

National Preparedness Month

Webinar Series #2: Disability Inclusive Disaster Planning



Who is WID



WID Mission

To continuously advance the rights and opportunities of more than one billion people with disabilities globally with the design and delivery of whole community solutions.

Disaster Domain

Global leaders in disability inclusive emergency and disaster preparedness applying lived experience and relevant knowledge to real world challenges.



Learning Objectives



- Understanding Disabilities and the impact of bias on health equity for people with disabilities in disasters
- Explore inclusion strategies for universal inclusion in disaster planning
- Identify the capacity building benefits of collaborative planning
- Apply disability inclusion strategies to Public Health Emergency Preparedness Capabilities

Understanding Disabilities, Bias, and Disaster Health Equity

Our understanding of disabilities is based on our perceptions and beliefs.

People with Disabilities



People with Disabilities:

- Are a diverse group of people with a wide range of needs, skills, and knowledge
- May self identify or they may not
- Are subject matter experts
- Are a legally protected group



More About Disabilities



Disability:

- Is a human reality that is perceived differently by diverse cultures
- Has been defined according to an individual deficit model for most of the 20th century
- May be visible or invisible
- Can be categorized in a number of different ways
- Is not a bad word
- Is the most common socially accepted bias

Disability Inclusion and the Law



Rehabilitation Act

Stafford Act

Architectural Barriers Act

Fair Housing Act

Post-Katrina Emergency Management
Reform Act (PKEMRA)

21st Century Communications and Video
Accessibility Act

Telecommunications Act

Civil Rights Act

- All programs, services and activities MUST be accessible
- Covers ALL Activities of
 - ALL state and local government
 - ANY agency directly or indirectly using federal funds
 - ANY service by ANY government in disasters or emergencies
- Requires reasonable modifications to policies, practices, and procedures to achieve equal access

Disabilities and Disasters



Most likely to:

- Be disproportionately impacted
- Require scarce or unavailable response resources
- Be institutionalized without a means for community re-entry

Least likely to:

- Evacuate even if given a directive
- Return to pre-disaster baseline in the community
- Be able to access response and recovery resources

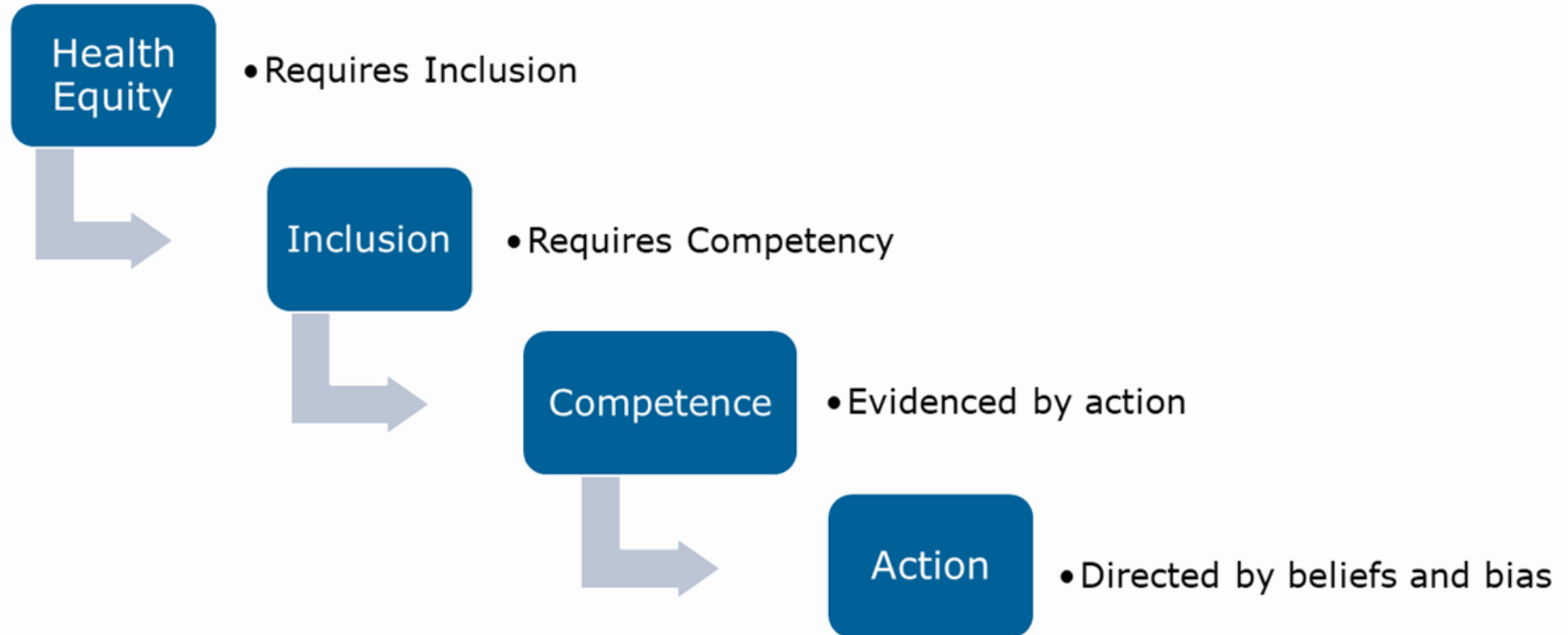
The rights of people with disabilities do not disappear in times of crisis.

