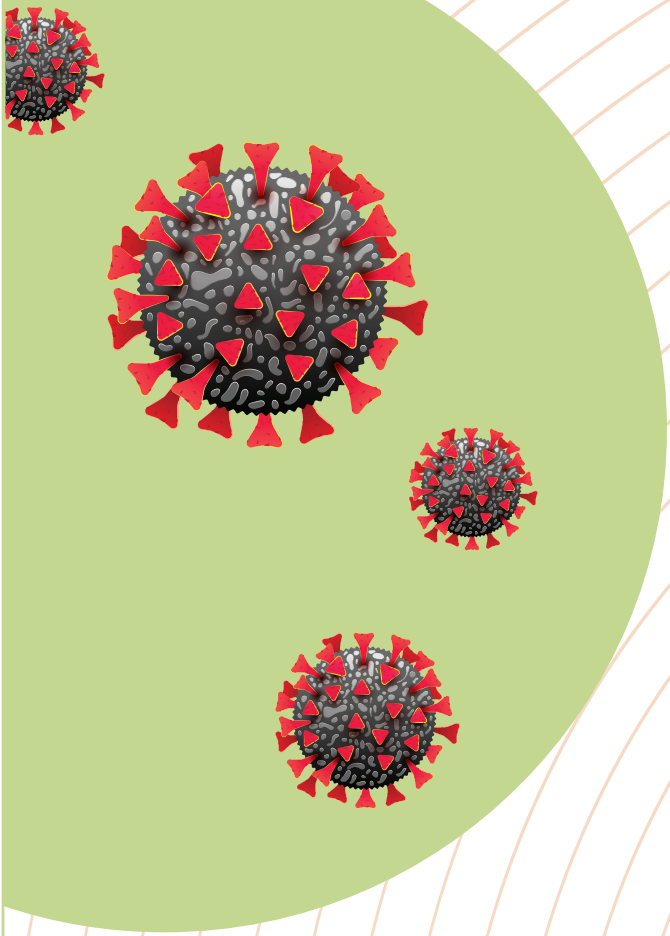
CITY OF PORTLAND

EQUITY TOOLKIT

FOR COVID-19 COMMUNITY RELIEF & RECOVERY EFFORTS



OFFICE of EQUITY and HUMAN RIGHTS
CITY OF PORTLAND

Table of Contents

Overview: Equity Toolkit Goals, Expectations, and Accountability 4
- Citywide Racial Equity Goals and Strategies 4
- Expectations for Implementation and Accountability 5

Guiding Principles 6

What We're Hearing from Community 7

Context Matters: Local Disparities Data and Trends on High-risk Populations 9
- CDC-identified High Risk Populations (update 5/11/2020) 9
- Local COVID-19 Data: Demographics Dashboard and Employment Statistics 10

Questions to Ask Before Responding 14
- For "One-off" Decisions 14
- For policy or programmatic design and decisions 14

Reminders: Our Equity Values and Legal Obligations 15
- Office of Equity and Human Rights Equity Stance 15
- Civil Rights Title VI and Americans with Disabilities Act (ADA) Title II Legal Obligations and Accountability 15
- Civil Rights During Emergencies 15

Technical Assistace, Tools, and Resources 16

Acknowledgements 17

Overview: Equity Toolkit Goals, Expectations, and Accountability

In response to the COVID-19 global pandemic, Multnomah County Chair Deborah Kafoury declared a countywide state of emergency on March 11, 2020 and Portland Mayor Ted Wheeler declared a city-wide emergency on March 12, 2020. During these uncertain times, it is essential that the City of Portland's elected officials and staff continue to prioritize and center equity by leading with race and disability, and incorporating an intersectional lens as we collectively serve the people of Portland.

Recognizing that Black people, Indigenous people, and People of Color; individuals with disabilities; immigrants; women; and individuals experiencing poverty are often disproportionately affected, the City is committed to response efforts that ensure crisis does not exacerbate existing inequities, address the needs of our vulnerable populations, and that benefit all. As a City, we will work to ensure our recovery is rebuilding towards a resilient, prosperous, healthy, equitable, and just city for all.

This COVID-19 Equity Relief and Recovery Toolkit has been developed to serve as a guide and resource for the various staff teams responsible for crisis response work. This will remain a working document that we build upon as new and more specific needs arise.

