



HEALTH EQUITY IN THE NORTH BAY FIRES RECOVERY PROCESS: A FOCUS ON LOW-INCOME AND IMMIGRANT COMMUNITY NEEDS

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Natural disasters intensified by climate change do not discriminate, but our responses to them can. The neighborhood we are from, the languages we speak, our class, race, disability, age, existing health conditions, and immigration status all shape how we are impacted by disasters, and the resources our families and communities have to recover. Keeping equity at the forefront of the recovery process and ensuring the participation of communities who have been marginalized will ensure more effective recovery for all.

This document presents key findings and recommendations to assist public health departments and other local government staff improve equity in recovery, with a focus on low-income and immigrant communities. These findings are based on one focus group and a series of interviews with community-based organizations, public health and emergency preparedness staff, and other city and county employees engaged in the fire recovery process in Sonoma, Napa, and Solano Counties. These staff, alongside first responders and other disaster workers, have been truly heroic, saving uncounted lives and leading the charge to rebuild stronger. We hope this document will help initiate conversation across local government agencies involved in recovery about how we can best meet the needs of the community members we serve.

THE NORTH BAY FIRES

The October 2017 wildfires in Northern California or “North Bay Fires” have been one of the largest, most devastating, and most destructive group of wildfires in California’s recorded history [1].

In Sonoma County, the Pocket, Tubbs, and Nuns Fires collectively became the most significant county disaster in living memory. Over 110,000 acres of land burned, and an estimated 100,000 people were evacuated from their homes. The fire destroyed 6,686 structures, of which 5,143 were houses, apartments, and mobile homes. Other losses included 112 barns, over 80 commercial buildings, 37 school buildings, and a church. Twenty-three people died as a direct result of these fires [2], [3].

In Napa County, the Tubbs, Nuns, and Atlas fires scorched more than 70,000 acres [4], destroyed nearly 8,000 structures and killed 31 [5]. Fifty-one percent of people with damaged or destroyed structures were under-insured or not insured [6].

LESSONS FROM THE NORTH BAY FIRES

- Plan for and address the needs of tenants who will face displacement issues differently than homeowners
- Support displaced workers and provide targeted support to hourly and undocumented workers
- Address the climate of fear affecting undocumented people and families
- Include threshold languages in all communications
- Enhance training and coordination
- Ensure broad-based community input on recovery and resilience efforts

In Solano County, 6,317 acres in rural areas burned and 2,500 Solano residents were evacuated. Three houses in Solano County were destroyed. Most evacuated Solano residents returned home within days.

Solano County early estimates show the fire-related losses to be \$4.91 million for physical damage and immediate response costs. This figure does not include the economic impacts due to Solano residents losing employment in Napa or Sonoma counties, either temporarily or long-term, or the already tight housing market that became more impacted with displaced families from other counties who relocated to Solano County[7], [8]. Mendocino County also saw simultaneous deadly fires.

