ADA Guidance for Emergency Managers and Local Public Health Authorities

April 29, 2020

As our communities face the challenges posed by COVID-19, the illness caused by the novel coronavirus, disability discrimination and violation of civil rights continues to be a top concern among disability partners. State and local governments must comply with Title II of the Americans with Disability Act (ADA) by providing communication access, programmatic access, and physical access in all COVID-19 activities.

This guidance was developed in coordination with many disability partners, including the Disability Emergency Management Advisory Council (DEMAC) of Oregon, and is intended to help emergency managers and local public health authorities meet the needs of all members of their community during the COVID-19 pandemic. Engaging disability organizations in local emergency management activities is essential to ensuring inclusive community access.

You can get this document in other languages, large print, braille or a format you prefer. Contact the Oregon Health Authority Incident Management Team at ORESF8.OHALiaison@dhsoha.state.or.us.

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ASL interpreter services guidance for press conferences or live stream events

Emergency information released by state and local entities should always be available in multiple formats to accommodate the variety of needs with the community.

For the Deaf and hard of hearing community, American Sign Language (ASL) interpreters should be available at all press conferences and live stream events. Videos should include open captioning, which should be reviewed for accuracy before posting.

Where can I get help with finding ASL interpreters?

The staff at Oregon Deaf and Hard of Hearing Services (ODHHS) have agreed to help schedule any requests for interpretation during this pandemic. This is a priority for them and they want to be sure the Deaf and hard of hearing community has access to information. **As soon as you know the date and time of an event, notify ODHHS to start the scheduling process even if additional details are shared later. This will allow the scheduler to begin their work.** *Interpreters will need to know the address, room number and the name and cell phone number of someone at the event.*

1. Send a group text message to the following staff of ODHHS:
   a. Krista Gallagher: 503-979-7301
   b. Barbara Robertson: 503-509-9550
   c. Jeff Puterbaugh: 971-600-7877

2. Wait 1**5 minutes** to see if you get a response from ODHHS. After sending the group text and receiving confirmation that they will be able to meet your request, please fill out the [Oregon Deaf and Hard of Hearing Services Communication Services Request Form](#).
   This is critical for billing purposes.

3. **If ODHHS cannot fill the request or you do not hear back from someone from ODHHS within 15 minutes, you can reach out to:**
   a. Oregon Association of the Deaf: https://oad1921.org/directory/main?tid=15
   b. Oregon Registry of interpreters for the Deaf: https://www.orid.org/for-interpreters
   c. Western Oregon Univesity: https://wou.edu/rrcd/home/helpful-resources/

General recommendations

1. Whenever possible, use a Certified Deaf Interpreter (CDI). The CDI typically stands next to the speaker of the press conference (unless picture-in-picture mode is being used). Ensure 6 feet of physical distance during the COVID-19 response. A hearing ASL interpreter accompanies the CDI and typically sits in the audience signing the spoken words to the CDI who in turn is organizing and contextualizing the information for Deaf and hard of hearing viewers.

2. Any advance written materials or information (including talking points, notes, PowerPoints) should be shared with the interpreters as soon as possible so that they can prepare. If no written materials are available in advance, that should be communicated.

3. The layout of the press conference is critical to make sure that the CDI is visible to the television audience and is clear. The interpreter should be facing the camera directly. This means the camera cannot be capturing the video from the side of the room.

4. Appropriate bandwidth is critical for any streaming platforms. The ADA requires:

    a. Real-time, full-motion video and audio over a high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication

    b. A sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, as well as the face, arms, hands, and fingers of the person using sign language, regardless of their body position

    c. A clear, audible transmission of voices, and

    d. Adequate staff training to ensure quick set-up and proper operation.

5. Whenever possible, any videos or recordings should have accurate and timely captioning available. Invite a captioner to the event and then embed the captioning into the video. If you use auto-captioning it is important to check it for errors and edit the captioning as necessary to reflect accurate information.

COVID-19 day of press conference checklist for ASL

Adapted from Pacific ADA Center Press Conference Checklists

Accessibility element	Barrier removed
Request and confirm ASL interpreter	
Supply interpreter with names, agencies and titles of anyone who will be speaking or introduced	
Provide interpreters with any printed speeches, talking points for review in advance if possible	
Provide interpreter with access to any briefing meetings for those who will be involved in the press conference or event.	
Ensure availability of equipment: • Podium • Microphone • Speaker system sign language interpreter may need ALD or feed from the system in order to hear properly. • Media multiplex box • Lights (a light should be focused on the interpreter) • Position camera so that it catches the interpreter directly in front (not from the side)	
ASL/CDI interpreters should be front and center for any YouTube recording.	

Accessibility element	Barrier removed
Provide interpreter with viewing access to the same monitor as the speaker if a teleprompter is being used.	
Position audio speakers behind the interpreter (or have a feed directly to the interpreter via assistive listening systems.)	
Check the lighting system so that it does not impede the interpreter or the interpretation of information.	
Instruct individuals standing behind the interpreter to refrain from any sudden or distracting movements.	
Instruct other to keep the area between the interpreter and the podium clear. The interpreter should stand either to the immediate left or right of the podium.	
For on-going or multi-hour incidents, keep an interpreter on site to ensure availability.	
Interpreters should not be obstructed. This means: • Do not cover interpreters with B-roll. • Do not cover interpreters with maps. • Do not cover interpreters with people standing in the way.	
The Federal Communications Commission mandates that all verbal information is captioned and that all visual information is provided verbally.	
Make sure that all questions from an audience are asked with a microphone or repeated through a microphone.	
Camera personnel and staff should ensure that the interpreter is properly in frame (directly facing the camera) and they should be reminded to do so.	