The goals of this equity toolkit are to:

1. Reiterate City of Portland values, commitments, and legal obligations
2. Identify populations with urgent needs and populations that will continue to be most impacted over time
3. Encourage COVID-19 relief and recovery initiatives, at the Emergency Coordination Center and City Bureaus, to adapt this toolkit for specific needs and establish expectations for the development of equity goals and performance measures
4. Provide easy access to tools and technical assistance that can help inform priorities, strategy, and decision-making

Citywide Racial Equity Goals and Strategies

The City of Portland adopted equity commitments in 2015 through the Citywide Racial Equity Goals and Strategies, developed by The Office of Equity and Human Rights. With this foundation, it is imperative that the contents of this toolkit reflect a commitment to implementation and accountability.

Equity Goal #1	Equity Goal #2	Equity Goal #3
We will end racial disparities within city government, so there is fairness in hiring and promotions, greater opportunities in contracting, and equitable services to all residents.	We will strengthen outreach, public engagement, and access to City services for communities of color and immigrant and refugee communities, and support or change existing services using racial equity best practices.	We will collaborate with communities and institutions to eliminate racial inequity in all areas of government, including education, criminal justice, environmental justice, health, housing, transportation, and economic success.

Expectations for Implementation and Accountability

City of Portland bureaus are expected to use the resources and guidance in this toolkit to center equity not only in their decision-making, but in the creation and implementation of policy, practice, and procedures. The Office of Equity and Human Rights is poised to provide leadership and technical assistance to bureaus in the use of this toolkit and other guidance documents. Commitment and support from City Council provides an additional layer of accountability to ensure the City of Portland is providing equitable services to communities. Council offices will be bringing forth a Relief and Resiliency Resolution that solidifies a City-wide commitment to equity. The Relief and Resiliency Resolution notes its intention to: Centralize, guide, and coordinate COVID-19 efforts that bolster progress toward the City's long-term recovery goals.

The goals include:

1. Create regular updates among bureaus with jurisdiction over the COVID-19 response, Portland City Council, and the public;
2. Coordinate public, private, and community capacity to contribute to the overall recovery;
3. Foster hope and social cohesion to create a more just, secure, and resilient Portland; and
4. Center the City's climate and equity goals.

Below are opportunities to strengthen alignment in the work and create avenues of accountability. This is a living document and will continue to evolve as structures are established to realize the full intent of the toolkit for the City of Portland.

Anticipated City Council Actions:

- May 20, 2020 Relief and Resiliency Resolution
- May 27, 2020 CARES Act Work Session

Opportunities for Deeper Coordination:

- City/Multnomah County/State Equity Collaboration
- Community Equity COVID-19 Advisory Group

Immediate Actions for ECC:

1. Embedding Equity Action Plan into ECC Emergency Action Plan.quity goal setting and indicators for each ECC team.
2. Identify other tools that need to be developed:
   a. Replica of King County equity assessment tool (by geography).
   b. Aligning with Social Determinants of Health framework.
   c. Creation of a decision-making rubric.

Suggested Accountability Measures:

- Quarterly reports including an equity scorecard from Bureaus to the Office of Equity and Human Rights and Council
- Annual report to Council from the Office of Equity and Human Rights communicating collective progress on Citywide COVID-19 goals.
- Report to Council between June and December on CARES Act priorities.
- Use of a revised Budget Equity Tool. Information from this Tool will be shared with the Office of Equity and Human Rights for review and recommendations.

As the work continues to evolve, additional implementation expectations and accountability mechanisms will emerge. This will align with direction from City Council as well as feedback from bureau leadership.