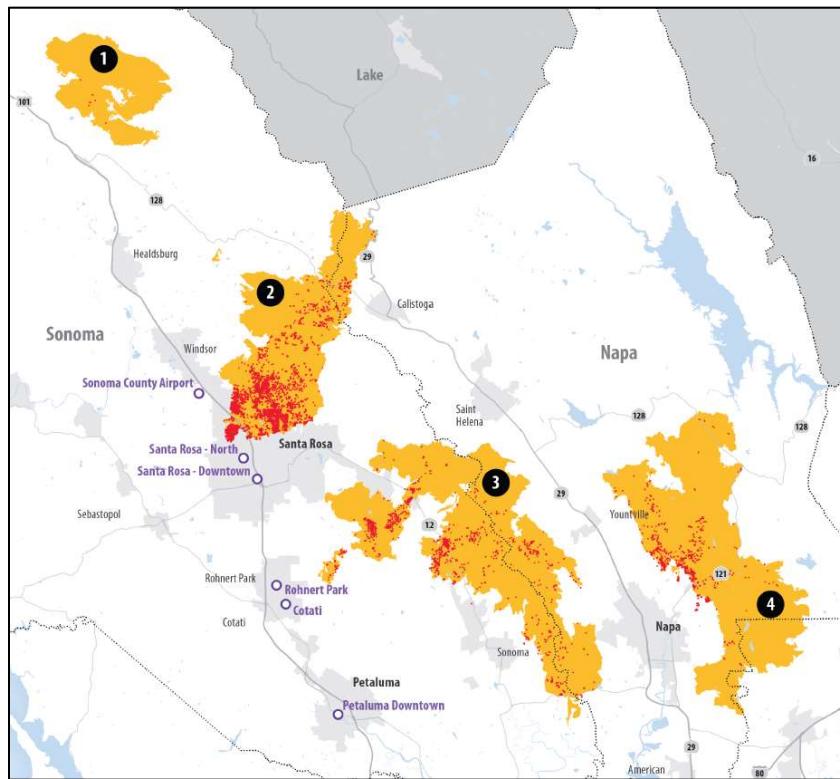


Figure 1. 2017 North Bay Wildfire Affected Areas: 1) Pocket Fire (Sonoma), 2) Tubbs Fire (Napa and Sonoma), 3) Nuns Fire (Napa and Sonoma), and 4) Atlas Fire (Napa).

 Damaged or destroyed Structures within Fire Perimeter.
Source: CalFire Statewide Fire Map 2017; MTC/ABAG

WHY A FOCUS ON HEALTH EQUITY IN THE DISASTER RECOVERY PROCESS?

Our communities don't start on equal footing. The neighborhoods we are from, the languages we speak, our class, race, disability, age, existing health conditions, and immigration status all shape the resources we have access to and our ability to keep healthy—driving deep inequities in health outcomes. Due to previous government actions and social inequities, many of us have faced discrimination, class inequities, uncertainty, and distrust of government institutions that may not have effectively served our communities [9], [10].

A focus on health equity in the recovery process is essential because disasters can exacerbate already existing health inequities and further disadvantage currently marginalized groups [9], [11], [12],[29]. Furthermore, marginalized groups often lack participation in the input process for disaster recovery plans as a result of social disadvantage and disconnection from formal decision-making processes. In these cases, disaster plans do not benefit from local knowledge and are inconsistent with local conditions, concerns, and capacities of marginalized members of the community [10], [12].

Health equity in the disaster recovery process requires an intentional and proactive effort from our government institutions charged with disaster planning, response, and recovery to include marginalized groups at every stage of the disaster recovery process [13], [14]. As case studies from

Hurricanes Irene and Katrina reveal, participation of marginalized groups in all aspects of the disaster recovery process, including pre-disaster inclusion, can improve our preparedness, resiliency, and recovery and help us bounce back from the disaster [16]. Long-term, this ensures effective use of funds, increased capacity, and efficient and responsive recovery efforts, as well as a healthier and more resilient community for all [13].

WHAT DOES EQUITY IN THE DISASTER RECOVERY PROCESS LOOK LIKE?

Pre-Disaster and Mitigation Planning

Equity in pre-disaster planning means that marginalized groups are involved in the decision-making process and plan development from the beginning [15]. Pre-disaster and mitigation planning with historically marginalized groups means intentionally inviting their authentic participation to prepare for and prevent disasters, especially since these groups are impacted the most severely by disasters [29]. For instance, one year post-Hurricane Harvey, which hit Texas in 2017, 40% of Latinos and 60% of African-Americans in 24 of the hardest-hit counties said they still had not received the help they needed for necessary items, like housing repairs and completing aid applications [28].

The Los Angeles County Community Disaster Resilience Initiative's use of the [Community Resilience Toolkit](#) has shown how relationships and networks between marginalized groups and the public institutions responsible for coordinating pre-disaster planning can help to make recovery plans reflective of community needs [14]. This entails government institutions connecting with existing trusted community-based organizations representing the interests of marginalized groups to reach them, enhance communication, and build trust [9], [16]. Strengthening the integration of marginalized populations into the social fabric of their community improves resiliency in recovery [17].

Another strategy in pre-disaster planning is to prepare marginalized communities before disaster with resiliency plans without obligating them to the formidable task of implementation [9], [18]. Building disaster-resilient communities requires public institutions to be open to designing the solutions with the community included in the planning process. Public institutions can set the conditions in place at the community, institutional, and individual level to develop an inclusive disaster recovery and resiliency plan [19].