Accessibility features of social media

Facebook

Captions for videos and image descriptions:

- https://www.youtube.com/watch?v=KHSjz02rqaY
- https://www.facebook.com/help/261764017354370?hc_location=ufi&comment_id=Y29tbWVudDoxMjkyMjY0MTY3NjEwNTQ2XzEyOTI5OTYwMDc1MzczNjI%3D

YouTube

How to add and edit captions:

- https://www.youtube.com/watch?v=TozuMmYxJjs
- https://support.google.com/youtube/answer/2734796?hl=en

Instagram

- Alternative ("alt") text provides a visual description of pictures for people with visual impairments. https://help.instagram.com/503708446705527

- Video instruction for adding alt text to Instagram posts: https://www.youtube.com/watch?v=2YVaU-D-K30

Twitter

- Instructions to add image descriptions to tweets: https://help.twitter.com/en/using-twitter/picture-descriptions

- Video instruction to add image description to tweets: https://www.youtube.com/watch?v=C7g8r8bOUcg&list=PLM5Ss_-z2ciZNmdc5JXPwe7Yy9ouQxpwd&index=13

Getting information to people without internet access

Information should be provided to all people, regardless of internet access. During COVID-19, several internet companies are providing free internet access to communities, including:

- Spectrum: 60 days free: https://corporate.charter.com/newsroom/charter-to-offer-free-access-to-spectrum-broadband-and-wifi-for-60-days-for-new-K12-and-college-student-households-and-more

- Comcast: 60 days free (Internet Essentials, normal price $9.95 per month). Also giving free use of their hotspots (Xfinity): https://www.portlandoregon.gov/oct/article/709742

- Ashland area, free for students: http://www.ashlandfiber.net/sign-up/

- City of Eugene free hotspots: https://www.eugene-or.gov/1554/Wi-Fi-Hotspots

- AT&T hotspots open to the public: https://www.att.com/support/article/wireless/KM1103818/

Many older adults and people with disabilities do not have access to computers. The National Deaf-Blind Equipment Distribution Program (iCanConnect) provides communication equipment to low-income individuals who have both significant vision loss and significant hearing loss: https://www.fcc.gov/general/national-deaf-blind-equipment-distribution-program.

Pushing out critical information to those without internet access can be challenging, particularly in a variable, ever-evolving situation. Consider sending out important announcements through a variety of media sources, including radio, newspaper, and TV.

Other ways to communicate information (e.g. how to connect with 211 via phone, text, and email, testing information, etc.) include:

- Through home deliveries. Utilize preexisting community delivery services for food and medication (e.g. grocery stores delivery services, Meals on Wheels)

- Sending information through the mail

- Posted at frequented locations, such as paratransit, essential businesses, and high traffic intersections. Utilize local Community Emergency Response Teams (CERT) to deliver and post this information.

- Through community organizations that serve people with disabilities and older adults. This includes:
  - » Senior programs
  - » Centers for independent living
  - » Home and community-based service providers
  - » Faith-based organizations

Effective communication with people with disabilities

Federal law requires public entities — including state and local governments — to ensure staff communicate effectively with people with disabilities. This is critical in government response efforts to the COVID-19 pandemic.

There are many types of disabilities, and each person has their own unique needs and preferences. **The best thing to do is ask a person how you can support them. Below are tips and guidelines for effective communication and etiquette.** This is not an all-inclusive list of your responsibilities under the ADA. For complete guidance visit www.ADA.gov.

General communication tips for success

- **Respect.** Ask if the person has any communication needs or preferences. Talk to the person directly, not the companion or attendant, unless requested. For example, if someone is using an American Sign Language (ASL) interpreter, look at the person and not the interpreter.
- **Clarity.** Keep your directions clear and simple, using plain language in spoken and written communications.
- **Listen.** Give the person time to talk and don't be afraid to ask for clarification if you need it. If you don't understand what someone is saying, try asking "yes" or "no" questions.
- **Patience.** Allow extra time, don't rush through the interaction. Be patient and repeat instructions or questions multiple times if you need to.
- **Tone.** Remember, people meet the emotional tone you set, so smile, stay calm, and be friendly.

Written materials and websites

- Include an accessibility statement on meeting notices and documents, so people know how to request reasonable accommodation, an alternate format or both. For example:
  - » Everyone has a right to know about and use our programs and services. We can provide free help. Some examples of the free help we can provide include: sign language and spoken language interpreters, captioning, written materials in other languages, braille, large print, audio and other formats. If you need help or have questions, please contact [contact name] at [contact telephone number], 711 TTY, or [contact email]
- Ensure that PDFs, websites and web page elements are compatible with screen readers. Run materials through NVDA (PC), VoiceOver (MAC), Microsoft Narrator, and Adobe Read Out Loud for PDFs to check documents accessibility.

- For quicker screen reader navigation: label headers, keep descriptive text and hyperlinks short, format tables that span multiple pages.

- Ensure font type and size are universally accessible – at least 14 point font. Avoid italics.

- Every image, applet, embedded media, plug-in, etc. that conveys content should have an equivalent alternative text.

- Place the date somewhere in the body of the document, instead of the header or footer.

Specific face-to-face situations

Deaf and hard of hearing

- Make sure to have all staff trained in using ASL interpreter services both in person and video remote interpreting.

