

Inclusive Public Health Planning Webinar Series

Presenters:

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Public Health Emergency Preparedness Capabilities

Application of Disability Inclusion

Presented By:
World Institute on Disability



Getting Here: Where Have We Been

Recap of Webinar 1 and 2 in the series

Getting Clear: PHEP and Disability Inclusion

PHEP from a whole community lens



Getting Practical: Applying the Core Inclusion Principles to PHEP

Being inclusive in an exclusive system

Getting Real: Breaking Down Implementation Barriers

Troubleshooting real challenges to capacity building



Getting There Together

Q&A

Where Have We Been – Webinar 1



- Clarifying concepts such as disability, access and functional needs, inclusion, models of disability, universal design, language, labels, and bias
- Understanding the two track strategy of Universal access and modifications and accommodations to achieve inclusion and accessibility and community resilience
- Identifying the benefits of inclusion and conducting self-checks to determine if priorities are being operationalized

Where Have We Been – Webinar 2



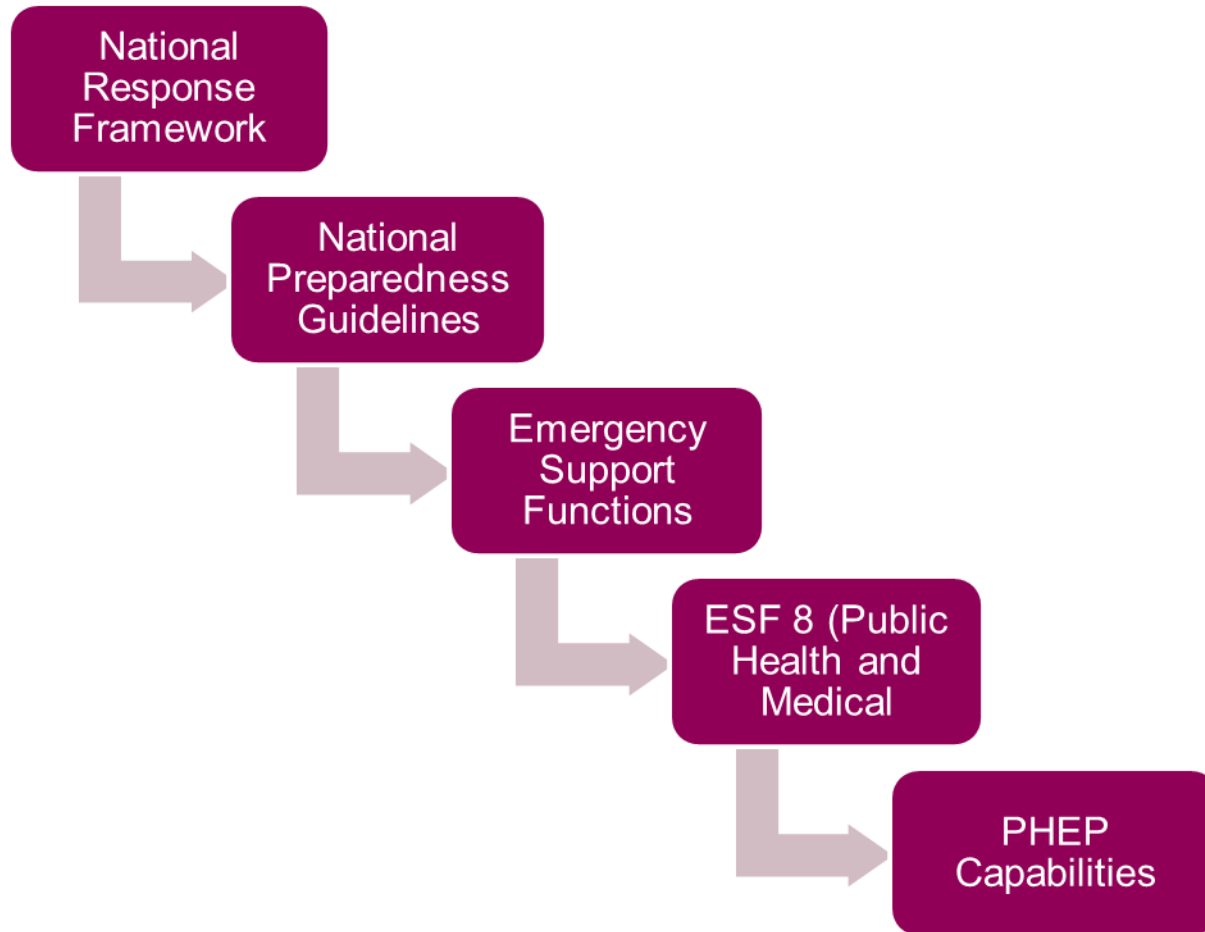
- Reviewing disability competency, the law, policies and practices
- Outlining the three pillars of public health emergency preparedness planning, physical access, programmatic inclusion, and effective communication
- Sharing feedback from lived experiences of people with disabilities in disaster
- Identifying the steps to partnership development of community representation, organization/agency relationships, and sustaining partnerships
- Introducing methods and workbook resources to move from 'why' to 'how' in partnerships