Equitable Resilience and Recovery Tools

- [Guide to Equitable, Community-Driven Climate Preparedness Planning](#)
- [Resilience Builder: Tools for Strengthening Disaster Resilience in Your Community](#)
- [Resiliency Guidebook: Community Engagement Best Practices](#)
- [CalBRACE Adaptation Toolkit](#)

Disaster Response

Equity in the disaster response means acting to lessen disaster impacts on marginalized groups and assuring they have equitable access to resources, information, disaster relief, and inclusion in the disaster response decision making [11], [14]. Invitations to involve members of marginalized groups to be part of the recovery team that leads the disaster response and makes decisions on the distribution of aid, recovery funds, reconstruction funds, needed services, and communications is essential [10]. In the aftermath of Hurricane Irene on the East Coast, the overwhelming majority of over 200 affected residents interviewed mentioned the hope for future inclusion in the pre- and post-disaster response activities to help the recovery team understand the culture and needs of marginalized groups in particular [20]. For example, people with disabilities or medical conditions should be involved in mitigation planning so that the plan accounts for and responds to their needs [29]. Engagement may also have additional benefits if it leads to socially marginalized groups becoming more aware of and benefitting from government programs intended to mitigate risk and aid in their recovery [13], [16], [20]. Collaborating with marginalized populations and their organizations will result in better disaster response and effective communication. Involving individuals, groups, agencies, and organizations connected to marginalized groups in the decision-making process is critical in order to include their recovery goals, objectives, and needs in the disaster response.

Disaster Response Tools

- [Guide to Equitable, Community-Driven Climate Preparedness Planning](#)
- [A Guide for Establishing a Local Assistance Center](#)
- [Office of Access and Functional Needs Library](#)
- [A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action](#)

Post-Disaster Recovery

Often, marginalized groups are the most highly affected, face more challenges, and are consequently the slowest to recover from disasters [28], [29]. Equity in post-disaster recovery means directing focus, energy, and resources to socially marginalized groups who often suffer from the greatest inequities before a disaster, which can become exacerbated after a disaster [21]. Inclusion of socially-marginalized groups in post-disaster decision making can increase the likelihood that these groups recover sooner [13], [15], [22].

A successful example of this, mentioned in a 2015 United Nations issue brief on [Inclusive Disaster Risk Management](#), is that of the Australian Emergency Management Institute (AEMI) consulting with the Pacific Islander and Bhutanese communities in Australia to better understand their resilience capabilities in 2012 [29]. The institute found that harnessing the cultural social capital and local practices and languages of these immigrants made for a strengths-based utilization of local resources crucial to successfully combatting gaps in prior disaster recovery processes [29].

A county and/or a city can connect with organizations working with marginalized groups to include them and their priorities in the distribution of recovery resources and support in order to help them recover and restore normal activities. Resiliency plans, including climate change and health resilience, can be proactively developed with these groups before the next disaster [18]. The active engagement of marginalized communities in post disaster recovery will lead to an understanding of their needs and solutions that are culturally responsive [13], [23], [24]. Inter-organizational aid

delivery systems are more capable of meeting the needs of marginalized groups stricken by disaster when intra-community and intergovernmental ties are strong [18].

FINDINGS FROM INTERVIEWS AND FOCUS GROUP

This report presents these findings from 2018 of fourteen interviews with service providers from community-based organizations and city and county employees engaged in the fire recovery process in Sonoma, Napa, and Solano Counties, and a focus group with eight local health department staff who worked directly with fire victims at the Local Assistance Center (LAC) in Napa County. See Cal OES's [Local Assistance Center Guide for Local Government](#) for more on Local Assistance Centers. The LAC staff and support staff were from local, state, and federal agencies, as well as non-profit and volunteer organizations. The LAC provided a single facility at which individuals, families, and businesses could access available disaster assistance programs and services. We analyzed these interview and focus groups using a grounded theory approach where the data is interrogated to find inductive codes [25].

Two Years of Equity Training Prepared Public Health Staff to Provide Excellent Service

By all accounts, Local Assistance Center staff—including local health department staff—did a heroic job of doing the best they could to organize a LAC, answer questions, dispel rumors, provide resources, and, often, just listen to the stories pouring in and offer support. Napa Public Health LAC staff attributed their ability to provide excellent customer service to the health department's investment in trainings for them on culturally responsive services, equity, diversity, the root causes of health inequities, and other "soft" skills.

"The county had been burning for a week. The LAC opened a week later. There was a 65-page document on how to run a LAC ... I think the LAC worked because of the folks sitting here in this room."

County of Napa Public Health Staff, Focus Group Participant

"The thing that gets forgotten are the soft skills by the staff is the result of two years of preparing our staff. Part of the theme here is that we showed up and we figured out how to improve the process because we had trainings on equity, diversity, social determinants of health, emotional intelligence. We had a high set of soft skills that were translated into interactions with the community ... Our folks' capabilities in handling folks with grace, respect, and professionalism."