- If staff wear face coverings it will hinder the ability of the person's use of lip-reading as part of their overall communication strategy.

- Use standard questions on a form that staff can point to (in bold, large font).

- Staff can use a small dry-erase board to pass between themselves and the person for handwriting notes for brief and discrete encounters and when the Deaf or hard of hearing individual is comfortable with this method.

- Use charts with graphics for visual communicators.

Blind and low vision

- Materials in large print and Unified English Braille.

- Verbally describe each step of the planned interaction or procedure and verbally describe any visuals.

- Ask permission to touch the person, let them know when you're reaching out to them, handing them something, etc.

Intellectual disabilities and autism

- Give extra time for the person to process what you are saying, and to respond.

- Use short words and sentences and provide accurate, honest information. Sometimes pictures and objects can help to illustrate your words — point to an ID picture as you say who you are and point to any protective equipment as you speak about it.

- Sometimes people may behave differently than you expect. They may look at you at an odd angle, laugh or giggle inappropriately, or not seem to take the situation seriously. Don't interpret these behaviors as deceit or disrespect.

Disability access considerations: drive thru and pop up medical sites

On-site communication needs

At on-site testing, provide inclusive communication to include the needs of, for example, people who are Deaf and hard of hearing, have limited English proficiency, and low literacy levels. Provide:

- Certified ASL interpreters (Video Remote Interpreting if in-person is not available)
- Real time texting through app or devices
- Clear signage
- Pictograms or graphics-based communication
- Information in multiple languages (signage, written documents)
- Interpreters for languages other than English
- Plain language documents (4th grade reading level — https://www.plainlanguage.gov)
- Large-print (at least 14-point, preferably 18-point)
- Unified English braille
- Black and white color scheme

It is also important to consider post testing communication. Many older adults and people with disabilities have limited or no access to the internet, computers, email or social media. With libraries and community centers closed, access is even more limited. Consider:

- Multimodal communication options or preferences to receive test results
- Results in languages other than English, and
- Patient confidentiality.

How can you provide equal access to testing? People will ask and demand equal access to testing.

"Drive-thru" models can exclude a significant portion of vulnerable populations who do not have access to a personal vehicle. Consider:

- Is the site on a transit route with easy site access? (However, if we are messaging vulnerable populations to avoid public transit, there's a contradiction in messaging.)
- Plan for people who may use Uber or Lyft - will drivers wait in lines, for example? Clearly post signs to direct people to resources they need (e.g. ASL interpreters).
- If walk-up site, plan for lines — with chairs for sitting in line for example, potentially providing water if waiting times get long. Plan for varying weather conditions, including rain, cold, sun, and warmth. Provide shelter while waiting.

A physical facility will be needed if wait lines become too long, for both drive-thru and walk-up site. Disability access needs to be considered, including:

- Path of travel
- Surfaces
- Wheelchair accessible restrooms
- Protection from the elements
- Personal and client safety and security
- Allowance of service animals.

Before final selection, a visit should be made to the location to ensure that the facility meets accessibility standards. Use the Northwest ADA Center checklist to help assess the space: http://nwadacenter.org/sites/adanw/files/files/NWADA%20Center%20Accessibility%20Checklist%202020.pdf. This includes indoor and outdoor space accessibility.

Temporary modifications of physical spaces can be made to comply with ADA standards: https://adata.org/guide/planning-guide-making-temporary-events-accessible-people-disabilities.

Can other resources be provided at the testing site?

Consider how can we use this opportunity to identify other unmet needs (food, childcare, medications, independent living needs, etc.).

- Can we develop a needs assessment?
- Can we engage our private sector partners to provide resources (e.g. hand sanitizer)?
- What take home information can we provide to people? Plan for how that assessment will be done, who will then follow up, and for maintaining the confidentiality of any personal information collected.

FEMA public assistance category B information

Sometimes there is hesitancy to provide effective communication due to cost

Under Category B of FEMA's Public Assistance Program, state, local, tribal, and territorial entities can request assistance for providing communications of general health and safety information to the public. Expenses associated with making those communications accessible and effective for the whole community, including people with disabilities, people with limited English proficiency, and others with access and functional needs, may also be eligible for assistance as Category B emergency protective measures.

For COVID-19, FEMA Public Assistance Category B is available to grantees (the state) and subgrantees (the counties). This covers effective communication, including video remote interpreting (VRI), communication access realtime translation (CART), sign language interpretation (ASL or CDI), spoken language interpretation and translations, and ADA assessments. The cost share is 75% FEMA – 25% requesting party (county or state).

County emergency management can submit requests for state support in activities related to accessibility through OpsCenter. **This request must be directly related to COVID-19.**

- Direct the request to ESF 6, Mass Care
- Be aware that the county will be responsible for 25% of the cost of these services.

Specific questions about FEMA Public Assistance Category B should be emailed to: oregon.masscare@dhsoha.state.or.us.

Additional resources

- National Association for the Deaf: nad.org/2020/03/28/communicating-with-medical-personnel-during-coronavirus/
- University of New Mexico, Center for Development and Disability: cdd.unm.edu/other-disability-programs/first-responders/pdfs/fifth-edition-tips-sheet.pdf
- NW ADA Center: nwadacenter.org/factsheet/accessible-ize-your-website
- Web Content Accessibility Guidelines (WCAG): w3.org/WAI/standards-guidelines/wcag/
- Autism Safety Home Decal Sticker: autismawarenessamerica.com/products/child-with-autism-home-decal-sticker-awareness

Appendix 1
Guide for Facilitating Inclusive Virtual Meetings

Guide for Facilitating Inclusive Virtual Meetings

Why use inclusive facilitation for virtual meetings?