Disability and Intersectionality



- Disability crosses all other social and community sectors and is the only bias that has not had significant improvement in the last 15 years
- Intersectionality of disability populations with other marginalized groups - Individuals with disabilities who are also members of other underserved and marginalized populations becomes a force multiplier for inequities.
- By crossing all other demographics and creating multiply marginalized community segments within each demographic sector, the numbers of those affected disproportionately in disasters becomes more significant.

Disaster, Equity and Bias



Policy, Practice & Systemic Bias



- Programs and services that are not accessible and difficult to apply for
- Triage, placement, and resource allocation based on perceptions of social contributions
- Institutionalization as a planning option
- Registries and policies that promote dependence on responders
- Needs-based vs. asset-based assessments
- Lack of funding



Disasters create and expose accessibility and inclusion gaps and barriers

Disability Models



Medical Model

- Disability as a consequence of a health condition, disease or caused by a trauma
- Disrupt the functioning of a person or cognitive way

Functional Model

- Disability is caused by physical, medical or cognitive deficits
- Limits functioning or the ability to perform functional activities

Social Model

- A person's activities are limited not by the impairment or condition but by environment
- Barriers are consequences of a lack of social organization

Beginning with Equity Thinking



Environmental Thinking

- People's ability to function in an environment is **directly related to that environment**.
- Most environments are *not designed* with **everyone** in mind, *not everyone* can equitably access, understand, or use what's around them.
- This makes environments **inaccessible**.

“Universal Accessibility” Thinking

- Make information, activities, and environments **meaningful and usable** for as many people as possible.
- **Add** accommodations and modifications as needed.

Equity thinking looks to ‘fix’ the environment, not the person.

Universal Access in Disaster Response



Strategy #1: Universal Access = everyone is able to access all programs and services and take action on their own behalf

Strategy #2: Fill in the Gaps = providing accommodations

Access and Functional Needs = circumstances that are met for providing **physical, programmatic, and effective communication** access to the whole community by accommodating individual requirements through universal accessibility and/or specific actions or modifications.

Functional Needs Support Services = How we meet Access and Functional Needs

CMIST = How we identify and describe FNSS

Inclusion Principles and Strategies

Achieving Universal access through centering disability inclusion disability competencies.