Guiding Principles

The following principles have been sourced from best practices being elevated by equity practitioners around the country and should serve as a foundation and guide for City of Portland Council, bureau leadership, and equity practitioners playing various roles in COVID-19 response and recovery operations and implementation:

1. **Practice trauma-informed and healing-centered leadership.** We are in the midst of a worldwide health pandemic. Every individual, agency and household we interact with during this time is managing as best they can under these stressful and uncertain circumstances. As City leaders, it is important that we continue to extend grace and care to those we are working with and for.
2. **Equity is still our priority.** If equity is only a priority in times of ease and surplus, then it was never really a priority. This is the time to show the community that we hold true to these commitments.
3. **We must center efforts on populations at highest risk in this health pandemic and most susceptible to the compounding effects of the impending economic crisis,** which includes setting specific equity goals, tracking outcomes and continuing to course-correct strategies over time.
4. **Equity-based decisions happen faster when equity practitioners, subject matter experts and the most impacted communities are regularly in the decision-making spaces.** Community partners should regularly be consulted as relief and recovery strategies are developed.
5. **Remember that many populations have excellent reasons to be distrustful of the government and the medical/public health system** - all efforts should seek to address barriers; fast-track problem solving and include plans for open and transparent communications to ease these concerns.
6. **Monetary relief and aid packages should go directly to individuals or community organizations.** Relief should be given to the people who require it most and have the least infrastructure to withstand this crisis.
7. **We will account for the systems and institutions that produced disparities and inequities as we develop our strategies.** Disparities and inequities were experienced before the pandemic and now are exacerbated by the current crisis resulting from systemic and institutional racism and oppression.
8. **Accountability is a keystone to equity work.** We must hold ourselves accountable and responsible to our communities by ensuring that we reflect and embody justice principles, are disciplined and act with rigor in our approach to address inequities, and to ensure equitable impacts and outcomes at every step, consistently checking the work.
9. **If you are feeling stuck or uncertain about how to develop or implement an equity strategy, technical assistance is available to support the advancement of equity work in COVID-19 relief and recovery efforts.** Please see specific contacts in the resources section of this toolkit.

What We're Hearing from Community

The Emergency Coordination Center's (ECC) Joint Volunteer Information Center (JVIC) has been tasked with outreach to community organizations, focused on serving high-risk and historically underserved populations. JVIC has been in touch with over 100 community organizations and is working in close partnership with the Food Insecurities Committee and other COVID-19 response teams to connect resources, donations, and volunteers to organizations requesting support.

Themes from these community organizations include, but are not limited to:

1. **Food insecurity:** By far, food is the top need across the region. Many organizations are reporting that their networks are having to choose between paying for food and other basic household expenses (housing, transportation, etc). As more and more people lose jobs and businesses, they are becoming reliant on food pantries and other available food resources. Access to culturally specific food has been a challenge. High risk people with limited mobility (aging adults and people with disabilities), unhoused populations and K-12 students have been a focus of early food mobilization efforts.
2. **Face coverings and sanitation supplies:** All medical-grade personal protective equipment (PPE) has been prioritized, rightfully, for first responders and health care facilities, but caregivers for aging populations and people living with disabilities; people facilitating food and resource distribution; and frontline workers are in desperate need of more face coverings and sanitation supplies.
3. **Meaningful access to basic information:** Critical information was slow to reach many populations, especially multilingual populations and people with disabilities. Community groups are requesting information be in simple language (8th grade reading level); more languages; mindful of cultural norms; and in formats/platforms that facilitate meaningful access.
4. **Xenophobia, anti-immigrant sentiment and racism:** Misinformation and fear have led to discrimination and xenophobia toward Chinese, Asian Americans, people of color, and immigrants. Many Asian- and immigrant- owned businesses have been financially impacted since news of the coronavirus first emerged in January. Asian Americans have also experienced increased verbal and physical attacks during this time.
5. **Older adults:** Age is an important factor to consider with respect to coronavirus as our oldest and frailest community members are at higher risk of comorbidities and mortality and housing (e.g., nursing homes, congregate settings) have been identified as hot spots for infection. For older adults who were receiving home and community-based services, disruptions have been particularly difficult to overcome; also, safe and trusted caregiving is critically important for those who may be immunocompromised and in high-risk categories. However, it should be noted that even older people who were previously independent and engaged with the community are now experiencing reduced social connections and higher need for support which can be compounded by the lack of digital access available in certain households.

   Most importantly, it is critical that we look at older adults through an equity lens, attempting to understand which older adults are burdened by inequitable access to resources and services and how intersectional challenges (e.g., those with disabilities, lower incomes, caregiving responsibilities) are being accounted for and addressed.