The Oregon Department of Human Services is operationalizing our core alues of respect and service equity in everything we do. Building an equitable and inclusive organizational culture is challenging in normal times. However, this can seem especially daunting in the age of COVID-19.

Physical distancing is requiring staff and community partners to use online meetings to work. This often leads to human disconnection and a loss of productivity. This humorous video illustrates some of these challenges. It is important to our collective success that all are fully present and contribute their true selves in every meeting.

Beyond the technological challenges, research shows that for in-person meetings:

❑ In a four-person group, **two** people do **62 percent** of the talking.

❑ In a six-person group, **three** people do **70 percent** of the talking;

❑ In an eight-person group, **three** people do **70 percent** of the talking.(1)

Usually, the people who dominate the conversation do not realize their impact. They leave believing the meeting went well. However, their teammates feel excluded. Studies show that women, people of color and other underrepresented groups are often silenced, interrupted, dismissed or talked over at twice the rate of their colleagues. This inequitable dynamic gets amplified on virtual meetings if meeting facilitators are not actively managing it.

When it's a virtual meeting, rather than in person, it is crucial to be organized and communicate clearly before the meeting. Interpersonal cues, such as body language or tone of voice, are more difficult to read in a video or phone call. Building teamwork, relationship and a sense of community are challenging in these conditions. Facilitators need to be mindful of ensuring there is equity for all people to take part, whether they are online or meeting in person.

This guide offers tips for facilitators to help make your meetings more welcoming and productive for everyone — no matter *who* or *where* they are. We would love to hear your ideas for practices that build inclusive meetings to keep improving this guide.

Questions, comments or suggestions?

Contact Jason Mak, DHS diversity and inclusion manager, at jason.d.mak@dhsoha.state.or.us.

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A word about facilitator readiness

Excellence in inclusive meetings requires facilitators to do their own work around cultural humility and self-awareness. "Facilitator" in this guide means the meeting organizer or person responsible for the group to have an open, productive and inclusive meeting. Skilled facilitators continuously hone their knowledge and skills around their own:

- Implicit biases
- Communication style
- Intercultural conflict style
- Triggers, and
- Hot buttons around diversity and equity issues.

A skilled facilitator asks for honest feedback and seeks new learning opportunities. The facilitator sets the tone for the meeting. It is vital they continuously do deep self-exploration into their positionality, privilege and impact on others.

Facilitating inclusive virtual meetings checklist

Participants

Review your list of attendees: Are you missing underserved communities or those that represent diverse or differing points of view?

- ❑ Do subject matter experts (SMEs) also have an equity lens?
- ❑ Is there diversity of stakeholders, staff and community members across the following:
  - ❑ Gender
  - ❑ Race/ethnicity
  - ❑ Ability
  - ❑ Sexual orientation
  - ❑ Gender identity
  - ❑ Class
  - ❑ Geography
  - ❑ Others
- ❑ Are representatives included from communities who may potentially, currently or previously be disproportionately affected by your institution or group?
- ❑ Do you include tribal partners?
- ❑ Are there representatives from your organization's Employee Resource Groups or Diversity Committee?
- ❑ Did you include your organization's professional equity, diversity, inclusion, ADA or community outreach staff?

Meeting invitation

What is the most welcoming way to invite participants?

- ❑ Are there elders, management, staff, community or honored guests that need to be consulted or contacted prior to sending an invitation and agenda?
- ❑ If community members are invited, how have you ensured barriers such as internet access, technology and other considerations have been addressed appropriately? If they are appearing in person, have we offered to pay for travel costs or addressed childcare needs?
- ❑ Does the meeting date or time conflict with a religious, cultural, holiday or other important observance or event? (See https://www.diversitybestpractices.com/diversity- holidays.) If it is unavoidable, did you acknowledge, explain and apologize to participants?
- ❑ Are there participants from other time zones? If so, have you considered their needs?
- ❑ Do you include a description of the meeting that makes clear what the meeting purpose and goals are?
- ❑ Are the meeting invitation and materials sent out at least a week prior to the meeting?
- ❑ Did you ask potential participants for agenda items or ideas for the meeting?
- ❑ Did you include an agenda and all meeting materials in the calendar invitation?
- ❑ Is there information about and a contact person for ADA reasonable accommodations?

- ❏ Are interpreter(s), open captioning such as [CART (Communication Access Real Time)](#), or other accommodations needed? If so, have they been scheduled well in advance? Did you list on the invitation what accommodations will already be provided?
- ❏ Is there a statement on who to contact if participants have technical questions or issues when connecting to the online meeting?
- ❏ Are there clear instructions and multiple options to join the meeting?
- ❏ Is there a backup plan if your primary meeting software fails?
- ❏ Is the meeting still necessary? If you cancel, be sure to give ample notification — at least 48 hours.

Agenda

Does the structure and method of meeting encourage inclusive participation?