Key Principles of Inclusion



Accessible Physical Spaces



Virtual

- Use and encourage video
- Announce yourself
- Use captioning, interpreting and spotlighting
- Record the meeting
- Read the chat aloud
- Take turns
- Take your time

Face-to-face

- Opportunity to request accommodations
- Accessible parking and building entrances
- Times that support accessible transportation schedules
- Room layouts with options
- Acoustics and wayfinding
- Addressing pathway barriers

Programmatic Inclusion



- Identify level of authority needed to make decisions
- Communicate areas of need or lack of knowledge
- Be transparent about capabilities
- Find common work
- Demonstrate equity through paid contributions
- Ensure pan-disability equity (including invisible disabilities)
- Maintain flexibility in how people engage
- Take care not to substitute participation of allies and advocates for people with lived experience

Inclusive Communication



Internal practices:

- Accessible outreach and invitations
- Multiple methods of delivery
- Accessible documents, and messaging
- Information is meaningful and actionable
- Allow enough time for full participation

Community-based practices:

- Relationships with community organizations as force multipliers and trusted information sources
- MOUs and contracts with vendors
 - Check for redundancy
 - Budgeting for vendor contracts

Policies that Support Access



Internal systems that support accessibility:

- Staff training - both requirements and opportunities
- Policies that support agency assessment and personnel accommodations
- Accessibility in blue-sky days
- Buy in from leadership that prioritizes accessibility
- Planning to fund accessibility and accommodations

Practices that Support Inclusion



- Introduce yourself and speak directly to the person
- Respect personal space and property
- Sit/stand at eye level
- DME and service animals **ALWAYS** stay with the person
- Be patient and know your own limitations
- Be aware of your surroundings, hazards, noise, distractions, etc.
- Offer alternatives
- Don't assume you know someone's needs
- Follow their example using the language they want to use
- **ASK** if you don't understand, if you don't know, and before helping

Planning With and Not For



Asset

Bring diverse skills, knowledge and resources

Not Labeled

Not vulnerable, expendable, or a liability

Partners

More than just participant – an equitable partner

Civil Rights

Disasters don't supersede civil rights

Disability Inclusion and Relationship Building for Universal Access

How can we do inclusive planning and make inclusive plans through collaborative planning?

Health Departments and Disabilities



Health Departments

- Understanding what to do
- Knowing HOW to meet needs
- Effective Communication
 - Communicating what we don't know
 - Learning what we don't know
 - Being understood

Disability-Led Organizations

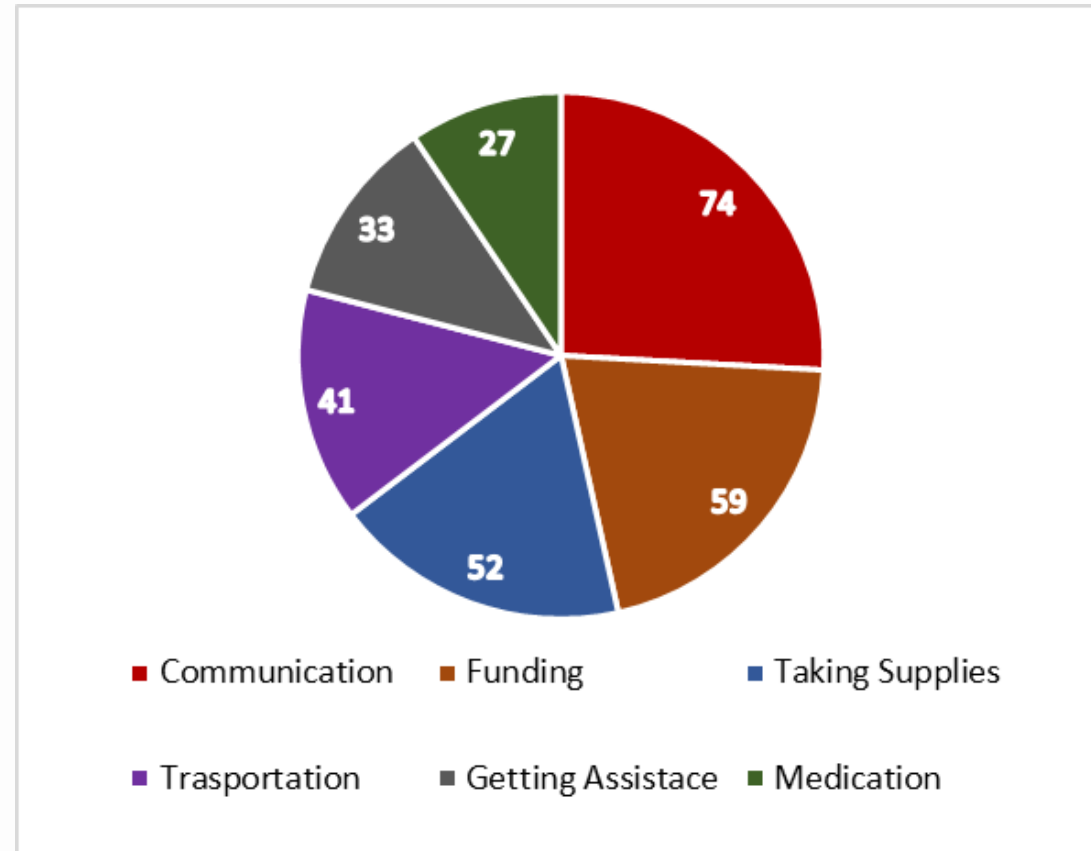
- Understanding the System
- Aligning Goals and Similarities
- Effective Communication
 - Communicating what we know
 - Seeing impact
 - Being heard