6. **People with disabilities:** People with disabilities (including but not limited to physical, intellectual, cognitive, mental health, and chronic illness disabilities) are particularly vulnerable in a pandemic in a range of areas from financial instability for those unemployed and living on fixed income; Social isolation that is a general concern is now exacerbated by social distancing; Food insecurity for those who are unable or at health risk to go to grocery store or afford food delivery; and health vulnerable for many disabilities that include: People who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members. People who have trouble understanding information or practicing preventive measures, such as hand washing and social distancing. People who may not be able to communicate symptoms of illness.
7. **Support accessing relief and resources:** Community organizations and networks continue to serve as a trusted resource for information sharing. Their networks are seeking support with navigating information and applications related to unemployment, health insurance, utilities, rent and mortgage assistance, small business assistance, health and food programs, etc. Unemployment paperwork is taking several weeks to be processed. Scammers have been targeting aging adults and multilingual populations and successfully collecting sensitive information. Accessing relief and resources has also been a barrier because some workers are not eligible due to their immigration status. In addition, for those that are eligible, many are hesitant to apply for fear receiving public benefits may impact their future adjustment in immigration status. Disparities that existed before have been exacerbated.
8. **Digital divide:** Many frontline communities have an escalated need for assistance accessing Wi-Fi and computers and/or help with using the internet to do things like search for jobs. Access to Wi-Fi has also been a challenge for many households. Many communities also struggle to receive information because of inaccessibility of websites or lack of translation for multilingual communities not a part of the City of Portland language list.
9. **Organizational capacity:** Several organizations have already reported that they have had to furlough, lay off or reduce staff hours because of budget impacts but, remaining staff (and now volunteers) are still attempting to meet urgent community needs with little resources. Many organizations were forced to cancel annual events and fundraising campaigns that their budgets rely on. Discussion of funding cuts at the state and local level will likely impact contract and programmatic partnership opportunities. If these organizations cannot keep their doors open and staff on payroll, they will not be able to support their community through this pandemic.
10. **Support for youth and families:** Most parents and caregivers are trying to manage homeschool/ daycare and there are growing concerns about education gaps. Families need diapers, hygiene and other supplies that cannot be purchased with food resources. Many large families are confined to small living quarters. Young people need options for staying healthy, physically active and safe. Domestic violence reports are on the rise; child abuse is likely being under-reported.
11. **Other growing concerns:** mental health due to pandemic and longer term isolation; resources for small businesses; undocumented workers and gig workers not qualifying for most relief resources and employment options post-pandemic; increased rate of domestic violence and sexual assault; lack of access to care as a result of distrust and gaps in culturally competent healthcare providers.
12. **And so much more:** JVIC liaisons will continue to keep a pulse on community needs and information is being collected in the JVIC Community Outreach Dashboard. Direct access to the dashboard is limited, but inquiries can be directed to jvic@portlandoregon.gov

Context Matters: Local Disparities Data and Trends on High-risk Populations

Data evidence demonstrates that communities of color (indigenous populations, immigrants, refugees, migrants, and racial minorities), women, older adults, and persons with disabilities, experience the highest degree of socio-economic marginalization and health disparities, making them most vulnerable to emergencies.

Internationally, it is expected that the number of people facing acute hunger may double by the end of this year. Nationwide, low-income areas are some of the hardest hit by the COVID-19 crisis, data from the Centers for Disease Control and Prevention (CDC) have already identified racial disparities in COVID-19 cases, and figures indicate higher unemployment rates for Black, Latinx, and women workers. As of May 6, 2020, *The Oregonian* reports ZIP code-level statistics show that roughly two-thirds of all identified infections in Multnomah County are among residents living in neighborhoods east of 82nd Avenue, including one hotspot featuring two large outbreaks at nursing homes.

At the City of Portland, we want to center populations at higher risk of experiencing severe illness or death if infected, and/or at higher risk to be economically burdened during and after the pandemic. It is critical to understand that some members of our community are experiencing an accumulation of challenges that stem from oppression based on race, income, gender, disability, language barriers and/or other experiences, circumstances, or characteristics. **It is our goal to mitigate these impacts as much as possible, while we continue to develop solutions that eliminate disparities, thereby creating prosperous, resilient, healthy, and affordable communities for all Portlanders.**

The data and trends highlighted in this section should serve as a foundation for City of Portland COVID-19 relief and recovery efforts. Each team responsible for COVID-19 relief and recovery efforts should do further research to understand existing disparities, real-time data, and corresponding community needs and priorities relevant to their work areas.