County of Napa Public Health Staff, Focus Group Participant

Intake Process at the Local Assistance Center Could be Better Coordinated with Community Organizations and Government Agencies

Public health staff working at one LAC shared that the intake process was duplicative and had long wait times. The staff suggested that the intake process could be more efficient if there had been better communication and knowledge about available services. Initially, LAC staff did not know what services the organizations at the LAC were offering or each of their eligibility requirements, how to refer people after the LAC intake, and were unfamiliar with FEMA requirements. Workers at the LAC discussed the need for increased coordination and data sharing between community-based organizations and government institutions to avoid duplication of data gathering in intake forms.

Staff who worked in the LAC said that the process can become more efficient if intake staff from community-based organizations and government institutions assessed the needs of people and referred them to their agencies' services without having to duplicate the intake processes already done by the LAC staff.

"It wasn't like we assessed what people needed during our intakes, we were getting some demographics, having them wait for six hours, and then had to say we ran out of a particular benefit three hours ago, sorry. For them it was like, "I can't come back tomorrow, I take care of kids at home or I clean houses." For the Spanish speaking community missing even one hour of work and then having to come back for appointments the next day was frustrating. They didn't show frustration to us, but I definitely saw worry in their faces having to go back to their homes and having to face not having food for today or the next week."

County of Napa Public Health Staff, Focus Group Participant

Fear Can be a Major Barrier to Recovery for Immigrants

The approximately 20,000 undocumented residents of Sonoma and Napa Counties [26], as well as many mixed-status families, are some of the most marginalized people in the North Bay, and are also least likely to benefit from state and federal services due to intense fear of the government amongst immigrants. Undocumented immigrants do have access to local recovery funds, resources, and services. However, in some service locations, some immigrants confused the National Guard and FEMA presence with Immigration and Customs Enforcement (ICE) officers, and thus did not avail themselves of the services on offer. Or made a reasonable assessment of unacceptable risk since FEMA's intake forms state that information may be shared with ICE. Service providers and county employees in Napa and Sonoma repeatedly highlighted immigration fears and ICE raids as a major barrier preventing immigrant communities from seeking needed services, shelter, or aid. Immigrant families felt particularly fearful that accessing services, support, and reporting property damage and losses caused by the fire would draw negative attention from authorities. These families were hesitant to provide personal information to service providers during the intake process at the LAC or shelter because of fear that their confidential information would be shared with immigration authorities. Many immigrant families were unwilling to take the risk of accessing government services for which they qualified or accessed only minimal services because of fears related to their immigration status.

"People weren't coming inside. They were just staying in the parking lots in their cars because they didn't want to go inside and because there was a rumor that ICE was there, that they were going to take your information, and they were asking you if you were documented in order to stay at the shelter ... We were asked to walk through the parking lot and tell people to come in ... So, we started posting signs saying everyone is welcome. But that fear was there, if they are going to ask us for information. People wouldn't even want to give their names."

County of Napa Public Health Staff, Focus Group Participant

"We weren't referring people to FEMA at first and then we were referring everyone to FEMA and that freaked people out because of immigration issues. They have a huge bus saying homeland security and that's what they [immigrants] correlate to ICE because it's part of the same umbrella."

County of Napa Public Health Staff, Focus Group Participant

Language Capabilities in Wildfire Communications Were Not Sufficient

Based on interviews and the focus group reports, Sonoma and Napa Counties were not fully prepared to develop messaging and communications modes for residents that speak a language other than English or with communication access needs. Napa and Sonoma Counties' alert and warning program, Facebook communications, and community forums were provided in English only, leaving a significant portion of the community uninformed during the first few weeks of the fire. As a result, community-based organizations in Sonoma and Napa Counties began to ask government institutions to provide communications in Spanish and assign staff to translate and disseminate the Counties' communications to the Spanish speaking community.

Solano County has two primary non-English languages, Spanish and Tagalog, and does provide interpretation and translation services in these languages during their disaster planning community meetings. However, these services are rarely used. In ten years, the interpretation service has been used twice since most of the individuals who come to the meetings are English speakers.

"A lot of people were saying that the Spanish speaking community was being left out. There were debriefings, but they were in English. They were left in the dark about what the developments were of the fires. After a week or two they were catching up. They would ask people to come to the auditoriums to the college, but they could have provided interpretation from the beginning in both languages."