Barriers to Disaster Resilience



People with disabilities who experienced a disaster:

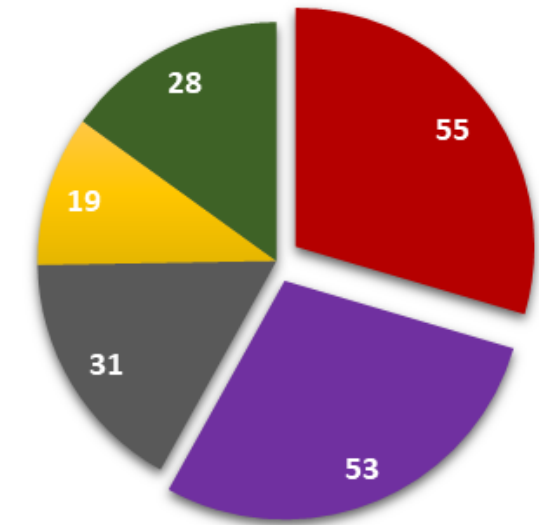
1. **Getting information that I need and communicating with responders**
2. Having money
3. Taking my supplies
4. Knowing how to get the transportation I need
5. Getting assistance
6. Getting medication



Perceived Barriers to Resilience

Health professional perceptions:

1. **Difficulties obtaining accessible and useful communication**
2. Lack of accessible transportation
3. Ability of staff to assist people with disabilities
4. Inaccessible spaces and opportunities
5. Long, complicated, or inaccessible applications