CDC-identified High Risk Populations (update 5/11/2020)

The CDC has identified the following populations to be most high-risk to COVID-19, along with other populations that will experience the compounding effects of this pandemic. Additional details for each population are available at the CDC website: https://www.cdc.gov/coronavirus/2019-ncov/

People at Higher Risk for Severe Illness

1. People at Higher Risk of Severe Illness
2. Older Adults
3. People with Asthma
4. People with HIV
5. People with Liver Disease
6. More for People at Higher Risk

Additional Impacted Populations

1. People with Disabilities
2. Pregnancy and Breastfeeding
3. People Experiencing Homelessness
4. Racial and Ethnic Minority Groups

Local COVID-19 Data: Demographics Dashboard and Employment Statistics

Regional COVID-19 Data Dashboard

Multnomah, Clackamas, Washington, and Yamhill counties have come together to improve the public health response to communicable diseases, including COVID-19. The Regional COVID-19 Data Dashboard shows COVID-19 cases by county over time. It breaks down case data by age group, race and ethnicity, and sex and details laboratory data, common symptoms, coexisting conditions, and hospitalizations. More information can be found beneath the "Information" icon on each page of the dashboard. Data is updated daily, and we will track analysis of this data over time. The dashboard is at this link: https://multco.us/novel-coronavirus-covid-19/regional-covid-19-data-dashboard

COVID-19 and Employment Trends (articles)

- Who Are the COVID-19 Unemployed in Oregon? (May 14, 2020)
- Portland's essential workers: 1-on-1 with 15 people who can't stay home (April 23, 2020)
- Oregon weighs stricter regulations to protect migrant farmworkers at risk of catching coronavirus (April 18, 2020)
- A Demographic Profile of TPS Holders Providing Essential Services During the Coronavirus Crisis (April 6, 2020)
- A Demographic Profile of DACA Recipients on the Frontlines of the Coronavirus Response (April 24, 2020)

Before COVID-19: Local Health and Economic Disparities Data Trends

History matters because we know that communities experiencing health and economic disparities are already being overburdened by the immediate and long-term impacts of the COVID-19 pandemic. Here are some important data points to help examine this context:

Local Health Disparities

Multnomah County Disparities in Mortality Rates per 100,000, 2011-2015

- Diabetes:
  - 59.7 Black or African American
  - 27.9 Latinx
  - 24.2 Asian or Pacific Islander
  - 23 White
- Hypertension:
  - 22.3 Black or African American
  - 10.3 White
- Heart Disease:
  - 162 Black or African American
  - 147 White
- Stroke:
  - 58.2 Black or African American
  - 42.1 Asian or Pacific Islander
  - 39.7 White

Health Disparities in Chronic Disease 2015-2017 *(Oregon Health Authority)*

- Asthma:
  - 12.8% African Americans, Non Latino
  - 18.4% American Indian and Alaska Native, Non Latino
  - 12.5% Pacific Islanders, Non Latino
  - 11.7% White, Non-Latino
- Chronic heart disease (or angina):
  - 3.6% African Americans, Non Latino
  - 6.4% American Indian and Alaska Native, Non Latino
  - 3.4% White, Non-Latino
- Diabetes (%):
- 14.5% African Americans, Non Latino
- 13% American Indian and Alaska Native, Non Latino
- 8.6% Asian, Non-Latino
- 14.5% Pacific Islanders, Non Latino
- 15.6% Latinx
- 8.1% White, Non-Latino

Local Economic Resiliency and Housing Disparities

Unemployment Data *(American Community Survey 2017 5-year Estimates)*

- Unemployment rate for Black/African Americans (14.2%) and American Indian/Alaska Native (17.3%) and over twice greater than the White (5.9%) labor force.
- Those living below the poverty level (25.5%) experience unemployment at almost 7x the rate of people at or above the poverty level (3.9%).
- The gap between the employment rates in Oregon of working-age people with and without disabilities was 42.8%. The employment rate of working-age people with disabilities was 37%. The employment rate of working-age people without disabilities was 79.8%. *(Cornell University Yang Tan Institute on Employment and Disability)*

Food Security Data *(Urban League of Portland and Oregon Health Authority)*

- In 2010/2011 44.1% of Black households in Oregon identified as food insecure, whereas White households reported rates of 18.1% food insecurity.
- In Oregon, 11.6% of Black households in Oregon identified hunger in the households, compared with 8.8% of White households.
- According to a 2018 state report, food insecurity is highest in rural communities, communities of color, households with children, and among renters.
- Adults with disabilities are more likely to report food insecurity at a rate of 17% compared with 4% reporting food insecurity of those without a disability.

