

Inclusive Public Health Planning Webinar Series

Presenters:

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Disability Culturally Competent Public Health Emergency Planning

Building Capacity with Limited Resources

**Presented By:
World Institute on Disability**



What Happens in Disaster is Decided Before the Disaster

- Disability cultural competency in disaster planning
- Disability cultural competency in steady state services



Supporting Whole Community Planning Through Redundancies

- The Pillars – Physical Access, Programmatic Inclusion & Effective Communication
- Community lived experiences and redundant lessons



Leveraging Disability Expertise to Achieve Programmatic Goals

- Identifying internal and external support for equity, inclusion and accessibility
- Building and sustaining allies through preparedness and partnerships



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Disability Competency Before, During and After Disasters

What is Cultural Competency



Disability competency is a person-centered, disability-led, and human-rights approach to removing barriers, reduce disparities, and promote equitable access to quality and effective health and health opportunities.

Disability competencies are a set of validated and reliable values adopted through a framework of training and behaviors to provide accessible and inclusive public health, health care, and disaster response programs.

Misperceptions about people with disabilities, their abilities, and their capacity for contribution exist.

Realities for People with Disabilities during Disasters



Most likely to be disproportionately impacted by disasters due to multiple factors, including:

- Lack of inclusive planning
- Lack of disability knowledge by PH planners
- Inaccessible applications, service locations, and programs
- Social and systemic bias



Least likely to be involved in planning or experience equity in disasters resulting in:

- Plans that do not include people with disabilities
- Unnecessary institutionalization
- De-valued in resource allocation
- Exclusion from recovery planning
- Pervasive and repeated exclusion



“The rights of people with disabilities do not disappear in times of crisis” (World Institute on Disability)

Federal Laws and Regulations



- Americans with Disabilities Act
- Rehabilitation Act
- Fair Housing Act
- Architectural Barriers Act
- The Stafford Act
 - Post Katrina Emergency Management Reform Act
 - Sandy Recovery Act
 - Disaster Recovery Reform Act
- Assistive Technology Act
- 21st Century Communications and Video Accessibility Act



<http://www.ada.gov/cguide.htm>

Legal Obligations in Disaster Scenarios



- Legal obligation does not change
- Legal obligation is the same for every agency and contractor
- Legal obligation does not change based on if it is enforced
- Legal obligation is the baseline minimum not the goal

- Do you know your legal obligation?