- ❏ Have you designed your agenda in a way that engages participants in multiple ways? You may want to use a combination of thought-provoking questions, virtual whiteboard exercises, mapping, polling, visualization to keep people's interest and attention.
- ❏ Have you allowed for the additional time that it might take to interact using multiple methods of communication? Does it allow for various communication needs/modes of your potential participants? (usually no more than three agenda items per hour)
- ❏ Are the agenda and meeting materials in accessible formats, at least 14-point font (which is required under policy to ensure accessibility), and reviewed for plain language?
- ❏ Does your agenda include clear ground rules, community agreements, or meeting etiquette?
- ❏ Is the online meeting kept as short as possible? If it is more than an hour are there breaks?
- ❏ Are agenda items framed as specific questions? For example: – What should our recommendation to leadership be about eliminating inequities in our program area?
- ❏ Note: If you have scheduled CART or ASL interpreters, send the agenda and all meeting documents to the providers ahead of the meeting so they can understand the meeting content and take note of how names are spelled. Be sure to spell out any acronyms.

Physical and virtual room setup

How accessible and safe are the physical and online "rooms"?

If it is necessary to include a **physical meeting location,** consider the following:

- ❑ Can the location safely accommodate the number of participants physically present, given the most current guidance from state public health officials around COVID-19? How will you ensure physical distancing standards and sanitizing procedures? If the guidelines cannot be met, you should not hold a physical meeting.

- ❑ Who will be the point person to ensure the smooth operation of the meeting at the physical location?

- ❑ Is the room equipped with remote meeting technology and high-speed access to the internet?

- ❑ Are there fully ADA compliant accessible facilities, including entry and restrooms?

- ❑ Do the meeting rooms have good lighting and acoustics?

- ❑ Are meeting areas large enough to provide space for interpreters, real-time captioning or CART setup? Is there ample room for individuals using mobility aids, such as walkers, wheelchairs or service animals, to maneuver? Is there enough space for all participants?

- ❑ Do you have clear signage and maps people can understand regardless of ability, culture or language?

- ❑ Do you limit stimuli in the environment? (Did you consider the "busyness" of carpeting and wall coverings?)

- ❑ Do you have multiple sets of outlets in the meeting rooms for individuals using laptops or other electronic aids?

- ❑ Is the location easily accessible for those who use public transportation?

- ❑ Did you choose a location that welcomes all people and is accessible and non-discriminatory in who it serves, particularly the LGBTQIA+ community?

Virtual rooms

- ❑ As the facilitator, have you familiarized yourself with the features of the online meeting software you will use?

- ❑ Are you asking all users to log in early enough to take care of any technical issues? List a knowledgeable contact person in the meeting invitation to help participants troubleshoot technical issues.

- ❑ Did the meeting organizer prepare a backup plan, such as a phone conference line, if the primary meeting technology does not operate as expected?

- ❑ Did you ensure interpreters, captioning and other accommodations are working and effective? Check in with participants throughout the meeting to make sure the accommodations and technology continue to be functional and effective.

- ❑ Did you find a quiet and safe place to call into the meeting. If you are driving, pull over or wait until you get to your destination before joining a conference.
- ❑ Did you encourage participants to enable all audio, video and instant messaging if technically possible? Use the audio-only option as a last option. This allows every participant to choose the manner of participation most effective for them.
- ❑ Is the facilitator trained in trauma-informed care, especially around historical and racial trauma, in order to create psychological safety?

Notetaking options

How will you capture the important ideas and decisions from the meeting?

- ❑ Will you record the meeting as a video if the function is available in your software? Let participants know in advance if you use this option. Also be sensitive to any concerns regarding confidentiality.
- ❑ Ask someone to take written notes.
- ❑ If you have no other option, you can request a copy from the CART provider (by requesting in advance). However, the original CART file should never be sent to meeting participants as a substitute or in place of official meeting notes.

Building community agreements

What are agreements that explicitly foster belonging in an online forum?

Before or during your first meeting, it is imperative to set ground rules, community norms and standards of online etiquette with your fellow participants. Send these with the materials before each meeting and review them at the beginning of each session. Share the agreements on screen as well. Here are some examples and suggestions you can customize for your meeting:

Community agreements to build an inclusive culture

The following are adapted from the DHS District 15's Equity and Inclusion Committee:

- ❑ **Confidentiality and permission** — We agree to not share each other's stories or narratives without permission.
- ❑ **Fully present and patient** — We agree to listen to each other without distraction and without predatory listening.
- ❑ **Default to inquiry over judgement** — We agree to be curious and ask questions before making judgements.
- ❑ **Share the air** — We agree to share our perspective, ideas and narratives while allowing space for others to share their perspective, ideas and narratives.
- ❑ **Believe people's narratives** — We agree to believe each other's perspective, ideas and narratives.
- ❑ **Reflection intent/impact** — We agree to reflect on how our intent and impact may differ or align.

- ❑ **Repair work** — When our intent and impact do not align, we agree to acknowledge harm, make a commitment to improve and ask what is needed to move forward.

- ❑ **Self-compassion** — When our intent and impact do not align, we agree to be compassionate with ourselves, understanding we are all lifelong learners.

- ❑ **Invitation for laughter** — We agree to laugh and have fun together.

Online etiquette

- ❑ Log on at least five minutes before the start of the meeting to troubleshoot any technical issues.

- ❑ All participants should enable and use all video, audio and chat functions whenever possible. In times of physical distancing, video helps participants feel more connected to others. Use and monitor the chat box to help those who may have trouble hearing because of technical difficulties or who may not feel comfortable speaking. Reserve audio-only conferencing as a last option.

- ❑ Announce your arrival (or early exit) to the meeting either verbally or in the text chat.

- ❑ Mute yourself if you are not speaking to eliminate echo and background noise.