Income, Asset Poverty, and Self-Sufficiency Data *(Multnomah County)*

- White households ($67,715) earn over twice the income of Black households ($29,864) and significantly more than other races: American Indian and Alaska Native ($42,000), Asian ($58,586), Native Hawaiian/Other Pacific Islander ($36,661) and Latinx households ($44,507).
- Similarly, 42% of populations of color have incomes below the Self-Sufficiency Standard compared with 34% for the population.
- Access to wealth is critical for economic stability, providing a financial safety net that enables households to deal with unexpected expenses and income disruptions without falling into greater debt or poverty. Nationally, the median White family in the United States has 41 times more wealth than the median African American family, and 22 times more wealth than the median Latinx family. The racial wealth gap is larger now than it was 40 years ago, and it is continuing to grow. In Multnomah County, 40% of households of color experience asset poverty compared with 24% of White households. The asset poverty rates are particularly high for African American households (52%) and Latinx households (47%).
- 54% of the population that is foreign born and/or has limited English proficiency in Multnomah County is below the Self-Sufficiency Standard, compared with 34% of the overall population.
- 28% of persons with disabilities are living in poverty, a higher poverty rate than the overall population.
- Immigration status and role that plays in Oregon, further consider lack of driver's license access.

Housing Disparities Data *(Portland Housing Bureau)*

- The average White homeownership is 56.3% compared to 28.4% in the Black community, 35.5% in the Latinx community, 28.7% in the Native Hawaiian/Pacific Islander community, 39.7 % for the Native American Community.
- For the average Black, Native American, Native Hawaiian/Pacific Islander, Latinx, foreign born, single mother or senior household, there is no neighborhood in Portland with an affordable homeownership option.
- Out of the 24 Portland neighborhoods, on average, there is no neighborhood in Portland that is affordable for the average Black or Hawaiian and Pacific Islander household to rent; 1 neighborhood for the average Native American household, 3 neighborhoods for the Latinx household to rent, whereas 18 neighborhoods are considered affordable for the average White household to rent.
- Overall, Black, Indigenous, and People of color (BIPOC) households who rent or own their home see high cost burdens when compared to the White renters. For example, in Portland, 2015 data reveals approximately 68.8% of Black renters and 42.9% of Black homeowners are cost burdened, spending over 30% or more of their income on rent or housing cost.
- The 2019 Point-in-Time Count of Homelessness in Portland/Gresham/Multnomah County found over 4,000 people identified as homeless with over 2,000 people identified as people who are homeless and unsheltered.
- Although there is significant variation among communities, overall the percentage of the HUD homeless population identifying as from a community of color increased to 38.1%; this is nonetheless a significant overrepresentation of people of color in the HUD homeless population, given that people of color make up only 29.5% of the population of Multnomah County

- People identifying as American Indian or Alaska Native were the most overrepresented in the HUD homeless population. In 2019, Native Americans made up 11.6% of the HUD population, despite making up only 2.5% of Multnomah County's population.
- People identifying as Black or African American comprise 16.1% of the HUD homeless population but only 7.2% of the general county population.
- Between 2017 and 2019, the percentage of the HUD homeless population with one or more self-identified disabilities increased 14.2%, to 2,886 individuals, and now represents 72% of those identified in the Count. The majority (55.6%) of people with disabilities were unsheltered.