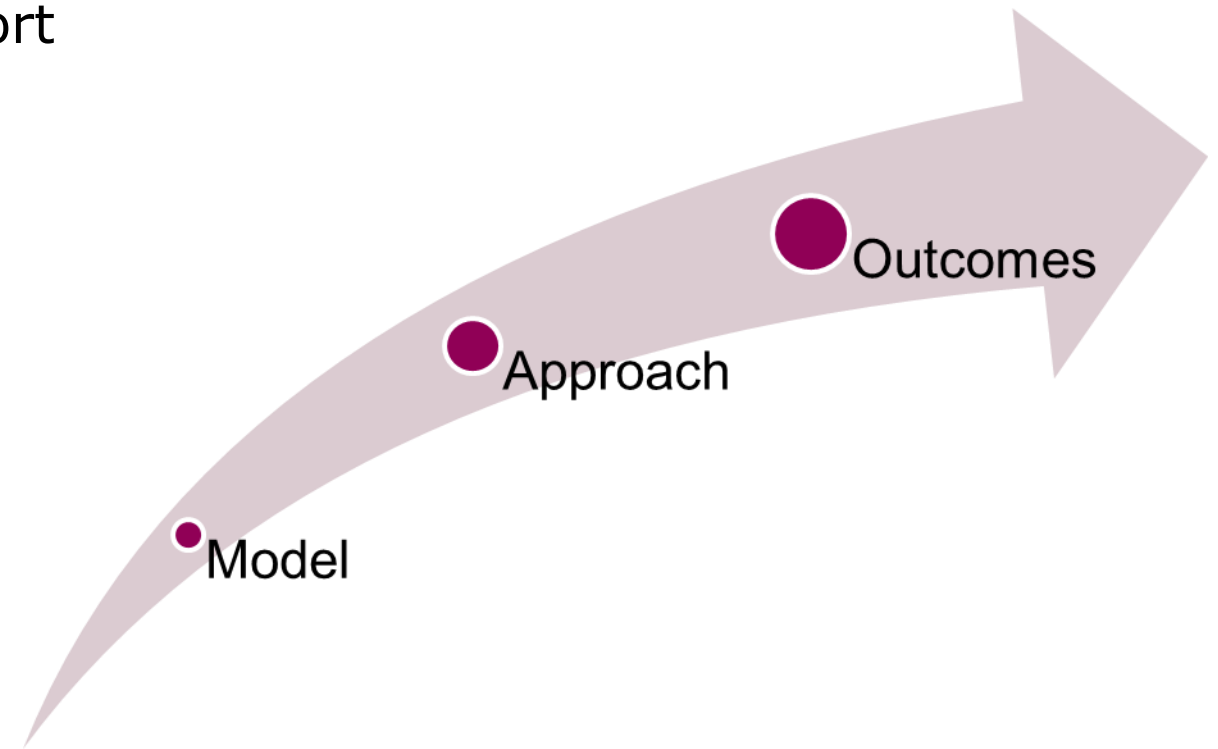
Disability & Public Health Perspectives



Intentional Inclusion



- Begin with social or rights model of disability
- Gain leadership/decision-making support
- Fund accessibility and inclusion
- Apply inclusive priorities to internal structure
 - Hire staff with disability competency/lived experience
 - Safe environment for staff
 - Staff training



Evidence of Disability Competency



- Language that reflects whole community inclusion
- Language and behaviors that demonstrate a commitment to accessibility and whole community inclusion
- Campaigns that reflect disability as a universal experience
- Staff training that enables disability competency
- Relationships and partnerships with disability-led organizations and stakeholders
- Budget allocations for disability-inclusive measures

The Curb Cut Effect



By focusing on ensuring the rights of all people, meeting the needs of the diverse population of people with disabilities through universal access and support services we will be fulfilling our goal of whole community inclusive public health preparedness and response.



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Supporting Inclusion Through Redundancies

Universal Access and Redundancies



Physical Access



- All sites identified to provide public services must be physically accessible.
- Accessibility can be achieved through permanent or temporary modifications.
- Physical access includes the physical environment, access to the environment and the ability to use that environment safely.
- Physical access goes beyond mobility access



Quick Tips – What The Community Said



Physical access difficulties experienced by people with disabilities:

- Access to disability supplies and equipment (44.4%)
- Accessible transportation (32.6%)
- Funding to support accessibility (45.9%)
- Loss of accessibility resources that support independence (31.9%)
- Could not access the places that they needed to go (11.9%)
- Accessible facilities not provided (11.1%)

Programmatic Inclusion



- All programs and services must be equitably accessible
- Diversity in the population requires redundancy in the delivery of services
- Requires the contributions of subject matter experts
- Builds from social or rights model philosophy
- Relies on physical accessibility and effective communication



Quick Tips #2 – What The Community Said



Programmatic access difficulties experienced by people with disabilities:

- Missing/delay in treatment due to response programming - (21.5%)
- Delay in medication compliance - (16.5%)
- Accessing medication and services – (21.5%)
- Getting the assistance they need – (34.8%)
- Retaining access to people/things that support independence at home (31.9%)
- Responders and staff did not know how to help with disability needs (24.7%)
- Mental health anxiety resulting to experience (67.4%)

Effective Communication



- Must be understandable, meaningful, useful, relevant
- Multiple redundant formats
- Using universal messaging where possible
- Applies to internal and external communication, notifications, warnings and alerts, public information and press conferences, signage and instructional materials, electronic messaging, etc.
- Requires knowledgeable staff AND community vendors and experts



Quick Tips #3 – What The Community Said



Communication access difficulties experienced by people with disabilities:

- Getting actionable information (37.8%)
- Successfully communicating with responders about needs (20.7%)
- Did not feel comfortable telling helpers about disability related needs (70.9%)
- Did not feel listened to when telling about disability needs (10.7%)
- Information and materials that were useful were not provided (12.8%)
- Communication accommodations (such as AT, large print accessible technology, captioning, pictograms etc.) – (7.0%)

What Went Well



- Asked about the best way to help me – (32.9%)
- Helped in an equitable way – (31.7%)
- Received the accommodations I needed – (27.4%)
- Felt valued by how I was assisted – (23.5%)

Disability Inclusion Benefits Everyone



- Develops Planning Partners with expertise in efficient and effective practices for accessibility
- Generates force multipliers within the community to elevate preparedness practices that build resilience and use of local assets
- Changing perceptions from ‘adding on’ to ‘getting it right’ and ‘aligning with rights’ is more cost effective
- Planning for universal access can often result in doing it right one time and adding small modifications
- Planning for universal inclusion results in budgeting for the whole community
- No lost time, effort and frustration during the response trying to make improvements and accommodations
- Higher probability of ‘Building Forward’ towards a more inclusive community in recovery

Inclusive Blue-Sky Self Assessment



- Which disability model most reflects our agency behaviors?
- Does our agency have employees, leaders, clients, and partners with disabilities?
- Have we asked them for feedback on our accessibility and inclusion strategies?
- Do we have disability inclusion training?
- Does our agency have an emergency preparedness or continuity of operations plan that includes plans for accessibility?

Double Checking Success



- Are there people with disabilities participating in our program?
- Is there evidence of universal accessibility?
- Did we get input from the disability community before making or executing our plan?
- Have we applied a universal accessibility strategy to each of the areas in the CMIST tool?
- Are disability inclusive methods part of our funding and budgeting?



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Leveraging Disability Expertise to Achieve Planning Goals

Benefits of Collaborative Planning



- Subject Matter Experts in Disability
- Lived Experience Perspective
- Increases inclusion of all programs and services
- Maximizes resources



Developing and Sustaining Partnerships



Moving From Why to How



- Create expectations that don't exceed partner capacities
- Funding inclusion, accessibility and equity
- Creating accessible environments
- Being consistent
- Shared ownership of the task and results

ACHIEVING DISABILITY EQUITY IN VACCINATIONS AND DISASTER RESPONSE

Workbooks for Centers for
Independent Living and
Community-Based
Disability Organizations



SEVEN MINI-WORKBOOKS

- 1 Disability Competency
- 2 Understanding Systemic Bias
- 3 Planning for Accessible Meetings
- 4 Building Meaningful Relationships with Disability Partners
- 5 Facilitating Effective Workgroups
- 6 Facility Accessibility Quick-Check Tool
- 7 Inclusive and Accessible Places of Service

Start Internally



Principles

- Regular and ongoing staff training
- Staff demographics that include people with visible and invisible disabilities
- Physical spaces that are accessible and are used in an accessible manner
- Redundant communication alternatives
- Prioritizing disability as a DEI imperative
- Striving for universal accessibility before receiving accommodation requests (meetings, facilities, messaging, campaigns etc.)

How to Guides

- Disability Inclusive Competency
- Understand Systemic Bias
- Planning to Host Accessible Meetings
- Creating Inclusive Ecosystems

Be The Change



Commitment To Accessibility



All the Time – Not When People with Disabilities are Included

- Perform regular user-testing of your services, programs, facilities, exercises
- Include disability SME in exercises as controllers, actors, evaluators and other positions
- Only hold events in accessible locations, including public information, tabletop exercises, staff meetings, conference presentations, PODs, shelters, de-con, etc.