- ❑ State your name whenever you speak.

- ❑ Do not interrupt or talk over others. This is especially important for virtual meetings; most software will shift the video display to focus on whomever is speaking.

- ❑ Speak slowly and clearly into the microphone.

- ❑ Give your full attention to the speaker; avoid distractions such as email, web surfing or texting. Be sure to silence your cell phone.

- ❑ For smaller meetings: For each agenda item, every participant will be able to speak or pass before the facilitator opens the floor to general discussion. The facilitator may wish to place a time limit on each person. Typically, you should go around the virtual table at least twice before moving to decision-making.

- ❑ For larger meetings: If you would like to speak, instant message the facilitator to be recognized. If you don't have access to IM, wait until the current speaker pauses or finishes to politely ask to be recognized. The facilitator will keep a list of people who wish to speak.

- ❑ Stay on topic and follow the agenda to avoid confusion.

- ❑ Don't forget to pause so notetakers, interpreters and captioning can keep up. It also allows people to ask clarifying questions.

- ❑ Use plain language to help people better understand your message, especially when using an interpreter. Be sure to explain any acronyms or jargon.

- ❑ Type questions into the group chat for the facilitator to read.

- ❑ Read out loud anything that is shared onscreen, in the text chatroom or when referencing written materials. Remember that not everyone may have access to all modes of communication.

- ❑ Share or e-mail any documents used or referenced so participants can follow along.

Working with remote language interpreters

❑ Before the meeting, have all meeting materials translated and give them to the individuals needing the interpretation service.

❑ If possible, introduce yourself to the interpreter before the meeting. Politely ask if the interpreter needs anything from you. Encourage the interpreter to ask questions and alert you to cultural misunderstandings or conflicts.

❑ When in the meeting, check in regularly with the individual(s) relying on the remote language interpreter to make sure things are going smoothly.Acknowledge the interpreter's presence in the meeting. Ask participants to follow these best practices:

  » Speak directly to the participant, not to or through the interpreter.

  » Speak more slowly rather than more loudly.

  » Speak at an even pace in relatively short segments, remembering to pause so that the interpreter has time to interpret.

  » Assume everything that is said will be interpreted.

  » Use plain language and avoid jargon or acronyms.

  » Specifically ask participants what they think during the meeting.

  » To check for understanding, ask the participant to repeat back important information.

  » Be patient. Language interpretation can take more time.

Inclusive facilitation

How will you create a space that ensures all people feel welcomed, listened to, and their ideas taken seriously?

❑ Greet each meeting participant warmly, by name, so everyone feels welcome.

❑ Consider opening the meeting with an indigenous land acknowledgement.

❑ Clearly state the purpose and goals of the meeting.

❑ Review community agreements, ground rules and meeting etiquette at every meeting. Send the invitation with each meeting notice. See the previous section on "Building community agreements" for more information.

❑ Model and invite participants to share their pronouns during introductions. For example: he/him/his; she/her/hers; they/them/theirs.

❑ Use people first language as the default. For example: use "people with disabilities" rather than "disabled people" or "people of color" instead of "colored people." However, respect the wishes of individuals if they want to be referred to by another term.

❑ Ask for volunteer(s) to be an equity advocate during the meeting. This person makes sure the group applies an equity, diversity, inclusion and accessibility lens to all discussions. Ideally, the volunteer

has a deep background and interest in the subject matter. Do not always assume the lone person of color, woman, LGBTQ+ person or person with a disability should play this role. This role is as important as a notetaker or timekeeper.

☐ Review agenda and ask for any changes or edits.

☐ Start with an icebreaker (2) to get to know each other better. You can also do a short mindfulness meditation to help group members center themselves. Practicing mindfulness is particularly helpful during uncertain and stressful times.

☐ For smaller groups, call on each participant by name and give them an opportunity to speak or pass on each agenda topic before opening the floor to general conversation.

☐ For each agenda item, encourage participants to use the Skype Room chat box to submit comments or questions if someone else has the floor. Be sure to read them out loud after the person speaking finishes.

☐ Remind people that there are multiple ways of participating. Keep checking in with participants to see how they are feeling or if they have something to say. Have a co-facilitator help you monitor the group chat.

☐ To avoid interrupting the speaker, invite people who wish to speak to instant message you.

☐ Keep the focus on one or two topics. If you must cover more items, give people time to stretch, take a bathroom break or replenish their coffee. Keep each segment of the meeting short — no longer than 30 minutes.

☐ Be vigilant of any stereotypes, microaggressions or harm in the meeting. If this happens, gently pause the conversation and facilitate education and repair either during or after the meeting. Avoid using blame or shame tactics. The focus should be on repairing the relationship and community using restorative practices.

☐ Pause to allow people to process and ask questions. Silence is OK; it gives folks a chance to think. It also allows them to turn off their mute button.

☐ Offer a follow-up one-on-one call(s) with individuals who may need or benefit from it.

☐ Politely remind people of the community agreements when they interrupt others. Keep in mind research shows that women, people of color and others are much more likely to be interrupted or not listened to. (Find out more here.)

☐ Repeat back or paraphrase what participants say. Listen and check for accuracy.

☐ Notice who has spoken and who has not. Invite them to share their thoughts.

☐ If the conversation seems one-sided, the facilitator may want to ask: "What counterarguments might others have against this idea? Have we considered all angles to this?" This will leverage the diversity in the room to get you higher-quality decisions.

Decision making

How do we consider equity issues and create buy-in for the team's decisions?