Criminal Justice System Disparities Data *(The W. Haywood Burns Institute)*

- Black adults in Multnomah County are 4.9 times as likely as White adults to have a case that is received and reviewed by the Multnomah County District Attorney's (MCDA) Office (a proxy used for arrest in this report). Black adults are 4.8 times as likely as White adults to have a case issued for prosecution, and they are 4.6 times as likely to have a case that ends in a conviction.
- Latinx adults in Multnomah County are 1.2 times as likely as White adults to have a case that is referred and reviewed by MCDA. Latinx adults are 1.3 times as likely as White adults to have a case issued for prosecution, and 1.2 times as likely to have a case that ends in a conviction.
- Black adults in Multnomah County are 4.6 times more likely than white adults to get jail time for a misdemeanor, and 4.7 times more likely to get jail time for a felony offense.
- White adults are more likely to be offered to enlist in a diversion program—an alternative to a formal case offered by a judge that often leads to a lesser sentence, or one centered more on community service, rehabilitation, or mental health treatment than jail time. The new report finds white adults in Multnomah County are 1.3 times more likely to be diverted than Black adults.

Questions to Ask Before Responding

As various teams and bureaus deploy COVID-19 relief and response efforts, we ask that you consider these critical questions for quick, "one-off" decisions as well as program design. These questions are intended to help ensure your efforts are focused on frontline populations and incorporating essential steps to provide meaningful and direct access to resources. Over time, The Office of Equity and Human Rights will develop a plan that will flesh out a broader strategy to deepen our equity focus across all relief efforts and provide additional tools and technical support. In the meantime, these questions will help to jumpstart your work.

For "One-off" Decisions *(Government Alliance on Race and Equity)*:

1. Is this relief prioritizing those most impacted by the COVID-19 health pandemic, considering the information in this toolkit, including:
   a. CDC High-risk populations
   b. Local (Multnomah County and Oregon) Disparities Data
   c. What We're Hearing from Community
2. Is this relief going directly to the people and communities who need it? (addressing barriers in program/service delivery)
3. Has your program/initiative accounted for meaningful access requirements?
   a. Effective Communications Guide (ADA Title II)
   b. Language Access Guidance for COVID-19 Response Efforts
4. Is this relief culturally appropriate?
5. Is this relief rebuilding toward a just and sustainable future?

For policy or programmatic design and decisions, follow a Results Based Accountability™ approach, and consider:

1. What communities (BIPOC and vulnerable communities - disability, national origin, and gender) will be impacted by our recommendations?
2. What are the historical relationships with impacted communities? How do we work to rebuild broken trust?
3. In what ways have we authentically engaged and informed impacted communities? In particular, multicultural communities whose primary language is not English and/or undocumented community members.
4. What internal and external factors (policies, practices, procedures, organizational structures) are perpetuating existing inequities or creating new ones?
5. How will impacts be evaluated? What's the feedback loop that will allow to implement changes based on learnings and intended or unintended results?
6. Does the recommendation being made ignore or worsen existing disparities or produce other unintended consequences for BIPOC and vulnerable communities – disability, national origin and gender?

Reminders: Our Equity Values and Legal Obligations

Office of Equity and Human Rights Equity Stance

Equity addresses the historic, institutional systems that create oppression based on identity. We strive to use an intersectional approach to transform historic power dynamics for accountable systemic change based on the principles of humanity, justice, and belonging.

The City of Portland leads with race and disability.

Civil Rights Title VI and Americans with Disabilities Act (ADA) Title II Legal Obligations and Accountability

The City of Portland is required to comply with and adhere to:

- **Title VI of the Civil Rights Act:** The City ensures that no person, on the basis of race, color, or national origin, be excluded from meaningful access to, participation in, denied benefits of, or be otherwise subjected to discrimination in any City program, service, administrative act, or activity as provided by Title VI of the Civil Rights Act of 1964 ("Title VI") and all other related statutes and regulations. The purpose of Title VI is to ensure the work of government be designed and conducted equitably and result in equitable impact - not in any fashion which encourages, entrenches, subsidizes or results in racial discrimination, disparate impact (disparities) or treatment, whether intentional or unintentional.

  The City of Portland's language access responsibilities fall under its obligation to ensure nondiscrimination on the basis of national origin per Title VI of the Civil Rights Act of 1964, and **Executive Order 13166 "Improving Access to Services for Persons with Limited English Proficiency,"** which further expands on those federal obligations. The City of Portland is responsible for taking reasonable steps to provide equitable and meaningful access to it programs, services, activities, and communications to members of the public who have limited English proficiency (LEP) and experience institutional language barriers.