How to Guides

- Facility Accessibility Quick-Check
- Inclusive and Accessible Places of Service
- Program Accommodations
- Accessible Information

Nothing Without Us



A Healthy Approach to Sustaining Partnerships



Make it Real

- Host events together
- Expand your network
- Collaborate on budgets, vendor opportunities, and MOUs
- Build their resources, training, and skills
- Be real about capacity limitations

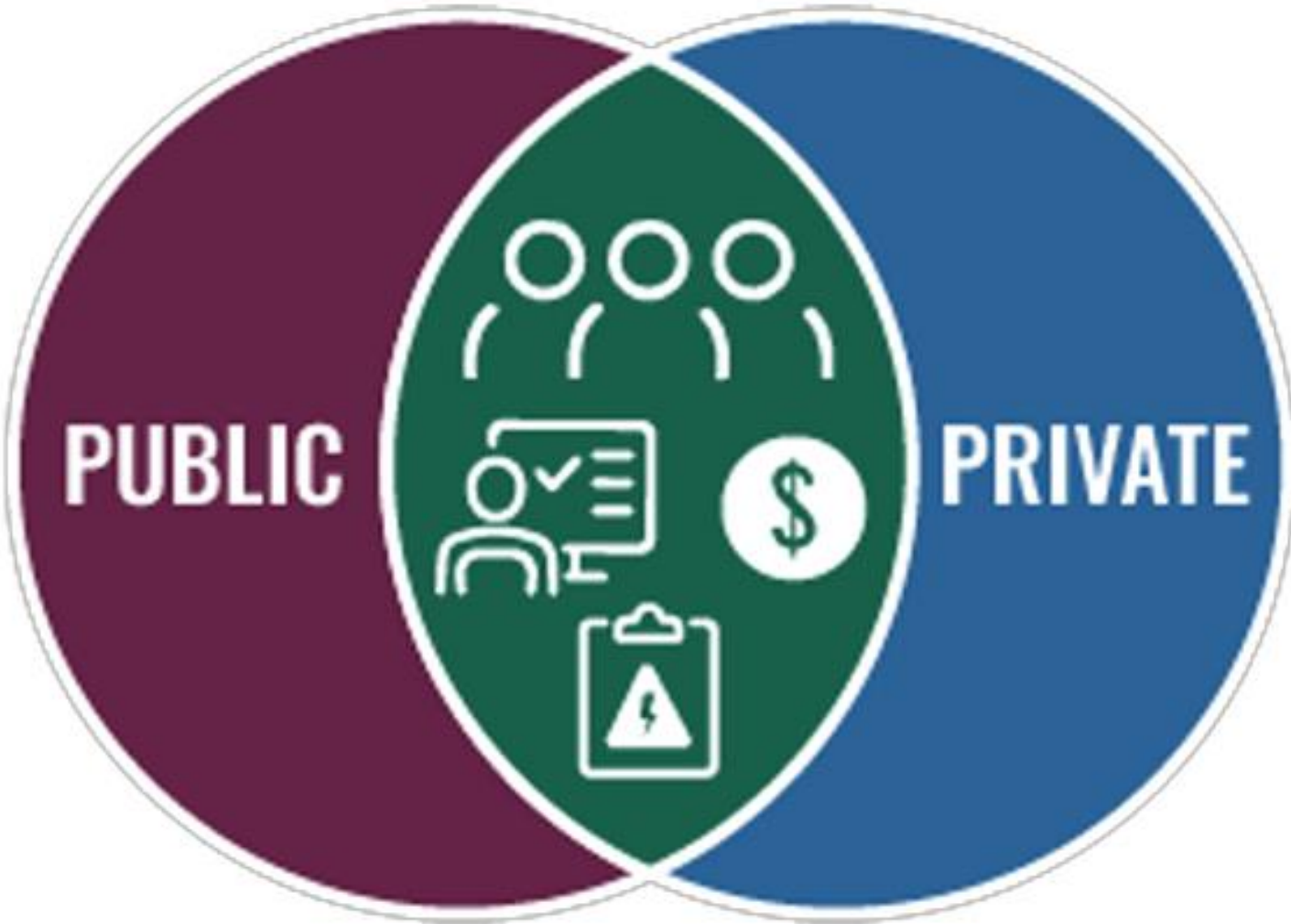
How to Guides

- Who Are Disability-Led Organizations
- Barriers to Health and Health Equity
- Building Meaningful Relationships
- Facilitating Effective Workgroups

Building Forward Better



Building Forward Better - Together



Thank you



Thank you

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Reminder For Webinar Three Date

February 27, 2024 - Public Health Emergency
Preparedness Capabilities: Achieving a Disability
Inclusive Application

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