❑ Before making a decision, make sure everyone has had an opportunity to speak or pass.

❑ To avoid groupthink, ask if the group can give counter-arguments for the other side.

❑ When making a decision, did you examine demographically disaggregated data based on race/ethnicity, gender, disability and other available datasets at a granular level?

❑ Do you have a strategy for addressing intercultural conflict? What if there is strong disagreement on a decision?

❑ From the beginning, be clear and transparent about the process for decision-making. Is it by majority vote? Consensus? Something else?

❑ Did the group pause and ask questions about how their decisions affect disparities, disproportionalities and accessibility for various populations? (See equity lenses used by other government entities.)

   » **P**ARTICIPATION: Do participants reflect the diversity of the people we serve and do they feel fully included?

   » **A**DVOCATE: How can we be in ally-ship to support internal, interpersonal, institutional and societal change for equity and justice?

   » **U**NDERSTAND: How does implicit bias, power, place and historical trauma affect this situation? What are the unintended consequences? What do the data and community narratives say? Who benefits and who is disadvantaged by our decisions?

   » **S**TRENGTH-BASED: How do our proposed solutions build on individual, cultural, family and community strengths that empower people?

   » **E**NGAGE: How do people, families and communities prefer to be engaged at every step of the process?

❑ It can be difficult for people with intellectual or developmental disabilities or those who are experiencing trauma to make quick decisions. Be patient and allow the person to take their time.

❑ After every decision, ask individuals who did not vote for the majority-backed decision whether or not it is something they can live with and actively support. If they cannot, you may need to discuss and revisit the decision, postpone or have a private meeting later, depending on the situation.

Closing and evaluation

How do we continuously improve and ensure we are on the same page?

- ❏ Review and confirm with the group all decisions made including timelines, parties responsible and any next steps.
- ❏ Ask some evaluation questions such as:
    - » In one word, how are you feeling right now?
    - » What went well in the meeting for you?
    - » What can we improve next time?
    - » What technology or human need can we assist with or support? What do you need to feel fully involved and engaged?
- ❏ Thank everyone for their time and flexibility. Recognize that everyone is doing their best given the extraordinary circumstances.

Following up after the meeting

- ❏ Send out a thank you e-mail to participants and include notes, recording or transcripts. Ask for any corrections to the record.
- ❏ Invite additional feedback or thoughts.
- ❏ Remind participants the dates of any future meetings and next steps.

Additional resources

- Kathryn Heath and Brenda F. Wensil "To Build an Inclusive Culture, Start with Inclusive Meetings." *Harvard Business Review.* September 6, 2019. https://hbr.org/2019/09/to-build-an-inclusive-culture-start-with-inclusive-meetings

- Inclusive Meetings Presentations and Materials. http://www.nevadaddcouncil.org/wp-content/uploads/2013/10/Accessible-Meetings-Presentations-and-Materials1.pdf

- "Driving Toward Equity – Using Racial Equity Tools." USDN: Urban Sustainability Directors Network (2015). https://www.youtube.com/watch?v=P4yOV8apmlw

- Leigh Thompson. "How to Neutralize a Meeting Tyrant." Fortune. 2013. https://fortune.com/2013/02/11/how-to-neutralize-a-meeting-tyrant/

- Running an Effective Teleconference or Virtual Meeting. https://www.cio.com/article/2437139/running-an-effective-teleconference-or-virtual-meeting.html

- Best Practices for Communicating Through an interpreter. https://refugeehealthta.org/access-to-care/language-access/best-practices-communicating-through-an-interpreter/

Endnotes

1. Thompson L. How to neutralize a meeting tyrant [Internet]. Fortune; 2013 [cited 2020 Apr 14]. Available from: https://fortune.com/2013/02/11/how-to-neutralize-a-meeting-tyrant/.

2. Gerard Y. Mind Tools Content Team. Virtual ice breakers: Help remote teams break the ice [Internet]. Communication Skills from Mind Tools. [cited 2020 Apr 14]. Available from: https://www.mindtools.com/pages/article/virtual-ice-breakers.htm.

The Office of Equity and Multicultural Services (OEMS) advances the mission of the Oregon Department of Human Services (DHS) by leading and empowering the agency to integrate equity, diversity and inclusion into everything we do.

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Appendix 2
Health Clinic Equity Guide to COVID-19 Response

Coalition of Community Health Clinics (CCHC)

Health Clinic Equity Guide to COVID-19 Response: *Addressing Racism, Xenophobia, Ableism, Classism, and Other Harm, and Ensuring Access to Care for the Most Vulnerable*

1. **Accountability**

   a. Include your Diversity, Equity and Inclusion (DEI) staff members at the highest level of decision making to help ensure decisions include an equity lens. If you do not have specific DEI staff, designate one person whose sole focus in conversations is to use that lens, ensure the below guidelines are followed as much as possible and ask hard questions.

2. **Telemedicine access**

   a. Ensure the most vulnerable patients, such as those **who lack phones or video capability** can access care if you close or greatly reduce in-patient services if possible. If telemedicine is not an option for some patients, consider transferring them to clinics or working collaboratively with clinics that are still open.

   b. Think creatively to help ensure that telemedicine is accessible to folks with a wide range of **disabilities**, including those who are deaf, blind, and have communication-related disabilities.

   c. Use **interpretation** services for telemedicine for any appointment that you would in person.
   => *Creative idea from Outside In:* For patients without phones, place patients in clinic rooms with a phone or tablet to communicate with a provider who is in another space or off-site.