Community Based Organization Representative, County of Napa

"We did have a lot of feedback about the absence of a second language and we did bring interpreters and even started doing our Nixle* in Spanish because it wasn't something that was happening, and we had to get the approval from the Nixle first, which requires Jesus to come back and bless it. And then we could get it out. The English version would come out and then an hour and a half later the Spanish version would go out because it just took so long to get all of those approvals. "

County of Napa Public Health Staff, Focus Group Participant

*The Nixle service allows verified government agencies to send messages to local residents via phone, email and web.

Marginalized Groups Could Have Been Better Involved in Planning and Response

Based on the interviews, before the fires there was not a consistently proactive, intentional, and inclusive fire recovery planning process engaging marginalized communities in pre-disaster planning, disaster response, and the initial post-disaster recovery process in Sonoma, Napa, or Solano Counties, although responders' tireless efforts were monumental in saving lives.

Even in communities where sufficient planning had not been completed, jurisdictions appear to be on a quick learning curve, improving their responsiveness to marginalized communities as the recovery continues. In Sonoma County for instance, the Office of Recovery and Resilience incorporated community recommendations into the County's Recovery and Resilience Framework—resulting in a plan that prioritizes equity and language access.

Most of the efforts by government institutions following the fires have been focused on providing services such as emergency financial assistance and temporary housing to direct victims, debris

clean up, rebuilding roads and damaged infrastructure, implementing erosion control to prevent contamination of water supplies, and streamlining the construction process for homeowners and businesses. Representatives from community-based organizations reported they were looking forward to continuing to participate in community wide planning and engagement to develop recovery plans that integrate marginalized groups in decision-making during the North Bay Fires recovery process. Their input has raised key issues that might not otherwise have been considered, such as language access, remediation worker safety, and the specific needs of renters and others.

Across California, government agencies often struggle to meaningfully involve a diverse range of the constituents they serve in their decision-making processes. Low-income communities, communities of color, and immigrant communities were often historically denied access to these processes, and these long histories have left a legacy of exclusion and distrust—a legacy that is still exacerbated by language barriers, fear of deportation, and lack of political power. However, government agencies can overcome these barriers and build toward real engagement by involving community members at all stages of decision-making; ensuring meetings are accessible; creating and responding to formal structures of feedback and accountability to diverse communities; working closely with and supporting community and faith-based organizations that are trusted by marginalized communities; and building a workforce that reflects the communities they serve.

The Fires Exacerbated the Housing Crisis

Even prior to the fires, Sonoma and Napa Counties faced a housing crisis, with rent increases, home prices, vacancy rates, and other indicators pointing to a desperate situation. As of this writing, there are no quantitative reports available with exact findings of how many people the fires have displaced and how many people have been able to find housing after the fires. Anecdotal evidence gathered from interviews and focus group findings however highlight that marginalized groups have disproportionately lost their housing. They have also been forced out of their homes due to decreased supply in housing, significant increases in rents (up 35% in Sonoma County and 23% in Napa)[26], and increased evictions. Some respondents noted a pattern of landlords who were burned out of their own homes evicting their tenants in order to move into their rental property. While many jurisdictions have rent control ordinances that include a tenant's right to return following a fire, flood, or disaster, these policies were not in place in Napa and Sonoma jurisdictions leaving renters with little legal recourse [26]. Respondents also noted that many displaced renters are becoming part of the 'new homeless' or are leaving their communities. Indeed, Sonoma County saw an 11 percent spike in first time homelessness after the fires [27]. Other displaced renters who have been evicted and are struggling to find affordable housing in Napa and Sonoma Counties are relocating to Solano County and other more affordable counties. As a result, housing in Solano County has become increasingly unaffordable after the fires due to the increased demand from people displaced from Napa and Sonoma Counties.

"The recovery process is exacerbating the inequality. There are few resources and very little help for undocumented people and renters. Some people, mostly homeowners, were able to get help from [the] Federal Emergency Management Agency (FEMA). We had stories of homeowners evicting their renters or increasing their rents because of increases in insurance. People are being displaced, pushed out of their homes, and housing is very difficult to find."

Community Based Organization Representative, Sonoma County

“Renters and people who lost their homes in Sonoma and Napa Counties are moving to Solano County because housing is still more affordable here. This has created pressure in our housing. The extra open housing we had, including apartments and hotels, has been occupied by displaced people from Sonoma and Napa Counties.”