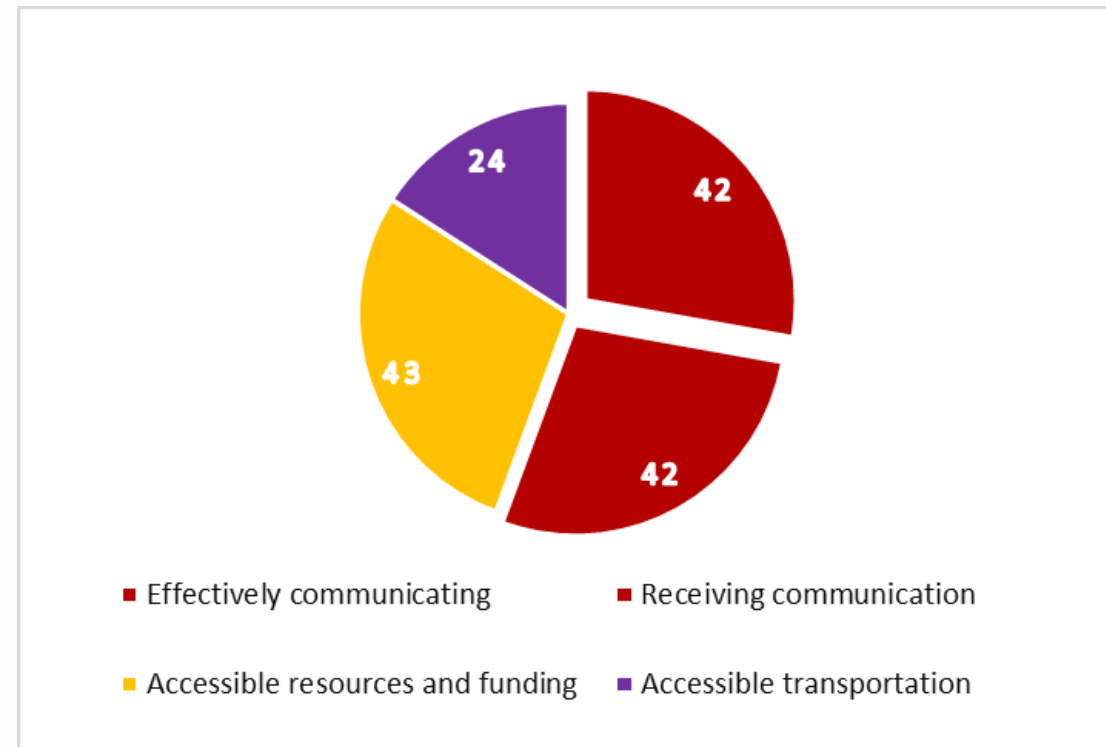
■ Communication ■ Transportation ■ Staff competence
■ Inaccessible programs ■ Inaccessible spaces

Barriers to Supporting Resilience



Health and Public Health Challenges

1. **Effectively Communicating and receiving actionable communication to assist**
2. Acquiring or providing accessible supplies, resources, funding and spaces
3. Acquiring or coordinating accessible transportation



Breaking Organizational Barriers



- Asking the Right Questions
- Being Ready for the Answers
- Trust and Relationships
- Valuing Mixed Expertise Teams
- Letting Go to Allow for Partnerships

How To Work Together



ACHIEVING DISABILITY EQUITY IN VACCINATIONS AND DISASTER RESPONSE

Workbooks for
Health Departments



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

ACHIEVING DISABILITY EQUITY IN VACCINATIONS AND DISASTER RESPONSE

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



FIVE MINI-WORKBOOKS

- 1 Public Health Language
- 2 Understanding Agencies
- 3 Addressing Bias
- 4 Building Meaningful Relationships
- 5 Advocacy That Builds Equity

DLO Expertise & Disasters



**Access to
Healthcare**



**Keeping Families
Together**



Self-Determination



Transportation



Disability Data



Communication



**Durable Medical
Equipment**



**Medical Foods and
Medicines**

Preparedness Activities



- Trusted source of information
 - activate communication networks to spread warning/message
 - force multipliers
- Mass notification exercise/drill/test
- Training and exercises that include disability stakeholders
- Evacuation, decon, or mass care exercises
- Preparedness promotion and outreach material that are accessible and inclusive
- Health fair or community fair
- Budget for accommodations

Response Actions



- Just in time training
- Technical assistance during response operations
- Provide volunteers or personnel to assist in during field operations
- Distribute accessible and inclusive communication (emergency notification and public information or updates) through network of clients and partners
- Provide “boots on ground” perspective
- Identify/connect to resources through regional or national network
- Technical assistance for alternatives to institutionalization

Recovery Advocacy



- Technical assistance for case management
- Facilitate or provide information about referrals to out of area service providers
- Advise on accessible communications in call center, recovery centers, long term recovery planning
- Technical assistance for accessible housing considerations
- Technical assistance, coordination, or provision of accessible transportation services
- Technical assistance for rebuilding that is conducive to community living