3. **Testing**

   a. Create plans that focus on equal access to testing based on public health guidelines and clinical judgement.

   b. Communicate with **all existing patients** whenever possible. Reach out to vulnerable communities near clinics to ensure access to testing as staffing and supplies allow.

   c. Support patients who test positive with **clear, simple trauma-informed information** about how to care for themselves. Help patients find a safe place to quarantine while awaiting test results or if the test is positive if possible.
   => *Trauma Informed Oregon has COVID-19 [resources](#) and office hours to work through situations*

4. **Communication**

   a. Do not reinforce racist, xenophobic, and other biased responses, such as referring to this coronavirus as the "Chinese virus," in internal or external communication.

   b. Be trauma-informed in your communications. Use short, clear, non-stigmatizing language. Consider infographics with limited words and other accessible communication.

   c. To reduce trauma and bias in communication, ask clinic social workers, community health workers (CHWs), DEI staff or other in-house experts to review communications if their workload allows. => *COVID-19 general communication [resource](#)*

5. **Outreach**

   a. Uplift the humanity of Native people, Black people and other people of color by considering past harms in service provision and crisis outreach. Additionally, refugee and immigrant communities have unique and diverse needs and their linguistic and cultural considerations should be centered around access and education about the virus. Work to lessen the impact of xenophobia. Understand it may impact help-seeking and the openness to help of some immigrant and refugee communities. Acknowledge that we as health care providers understand there may be mistrust among these and many marginalized communities, including LGBTQI+, especially trans communities, and HIV+ people. Communicate that we are working to build trust.

   b. Provide materials in as many languages as possible that offer clear options for accessing testing, health care, and other services.

   c. Educate immigrant communities that COVID-19 testing and treatment will not count against them under the "public charge" rule.
   => *Public charge rule information*

   d. Use interpreters safely when doing outreach, not asking them to be in close contact.

   e. Connect with culturally specific organizations to see what communities need from clinics.

6. **Rationing care and disability rights**

   a. Create a clear statement from leadership that access to care when limited should **never** be made on the disability status of the patient. Source: https://www.disabilitydemands.org/

   b. Be transparent about how your organization will ration care or prioritize patients if that becomes necessary.

7. **Prescriptions and pharmacy service**

   a. If pharmacies move to mail order only, use creative solutions so that patients who are homeless or displaced due to COVID-19 can access medication and other pharmacy services.

   b. Identify how to support vulnerable patients who may not get the support they need to understand or use their medication properly with a move to mail order.

   c. Consider how patients can access controlled substances with any pharmacy changes.

   d. Consider mutual aid organizations and other community support to help people get access to prescriptions and meet other needs. CHWs may be able to help coordinate.

8. **Staff safety and support**

   a. Create access to enough paid sick leave for staff to care for themselves and loved ones in cases of COVID-19 diagnosis or exposure or other illnesses whenever possible.

   b. Make sure paid and unpaid leave and work from home options are equitable throughout the organization.

   c. Assure LGBTQI+ and other staff can access paid leave to care for family and chosen family.

   d. Support childcare for vital workers whose schools and childcare centers are closed.

e. Clearly communicate your policies and support available to ALL staff.

f. Whenever possible, prioritize retention of lowest-paid staff when making lay-off decisions.

g. Whenever possible, use shared decision making and transparency around changing responsibilities and shifting hours. Ask staff frequently if they feel safe with the changes.

h. Support the care and mental health of your staff through this crisis. Offer in-clinic support and Zoom or online available support for those working at home if possible.

9. **Advocacy:** Center and prioritize the needs of those experiencing greatest health inequities when advocating at the state, national or local level.

a. Advocate for immediate child care support from the state for your workers.
=> "A Call To Action For Immediate Support for Oregon Families"

10. **Plan for long-term equity and systems transformation:** Don't plan for a "return to normal" post-pandemic that shifts away from any accessibility, equity, or inclusion gains made during the crisis. Staff and communities most impacted need hope for positive change amidst the crisis. Outline concretely what actions clinics and leadership will take to promote equity and inclusion, return regularly to see if you are upholding them, and revise accordingly.

Sources and resources

- COVID-19 Resources for Undocumented Communities
- The National Center for Transgender Equality: The Coronavirus (COVID-19): What Trans People Need to Know
- Disability Rights Oregon can support patients with disabilities who experience discrimination in seeking COVID-19 care.
- Oregon Health Authority Resources in multiple Languages on "Discrimination and Stigma" (under "Community Resources by Topic") and "Fact Sheets" for individuals and families (under "Community Resources for Specific Groups")
- Public Health Awakened and Spirit of 1848 COVID-19 Resources
- The NAACP's Ten Equity Implications of the Coronavirus COVID-19 Outbreak in the United States: The Imperative for Civil Rights Advocacy, Monitoring, and Enforcement
- Health Equity Initiative's COVID-19 and Health Equity Resources
- Drexel University's Diversity Preparedness Links
- National Association of Community Health Centers COVID-19 Resources
- Trauma Informed Oregon Incident Response Resource
- OPB Story: Immigrant Communities In Oregon Struggle To Access Coronavirus Information
- Five Principles
- Care Not Cops
- Jemez Principles

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You can get this document free of charge in other languages, large print, braille or a format you prefer. Contact Mavel Morales at 1-844-882-7889, 711 TTY or OHA.ADAModifications@dhsoha.state.or.us.