Workforce Development Board, Solano County

Low Income Workers Have Become Displaced Workers

Low-income workers, who were already struggling to afford basic needs, have been severely impacted by the fires. Many of the low-wage jobs in Napa and Sonoma are filled by Solano residents who commute. A significant portion of these workers—who tend to already be marginalized—lost their jobs, or lost days of work because of the fires. According to the Solano County Employment Development Board, 1,727 Solano County residents became displaced workers because of the fires, and approximately the same number was displaced in Napa County. There were 1,700 unemployment claims filed by workers from Solano County who had low incomes and were employed in low skill jobs in Sonoma and Napa counties before the fires. The 3,400 displaced workers in Napa and Solano Counties represent workers with low incomes in the hospitality, service, and agricultural industries. The Napa Valley Community Foundation, which distributed relief funds in Napa County, reports that it offered assistance to at least 2,000 Napa County households, many of which didn’t suffer direct damage from the fire but faced severe economic hardship because of lost work during the extended disaster [28].

“Because one of the areas where houses burned was a wealthy area, people who cleaned houses or did landscaping lost their jobs. Kmart and other small businesses burned out, so people who were working there lost their jobs.”

Community Based Organization Representative, Sonoma County

“Sonoma is overwhelmed with rebuilding needs. Economists have anticipated that 6,300 individuals, working full-time for three to five years, will be needed in order to rebuild in the aftermath of the fires. Solano County residents, especially those displaced as a result of the fires, can play an integral role in the rebuilding efforts. Solano County businesses will gain contracting opportunities as a result of the fires, which will lead to employment for our displaced workers if proactive measures are taken.”

Workforce Development Board, Solano County

LESSONS FROM THE NORTH BAY FIRES—RECOMMENDATIONS FOR FUTURE EVENTS

Public health staff can make a difference to ensure an equitable recovery process for marginalized groups. Public health departments work closely with marginalized groups and can play key roles in ensuring the active participation of marginalized communities in the recovery process. Below are some recommendations based on study findings and the literature that health departments and others can pursue to address the public health needs of marginalized groups.

Plan for and address the needs of tenants who will face displacement issues differently than homeowners [26]

- Ensure that emergency shelters are accessible, comfortable, and safe for all community members, especially marginalized communities like people who are undocumented.
- Protect existing renters from eviction and post-disaster price gouging.
- Support survivors whose FEMA benefits will soon lapse, and low-income homeowners who lacked homeowners' insurance or savings to rebuild.
- Find ways to make it easier to rebuild homes that were destroyed (e.g., permit streamlining, standardizing requirements, etc.) for both homeowners and landlords, building in affordability restrictions and labor agreements where possible.
- Work with the state to ensure equitable distribution of federal Community Development Block Grant - Disaster Recovery funds.
- Ensure that cities and counties have an inventory of public lands that could be used for emergency housing and future affordable housing development.

Support displaced workers, and provide targeted support to hourly and undocumented workers

- Ensure that workers displaced by the fires can access jobs generated during the rebuilding and clean-up efforts. More specifically: [31]
 - Build targeted hiring (of displaced workers) requirements into all rebuilding efforts that utilize public subsidy, land, special entitlements, or other public resources.
 - Strengthen career pathways into rebuilding, remediation, and resilience careers by building connections between educational institutions (middle and high schools and community colleges), Workforce Investment Boards, and employers. Create paid job training and placement programs with targeted approaches for undocumented workers and others that may face barriers to employment.
- Pass and enforce policies to protect workers rights and health, such as: [30] [32]
 - Living/prevailing wages (especially in projects utilizing any kind of public resources).
 - Safety protections for clean-up/remediation workers such as full-face masks and filtration.
 - Multilingual worker safety trainings.
 - Partnership with Cal-OSHA for education and oversight.
- Maximize and target grant support: Jurisdictions should proactively pursue federal, state, and philanthropic dollars to support displaced workers and impacted business. Sonoma County, for instance, was able to secure over \$3 million from the California Employment Development Department to help dislocated workers and are proactively monitoring additional sources to identify other opportunities. Because some resources may be more difficult or impossible for undocumented workers to access, jurisdictions should seek (or support) flexible funding sources that can specifically target these workers' needs. For example after the North Bay Fires, the privately run [Undocufund](#) provided direct support to families who lost homes and earnings but were unable to access other types of aid.
- Support small business recovery, particularly in low-income areas and immigrant communities. Small businesses can be important for health and the economic security of low-income communities, communities of color, and immigrant communities during normal

times [33] and have been shown to play a key role in promoting life-saving social relationships during disasters [34]. Jurisdictions can target support in marginalized communities by offering multi-lingual services, supporting merchant associations or other organizational formations, and designing services to meet the needs of low-capital businesses and/or those relying primarily on cash transactions [32].

