and ensures that community members understand how and why certain decisions are made.

Reflection Questions

1. During Steps 2-5, were efforts made to gather information and feedback from all segments of the community, including those historically under-represented? How was this information integrated into the plan?

2. Does the plan consider the unique needs and challenges of different community groups in resource allocation? How does it ensure that resources are distributed equitably, especially to those who might have less access to recovery support?

3. Have cultural competencies been considered in the plan, ensuring that recovery strategies are respectful of and tailored to the diverse cultural needs of the community?

4. Is the draft Local Disaster Recovery Plan accessible to all, including non-English speakers, people with disabilities, and those with limited access to technology?

5. Are there effective mechanisms in place for ongoing feedback and input from the community, particularly from historically under-represented groups, as the plan is implemented and adapted?

Summary of Step 6

The overarching rationale for these strategies is to ensure a comprehensive, equitable and culturally sensitive approach to disaster recovery. By actively engaging all segments of the community, especially historically under-represented groups, during the planning stages, the strategy gains valuable, diverse perspectives, enhancing its relevance and effectiveness.

Emphasizing equitable resource allocation, it addresses the unique challenges and needs of different community groups, prioritizing those with limited access to recovery support. Incorporating cultural competencies ensures that recovery efforts are respectful and tailored to the community's diverse cultural needs. Accessibility of the recovery plan for non-English speakers, individuals with disabilities, and those with limited technology access ensures inclusivity. Finally, establishing mechanisms for ongoing community feedback allows the plan to adapt and stay responsive to the evolving needs of all community members, maintaining its effectiveness and relevance over time.

Plan Template Instructions

The reflection questions listed below for each section suggest additional ways to consider equity in the steps included in the plan template instructions.

Promulgation

How does the declaration consider the diverse needs and vulnerabilities of all community sectors, including historically underserved groups?

In what ways does the plan outline ensure inclusive representation from all sectors in the decision making process?

Does the plan's execution account for equitable resource distribution and accessibility?

1. Introduction

1.1 Purpose

Does the plan's purpose adequately address the needs of all community members, including historically excluded populations?

How does the plan propose to engage with and protect diverse community groups?

In what ways does the purpose reflect a commitment to equitable recovery efforts?

1.2 Authority

How do the federal, state, and local laws and standards consider and protect the rights and needs of diverse populations?

Are there existing gaps in legal authority that may affect equitable disaster recovery?

How can local regulations be adapted or augmented to ensure equitable treatment and resource allocation?

1.3 Scope

How do the identified local emergency management plans address the needs of all community members, particularly historically underserved groups?

In integrating various plans (like CEMP, LEOP, HMP), how can we ensure that the scope of the Local Disaster Recovery Plan remains inclusive and adaptable to diverse community needs?

What strategies can be implemented to ensure that department-specific plans, like debris management and economic development, are aligned with the broader goal of equitable disaster recovery?

1.4 Recovery Priorities

How do the identified local recovery priorities and goals address the specific challenges and needs of communities, especially those in high-risk areas?

In what ways can the plan foster resilience in these communities, considering their unique social, economic and environmental contexts?

What mechanisms can ensure that the recovery priorities are continuously adapted to address emerging vulnerabilities and changing community demographics?

1.5 Situation

How does the plan address the diverse needs arising from the jurisdiction's demographic makeup, including considerations for low-income populations and non-English speakers?

In what ways can the plan leverage data on social vulnerability, health resilience and economic factors to inform more equitable recovery strategies?

How can past disasters and emergency incidents inform current planning to better address the needs of populations with access or functional needs?

1.6 Planning Assumptions

How can planning assumptions be tailored to realistically reflect and address the diverse needs and capacities of the entire community, including marginalized groups?

What measures can be implemented to ensure that staff training and operational guidelines are inclusive of the diverse needs of the community?

How can "unwritten rules" in planning and recovery operations be identified and adjusted to promote equity and inclusivity in disaster recovery efforts?

2. Overview of Recovery Operations

How can the adaptation of this section to county-specific information ensure it comprehensively addresses the needs and challenges of diverse populations within the county?