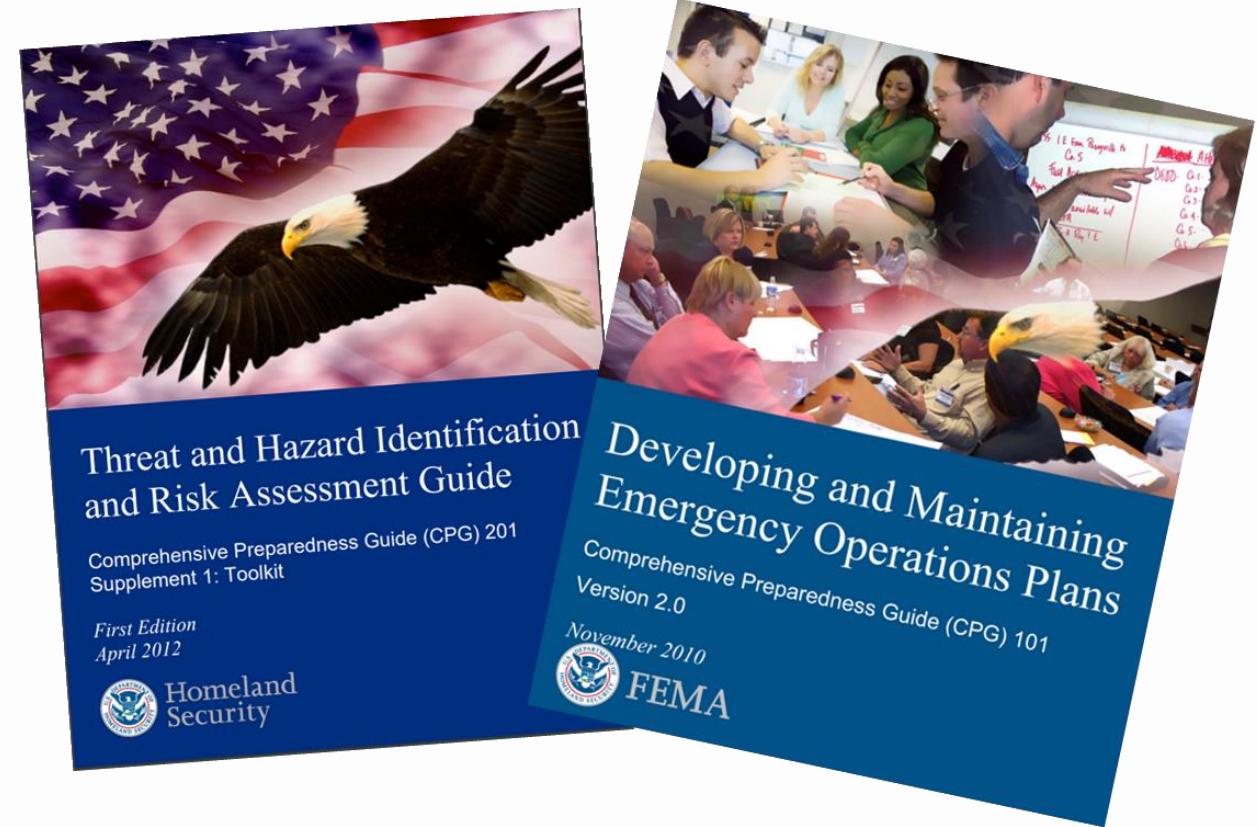
Collaborative Capacity Building for Public Health Emergency Preparedness

How can we collaborate with disability-led organizations to do inclusive planning and make inclusive plans?