Address the climate of fear affecting undocumented people and families

- Consider and plan for disaster assistance offered through or in collaboration with trusted organizations that undocumented immigrants often access, such as community and faith-based organizations.
- Pass policies to limit local collaboration with Immigrations and Customs Enforcement, for instance, ensuring that information provided during disaster registration will not be shared with ICE, and ending 287(g) agreements which use local police and sheriff's deputies to help with deportation [30].
- As people wait for assistance at the Local Assistance Centers, provide staff to welcome people and clearly inform them of their rights and their safety relative to Immigrations and Customs Enforcement.
- Provide welcoming communications via websites, printed materials, posters, and radio to reach immigrant communities, ensure there is clear messaging that all are welcome at the LACs, shelters, and community forums.
- Ensure that immigrant families and their children are not deterred from accessing critical services and aid by assuring them that services and support are available for them, and that no one will ask about immigration status or their country of birth. Ensure that this is true before assuring communities of safety.

Include threshold languages in all communications[29]

- Develop a Language Access Plan including community alert and warning programs and medical services that fully addresses the needs of the whole community. Ensure provision of alerts and warnings in the threshold languages in the community.
- All materials, communications, and services should be made available in multiple languages and formats, especially Spanish.
- Develop working relationships with ethnic radio and TV stations. These stations are a notably important community resource to provide critical information during an emergency.
- Provide rapid access to interpreters and translators at shelters and hospitals and via the public information hotline.
- Recognize that the ability to effectively interpret and translate are skill sets that require advance staff recruitment and training. In order to provide accurate and timely information to a broad community, governments need to hire and train staff simultaneously in both disaster response and accurate translation/interpretation of disaster response-related topics.

Enhance training and coordination [30]

- Engage public health staff with expertise in health equity (such as Public Health Emergency and Preparedness, Parental and Child Health, Health Equity Policy Units, and others) in

training and capacity building prior to disasters (and during if necessary), and where appropriate, as consultants and partners in recovery efforts.

- Train all response and recovery staff to offer consistent, culturally responsive, high-quality customer service; inform them of the services that are available and qualification criteria; and provide enough staff to ensure short wait times.
- Train all response and recovery staff in health equity and about structural equity issues in disaster planning, response, and recovery.

Ensure broad-based community input on recovery and resilience efforts[30]

- Develop mechanisms and systems to actively include marginalized groups in the decision-making process throughout the recovery process.
 - Hold meetings where people from marginalized groups gather, already hold meetings, or where they are, with accessible meeting times, food, childcare, and interpretation/translation.
 - Create Community Advisory Committees to guide plans and agencies throughout planning, response, and recovery.
 - Ensure that marginalized groups have the opportunity to set the agenda and priorities of planning efforts, are involved throughout, and offer a full and final round of public input into recovery plans.
- Develop close working relationships between government agencies and a variety of service providers and community-based organizations that work with marginalized populations to engage communities during an emergency. Fund, or help identify funding, for community-based organizations to engage these people in resilience efforts.
- Proactively recruit and hire people from marginalized communities into planning, response, and recovery positions.
- Public health departments can help raise equity issues in the planning recovery process and work with Emergency Preparedness divisions (and others) to identify resources for low income, the elderly, and other marginalized populations to participate.

Conclusion

California has seen an escalating cascade of disasters in the past decade, many—like drought, fires and heat events—driven by climate change. No matter what we do, these disasters will have severe impacts on public health. However, by thinking proactively about health equity and the specific needs of communities that have too frequently been left out, we can limit these impacts, ensure that California supports all of our health, and work to close unjust differences in health outcomes.

Towards this end, this paper summarizes the experience and lessons learned from staff who were intimately involved in the response and recovery in the North Bay Fires. What we heard was an urgent call for leadership from low-income residents, immigrants, and people who don't speak English well in the planning, response, and recovery process. May these lessons help keep all our people safe in the years ahead.

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