In what ways can this overview be structured to promote inclusive recovery operations that equally benefit all community sectors, including the populations at increased risk of poor health?

What measures can be implemented to regularly assess and update the overview of recovery operations to respond to evolving demographic changes and emerging community needs?

3. Roles and Responsibilities

How does the succession plan within the Recovery Coordination Framework account for maintaining diverse and inclusive leadership, especially in emergency situations?

In what ways can the framework be structured to ensure that key roles and responsibilities are equitably distributed and accessible to a diverse range of personnel?

How can the plan ensure continuous and effective operation in emergencies while considering the varied needs and capabilities of all community members?

3.1 Recovery Coordination Framework

How can the adapted recovery coordination framework be structured to effectively integrate and address the diverse needs of the community?

In what ways can the framework promote equitable representation and involvement from all sectors of the community?

What measures can be implemented to ensure the framework remains flexible and responsive to the changing demographics and needs of the community?

3.2 Recovery Roles and Responsibilities

How can roles and responsibilities be adapted to ensure equitable involvement and representation of diverse groups within the community?

What strategies can be used to identify and engage key external partners in a way that supports inclusive and equitable recovery efforts?

How can the plan ensure that all roles, responsibilities and partnerships are clearly defined and accessible to all community members?

4. Coordination Mechanisms

How can the identified coordination activities ensure equitable representation and involvement of all community sectors, including historically under-represented groups?

In what ways can local-to-local, local-to-external partners, and local-to-state coordination be adapted to respond to the unique needs of the community?

What strategies can be employed to regularly evaluate and enhance coordination mechanisms to better serve the diverse needs of the community?

4.1 Local-to-Local Coordination

How can existing local-to-local coordination systems be improved to more effectively address the diverse needs of the community?

What mechanisms can be implemented to ensure that local coordination is inclusive and represents a wide range of community stakeholders?

How can the plan promote ongoing dialogue and collaboration among local stakeholders to enhance disaster recovery efforts?

4.2 Local-to-External Partners Coordination

How can coordination with external partners be structured to ensure it is inclusive and addresses the diverse needs of the community?

What measures can be taken to build and maintain effective partnerships with external organizations that align with the community's recovery goals?

How can the plan ensure that these partnerships are transparent and accessible to all community members?

4.3 Local-to-State Coordination

How can local-to-state coordination be adapted to ensure that it supports equitable disaster recovery efforts across the community?

What strategies can be employed to strengthen communication and collaboration between local and state entities?

How can the plan ensure that state-level coordination considers the specific needs and challenges of the local community?

5. Concept of Operations

5.1 Preparedness

How can the preparedness section be adapted to include comprehensive planning for all community members, especially historically under-represented?

In what ways can community preparedness activities be designed to be inclusive, accessible and responsive to the diverse needs of the community?

How can the plan ensure that training and exercise efforts are equitable and reach all segments of the community effectively?

5.2 Transition to Recovery

How can the transition from response to recovery be adapted to specifically address the needs and vulnerabilities of different community groups, including those disproportionately affected by disasters?

In what ways can the Emergency Support Function Transition Tool be utilized to ensure an inclusive and equitable transition to the Recovery Coordinating Framework?

What measures can be implemented to ensure that the transition process is smooth, transparent, and considers the diverse needs of the entire community?

5.3 Short-term Recovery

How can the plan for short-term recovery be tailored to immediately address the most pressing needs of all community members, especially those in vulnerable situations?

In what ways can the involvement of specific county processes or personnel in short-term recovery be optimized to ensure equitable distribution of resources and support?

What strategies can be employed to assess and adapt short-term recovery efforts in real-time to meet the evolving needs of the community?

5.4 Long-term Recovery

How can the long-term recovery plan be structured to support sustainable and equitable recovery for all community sectors, including historically under-represented groups?

In what ways can specific county processes or personnel be engaged to ensure that long-term recovery efforts are inclusive and address systemic challenges?

What mechanisms can be put in place to continuously evaluate and adjust long-term recovery strategies to align with changing community demographics and needs?