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Getting Clear: Inclusion and Public Health Emergency Planning

Overview

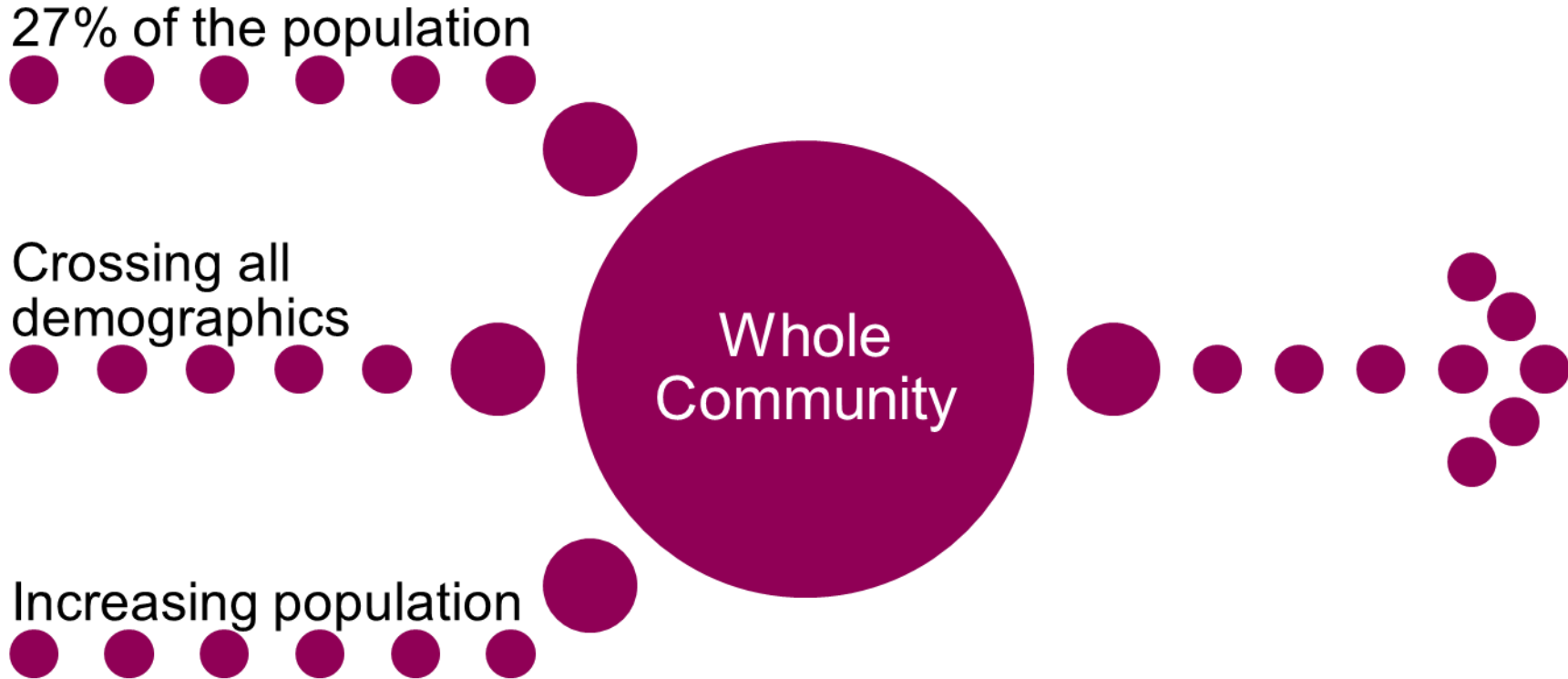


Local Jurisdictions Have A Role in the National Preparedness Goal:

“A secure and resilient nation with the **capabilities required across the whole community** to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk.” (FEMA 2015)

'The Whole Community' Means People With Disabilities Without Exception

Whole Community = Disability Inclusion



Emergency Preparedness and Response Capabilities



1. Community Preparedness
2. Emergency Public Information and Warning
3. Mass Care
4. Community Recovery
5. Fatality Management
6. Information Sharing
7. Emergency Operations Coordination
8. Medical Countermeasure Dispensing and Administration
9. Medical Material Management and Distribution
10. Medical Surge
11. Nonpharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Investigation
14. Responder Safety and Health
15. Volunteer Management



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Getting Practical: Applying the Core Inclusion Principles to PHEP

Community Preparedness



Functions

- Determine risks to the health of the jurisdiction
- Coordinate training and support community involvement in preparedness
- Strengthen community partnerships
- Coordinate and share information through community social networks

Implement

- Community Assessment using available tools and connecting with community – Who's there
 - Root cause analysis and real barrier identification - 7 Whys
 - Provide training to trainers and then community
 - Create training leaders in the community
- Focus on systemic bias that creates exclusion and disproportionate exclusion during blue-sky days.
 - Training developers and trainers receive disability etiquette training before engaging in emergency preparedness training
 - Train people with disabilities to be emergency preparedness trainers as a trusted source.

Emergency Public Information and Warning



Functions

- Emergency public information system, alerts, warnings, and notifications
- Establish and participate in information system operations
- Establish avenues for public interaction and information exchange

Implement

- Create and distribute information that is Useful, Meaningful, Actionable
- Establish Public Information Officer who is competent in disability inclusive effective communication
- Establish a technical specialist or strike team for accessible messaging within the joint information system
- Multiple, verbal, auditory and visual formats, WCAG 2.2, large print and Braille,
- Require the same from vendors and partners
- Request and follow guidance from disability-led organizations
- Establish call-center or resource for disability community to both receive and give information



Functions

- Determine public health role in mass care operations
- Determine health needs of the impacted population
- Coordinate public health, mental/behavioral health, and health services
- Monitor mass care population health

Implement

- Deploy teams that include people with disabilities
- Intentionally include people with disabilities in data and impact collection to the proportion of the community population pre-disaster
- Prioritize mental/behavioral health services
- Integrate trauma informed care into all survivor experiences and interactions
- Establish a system for medication distribution that is accessible, redundant and flexible
- Establish a triage process that follows a social or rights model approach
- Create a general population shelter environment that is accessible and inclusive in all physical, programmatic and communication elements

Community Recovery



Functions

- Identify and monitor community recovery needs
- Support recovery operations for public health and related systems for the community
- Implement corrective actions to mitigate damage from future incidents

Implement

- Position local disability-led organizations as part of recovery planning leadership.
- Prioritize whole community inclusive recovery planning.
- Prioritize change opportunities and resist the temptation to build back what was.
- Ensure equitable representation of community members, disability experts, health and behavioral health, economic, and infrastructure, public and private representatives in planning.
- Plan assuming universal design and universal accessibility.

Red Flags For Inclusive Plans



- Do **NOT** use conditional language
“....should as able ... when possible ... if requested”
- If it isn't written down it doesn't /won't happen
“We do that, we just don't have it written down”
- Inadequate disability vendor contracts
“Our plan includes a contract with ... they have ASL interpreters”
- Missing Personal Assistance
“Personal assistants will be secured if requested. If the need is significant medical staff will be available”



Red Flags For Inclusive Plans Continued



- Plan to avoid to institutionalization
 - “people who need additional medical care will be sheltered in facilities that can provide the requisite care”
- Mental Health cannot be an afterthought
 - “MRC will bring a cadre of providers, red cross will provide additional support and the behavioral health department will provide services”
- Disability organizations are not spontaneous volunteers
 - “the Center for Independent Living knows where people are and how to get to them”



Evidence of Inclusion



- Daily teams and response teams have a member with disability lived-experience
- Disability subject matter experts have a leadership voice in planning and are written in to response and recovery plans
- Agency culture is the same when people with disabilities are present and when they are not
- Disability training is conducted upon hire, regularly, and just-in-time upon a disaster activation
- All materials, messaging, information and communication is available in multiple formats following pan-disability accessibility guidelines
- All facilities that are used by all public health programs are physically and environmentally accessible