- **Title II of the Americans with Disabilities Act (ADA):** The ADA prohibits all state and local governments from discriminating based on disability, but moreover, its goal is to promote equal access and full participation. The purpose of Title II is to ensure that every program, service, benefit, activity and facility operated or funded by the City of Portland is accessible to people with disabilities; the City strives to eliminate barriers that may prevent persons with disabilities from accessing facilities or participating in City programs, services and activities.

The City is committed to complying with all the requirements, regulations, and intent of Title VI and Title II. The City will make every effort and take proactive steps to ensure nondiscrimination, access, justice, and equity in our public plans, policies, administrative acts, benefits, impacts, programs, services, activities, and facilities.

Civil Rights During Emergencies

Under Federal civil rights laws and the Robert T. Stafford Disaster Relief and Emergency Act (Stafford Act), FEMA, State, local, Tribal, and Territorial (SLTT) partners, and non-governmental relief and disaster assistance organizations engaged in the "distribution of supplies, the processing of applications, and other relief and assistance activities shall [accomplish these activities] in an equitable and impartial manner, without discrimination on the grounds of race, color, religion, [national origin], sex, age, disability, English proficiency, or economic status." **Civil rights laws and legal authorities remain in effect, and cannot be waived, during emergencies.**

For more information visit: https://www.fema.gov/office-equal-rights

The Portland Plan, Climate Action Plan, and the 2035 Comprehensive Plan Vision and Values

The City has collaborated with community organizations, businesses, neighborhood associations, and community to outline its shared vision for Portland's future—long-range plans adopted by City Council: The Portland Plan (our strategic plan), The Climate Action Plan, and the 2035 Comprehensive Plan. These plans include goals, strategies, and policies for a healthier, more prosperous, equitable, resilient, and educated Portland where everyone has access to opportunity and is engaged in shaping decisions that affect their lives. To reach our goals, the Comprehensive Plan includes a set of five guiding principles, recognizing that implementation of the plan must be balanced, integrated, and multidisciplinary: Economic Prosperity, Human Health, Environmental Health, Equity, and Resilience.

Technical Assistace, Tools, and Resources

To support your equity focus during COVID-19 response, we encourage you to take advantage of the following:

Technical Assistance

Equity practitioners at the Office of Equity and Human Rights and across the City of Portland are available to assist you with program design and decision-making. To request an equity workshop, seek advice or program review, contact:

- Executive Leadership: Dr. Markisha Smith, Director, Office of Equity and Human Rights
- ECC Equity and Results Based Accountability™: Koffi Dessou
- Civil Rights Title VI, Equitable Policy and Planning: Danielle Brooks
- ADA Title II and Disability: Nickole Cheron
- ADA Accessible Communications: Jonathan Simeone
- Equity and Language Access: Tatiana Elejalde
- Aging Adults: Alan DeLaTorre
- JVIC (ECC community liaisons team): Jeremy Van Keuren
- Joint Information Center Equity and Accessibility Manager: Jeff Selby

Tools

- Language Access Guidance for the COVID-19 Response
- Effective Communication Guide
- Results Based Accountability for Racial Equity™

Additional Resources

- Select Community Research and Publications
- U.S. Department of Justice Emergencies Guidance
- Tips and Tools for Reaching Limited English Proficient Communities in Emergency Preparedness, Response, and Recovery *(U.S. Department of Justice)*
- https://www.lep.gov/

Acknowledgements

The content of this framework was inspired by and borrowed from great work happening around the country and region. Thank you for lending your expertise to these important efforts, including:

- Multnomah County Public Health Department
- Center for Disease Control
- Oregon Health Authority
- FEMA Bulletin: Ensuring Civil Rights During the COVID-19 Response
- Prosper Portland
- Government Alliance on Racial Equity COVID-19 Racial Equity Rapid Response Guidebook for Government
- City of San Antonio Office of Equity
- The Untokening Mobility Justice + COVID-19 Principles

Direct Contributors

- COVID-19 Emergency Coordination Center Joint Volunteer Information Center (JVIC) and Food Security Committees
- City of Portland Office of Equity and Human Rights
- City of Portland Equity Managers
- Multnomah County Office of Diversity and Equity and REACH Program
- City's Age Friendly Planning Manager