5.5 Transition to Steady State

How can the transition to a steady state be adapted to ensure that it does not overlook the ongoing needs of the historically under-represented groups?

In what ways can county-specific processes facilitate a transition that is inclusive, sustainable and responsive to the entire community?

What measures can be implemented to ensure that the transition to steady state maintains a focus on resilience, equity and preparedness for future disasters?

6. Funding Recovery

6.1 Pre-Disaster Cost Recovery Activity

How can the formal mechanism for tracking disaster recovery activity be structured to ensure transparency and equity in the allocation of resources?

In referencing existing policies and procedures, how can the plan ensure that they are inclusive and consider the needs of all community sectors, especially populations at increased risk of poor health.?

What strategies can be implemented to keep the information about contracts and agreements updated and accessible to all stakeholders, ensuring equitable participation in recovery activities?

6.2 Post-Disaster Cost Recovery Activity

How can post-disaster cost recovery processes be adapted to ensure they are fair, transparent and responsive to the needs of the entire community?

In what ways can the documentation collection and retention processes be designed to be inclusive and accessible, ensuring all relevant stakeholders can contribute and access information?

What measures can be taken to communicate the activation of cost recovery processes effectively to all community members, including those with limited access to traditional communication methods?

7. Plan Maintenance

How can local plan maintenance processes be adapted to ensure they continuously address the evolving needs and demographics of the community?

In incorporating additional stakeholders into the plan update and maintenance process, how can the plan ensure that this inclusion is equitable and representative of the community's diversity?

What strategies can be employed to make the plan approval process, such as formal county board approval, transparent and inclusive, allowing for community input and feedback?

Glossary

Community Engagement — involvement of community members in decision making processes, planning and implementing solutions to address their needs. It fosters collaboration and ensures that initiatives are relevant and effective for the community.

Community Feedback Loop — a system that continually assesses the effectiveness of equity considerations through feedback from community members. It ensures that strategies remain relevant and responsive to the community's needs.

Cultural Competence — a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations.

Disaster Resilience — the ability of individuals, communities, organizations, and states to adapt to and recover from disasters, reduce their impacts, and learn from their experiences.

Diverse Partnerships — forming collaborations with a wide range of organizations, especially those representing historically underserved or marginalized groups, to ensure diverse perspectives and inclusivity in decision making processes.

Equitable Role Distribution — the principle of distributing roles and responsibilities in a manner that is fair and just, ensuring that no group is overburdened or disadvantaged.

Equity Audit — a process used to assess and identify biases, gaps in representation, or inequities within an organization or program. It aims to address and correct these inequities.

Equity Metrics — specific measures used in monitoring and evaluation processes to assess the effectiveness and impact of strategies aimed at promoting equity.

Focused Policy Creation — the development of specific policies designed to address and meet the needs of underserved communities.

Focused Support — strategies developed to support groups disproportionately affected by issues such as disasters, aiming to address specific needs and vulnerabilities.

Health Equity — the attainment of the highest level of health for all people, which requires valuing everyone equally, addressing avoidable inequalities, and injustices, and eliminating health and health care inequities.

Implicit Bias — the unconscious attitudes, stereotypes or unintentional actions (positive or negative) toward members of a group merely because of their membership in that group.

Inclusive Communication — communication methods that consider and respect diverse audiences, ensuring that information is accessible and understandable to everyone, regardless of background, ability or language.

Ongoing Equity Training — training programs focused on equity and social justice issues, aimed at continuously educating and sensitizing team members about these critical topics.

Policy Inequity Analysis — the process of analyzing existing policies and procedures to identify potential inequities that may exist within them.

Reflective Representation — the concept of ensuring that recovery or decision making teams reflect the diversity of the community they serve, particularly in contexts such as disaster recovery.

Resource Allocation Equity — the fair and just distribution of resources, ensuring they reach the most in need and there is an equitable opportunity for access and utilization.

Social Determinants of Health — conditions in the environments where people are born, live, learn, work, play and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.

Systemic Inequities — patterns of unfairness or injustice within a society, in which systemic policies, institutional practices, cultural representations, and other norms work to perpetuate racial group inequity.

Appendix A: Endnotes

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