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Getting Real: Breaking Down Implementation Barriers

Establishing and Sustaining Partnerships



- Don't want to work with government

Be a community member first

- Relationships fizzle and expire due to workloads

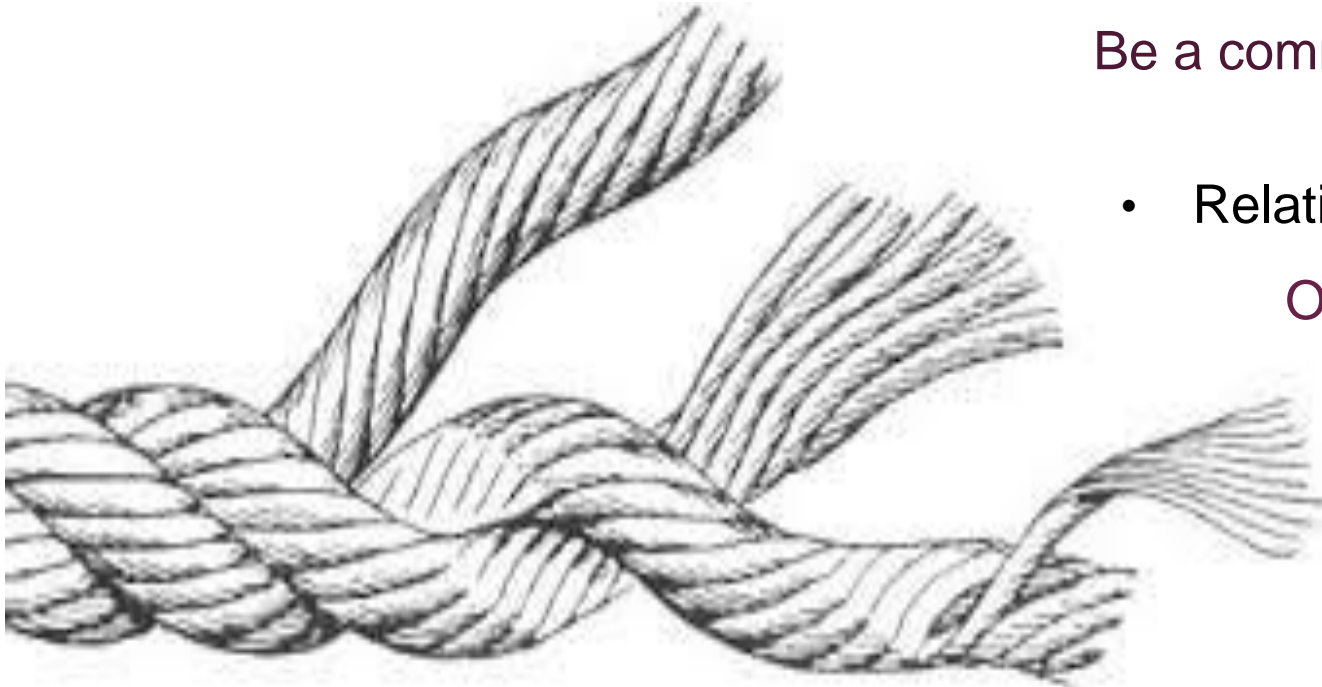
Ongoing formal and informal communication

- Disability community needs

Conduct a training exchange

- Difficulties getting and retaining partners

Start with relationships and understanding



Sustaining Partnerships through Capital



A Accept the cultural capital

B Build on the social and innovation capital

C Compile resource and funding capital

Funding Inclusion



Grants and Contracts

- Accessibility vendors
- Modifications
- Accommodations
- Disability Partners

Inclusive Response Language in Contracts

- Contracts with disability service providers
- Disability inclusion in all provider contacts
- Accessibility related services and accommodations are written into contracts

Inclusive Expense Line Items

- Disability competency training
- Staff accommodations
- Plan for temporary modifications

Expanding Capacity Through Social Capital

- Partner leadership
- Partner allies
- Partner networks
- Partner constituents
- Partner colleagues



Engagement Through Cultural Capital



- Disability competency
 - Language
 - Universal design
 - Ask for help
 - Expect to learn
- Partner with trusted sources
- Integrate into the community
- Make room at the head of the table
- Bring in experts who have disabilities





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Getting There Together

Thank You



Questions and Discussion

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Thank you for Attending this Inclusive Public Health Planning Webinar Series