Emergency Management Plans



- Basic Plan (Emergency Operations Plan)
- Functional Annexes
- Hazard/Threat/Incident Specific Annexes



Emergency Support Functions



ESFs most crucial to disability planning:

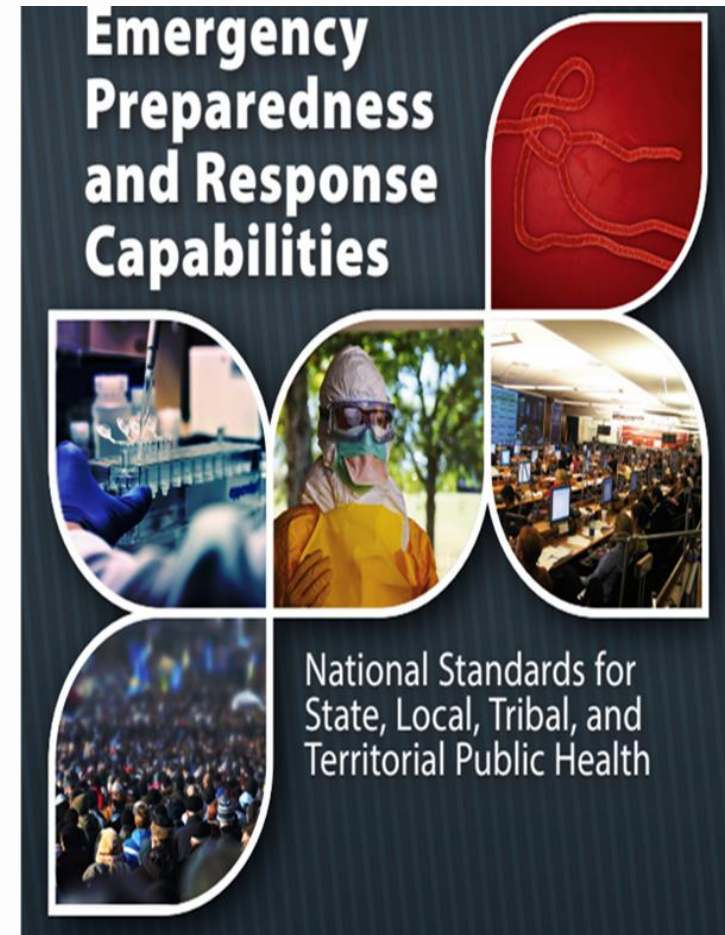
- Transportation (ESF #1)
- Communication (ESF #2)
- Mass Care, Emergency Assistance, Housing and Human Services (ESF #6)
- Logistics and Resources Support (ESF #7)
- Public Health and Medical Services (ESF #8)
- Long Term Community Recovery (ESF #14)

Inclusive Public Health Planning



Public Health Emergency Planning Capabilities:

- Community resilience
- Incident management
- Information management
- Countermeasures and mitigation
- Surge management
- Bio surveillance



Strengthening Community Resilience



Identifying health risks

- Demographics
- Unique features of community and specific needs of people with disabilities

Identifying and supporting recovery needs

- Pre-event identification of public and disability community needs and assets
- Pre-positioning assets and services prior to disaster (I.e., dialysis)
- Preparing implementable plans
- Pre-event planning for accessible post-disaster housing
- Development of process for wellness/canvassing checks post disaster

Coordinating with partners to gather data and disseminate information

- Use trusted points of contact and existing communication strategies
- Promote individual and organizational preparedness planning
- Collaborating on training and exercises

Strengthening Incident Management



The ability to activate, coordinate and manage public health emergency operations using incident command concepts

- Just-In-Time accessibility training by disability-led organizations and Incident Command Training by responders
- Integrate disability technical specialist(s) in emergency operations
- Develop checklists/job aides that center disability inclusion and universal design to include in response and recovery plans (ex. accessible shelter checklists)
- Conduct assessments
- Whole community collaborative exercises and drills
- Involvement of disability stakeholder groups for **collaboration** on emergency operations planning

Strengthening Information Management



The ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, and accessible information, alerts, and warnings using a whole community approach

- Exchange health information and situational awareness with federal, state, local, territorial, and tribal governments, and partners.
- Integrate the needs of people with disabilities in signage, verbal, and written messages
- Meaningful, useful and culturally appropriate messages (*including PSAs, public warning and notifications, social media*)
- Use multiple formats for communication – accessible verbal, written, media, public announcements and one-on-one in person, including interpretive services.
- Accessibility training for personnel who are crafting and disseminating public messaging

Strengthening Countermeasures and Mitigation



Distribute, dispense, and administer MCMs

- Developing Point of Distribution (POD) plans that account for the needs of people with disabilities (accessibility and inclusion)

Implement appropriate non-pharmaceutical and responder safety and health measures

- Assess how interventions may disproportionately negatively affect people with disabilities
 - Impact of social isolation on people with invisible disabilities
 - Loss of PAS due to social distancing requirements, a quarantine, or isolation order can increase risk and hazards
 - PPE may limit ability to communicate

Strengthening Surge Management Overview



Ensure delivery of adequate public health, health care, and behavioral health services and resources during events that exceed the limits of the normal public health and medical infrastructure of an affected community

- Applying universal design followed by disability accommodations and functional needs support services to mitigate existing needs, avoid escalating needs
- Coordinating accessibility to public health, health care and behavioral services
- Mobilizing trained disability expertise
- Conducting ongoing surveillance and assessments at congregate locations

Strengthening Surge Management #1



Mass Care Services

- Integrating person-directed person centered strategies to triage and shelter assignment
- Disability technical specialists in shelter setting
- Assessment and remediation of physical accessibility (shelter, POD, DRC, clinic)

Medical Surge - Implementation of a social model strategy

- Pre-planning about triage to avoid institutionalization
- Applying non-biased criteria strategies and accurate assumptions to allocate scarce resources

Strengthening Surge Management # 2



Volunteer Management

- Training of volunteers on how to assist people with disabilities
- Partner with disability-led organizations as volunteer organizations
- Volunteer Registration Centers (VRC) accessible

Mass Fatality Planning

- Managing public health specific mass fatality events (pandemic, environmental terrorism) from a whole community perspective
- Oversight of family assistance centers often falls on public health - [avoiding common communication barriers, applying disability lens to psychological first aid.](#)

FAQs

Inclusive and collaborative planning isn't always easy

FAQs #1



It's hard to get the disability-led organization to participate in preparedness planning, they have limited capacity

- Have meetings at their locations
- Leverage their reach into the community for additional stakeholders
- Provide support that helps them meet their goals (i.e., emergency preparedness training, EOP and ICS training)
- Include them in your contracts, grants and budgets
- Build relationships of shared values and goals BEFORE 'working together'

Workbooks for CILs and Other Community-Based Organizations

Understanding Public Health Language

Understanding Systemic Bias

Advocacy that Builds Equity

Building Relationships and Working Groups

FAQs #2



Health Departments have limited capacity to coordinate community inclusive planning

- Establish allies within the agency who can institutionalize and sustain inclusive procedures
- Identify and cultivate allies within agency leadership who can implement inclusive policies.
- Integrate inclusion into all blue-sky activities
- Always have disability experts provide disability training (lived-experience provides a more impactful learning experience)
- Include partner collaboration in budget planning
- Apply emergency management: facilitate community action (use community force multipliers)

Workbooks for Health and Public Health

Planning For Accessible Meetings

Facility Accessibility Quick-Check Tool

Inclusive and Accessible Places of Service

Feedback from disability-led organizations is difficult to implement

- Provide information on your goals and plans before attempting to collaborate
- Ask for assistance in training BEFORE assistance in planning
- Develop clear “Solve For...” questions that they can answer
- Do table top exercises together giving disability stakeholders key roles, (not just evaluators or actors)
- Make sure you are receiving pan-disability expertise
- Look for success stories from other jurisdictions

Workbooks For Public Health

Disability Competency

Understanding Systemic Bias

Building Meaningful Relationships with Disability Partners



Questions & Thank You

dawn@wid.org

This project was supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,900,000, with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. government.