

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

Disability Equity in Vaccinations and Disaster Response

Workbooks for Health Departments

Equity for people with disabilities in vaccination programs and in disaster response relies on a variety of factors:

- Accessible programs and facilities
- Effective and meaningful communication
- Community relationships that support a whole-community approach
- Knowledgeable agencies and providers that understand and implement practices that facilitate equitable opportunities and experiences for people with disabilities

Workbooks in This Package

The workbooks in this package are for health professionals who want to improve equity for people with disabilities. The workbooks address common barriers to inclusion. They include ideas, rationale, implementation recommendations, and hands-on tools. They are designed to support existing guidance documents, toolkits, and recommended best practices and can be used individually or together. They were created to help public health and vaccination providers create accessible environments, conduct inclusive planning, and build sustainable relationships with disability stakeholders in their community.

Seven Workbooks

1. Disability Competency
People-first language chart, communication dos and don'ts
2. Understanding Systemic Bias
Questionnaire and evaluation tool
3. Planning for Accessible Meetings
Internal policies for meeting logistics and outreach
4. Building Meaningful Relationships with Disability Partners
Asset-mapping tool
5. Facilitating Effective Workgroups
6. Facility Accessibility Quick-Check Tool
Quick-check assessment
7. Inclusive and Accessible Places of Service
Quick-check operations

CDC Statement

This project was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award to the CDC Foundation totalling \$1,900,000.00 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.

1 Disability Competency

Disability competency is a person-centered, disability-led, and human-rights approach to removing barriers to health and the resulting disparities that prevent equitable access to quality and effective health care and opportunities. Disability competencies are a set of validated and reliable values adopted through a framework of training and behaviors to provide accessible and inclusive vaccination, public health, health care, and disaster response programs.

Disability Definitions

The term “disability” is an umbrella term with multiple overlapping definitions. There are many types of disabilities, such as those that affect a person’s vision, movement, thinking, remembering, learning, communicating, hearing, mental health, and social relationships.

Disability



Any condition that makes it more difficult for a person to do certain activities and interact with the world around them.

People with Disabilities



A diverse group of people with a wide range of needs. Two people with the same type of disability can be affected in very different ways.

Invisible Disabilities



Some disabilities may be hidden, not easy to see, or be mistaken for other behaviors or choices.

Universal Design



The process of creating products, environments, and programs that are accessible to people with the broadest possible range of abilities, disabilities, and other characteristics.

What Is Disability Competency?

Some descriptors of disability competency are listed below:

- Cultural competency that addresses and corrects misperceptions, bias, and ableism.
- Knowledge that directs behaviors that provide others the optimal experience by creating an environment that is respectful, accessible, and inclusive.
- Ensuring tools and programs incorporate cultural, social, and disability intersectionalities.
- Understanding socioeconomic factors may impede access to health and safety.
- Include actions and recommendations that prioritize the input of the person with disabilities.

Can you name another descriptor of disability competency?

Ways to Demonstrate Disability Competency

Some ways to demonstrate disability competency are listed below:

- Use appropriate and accessible communication.
- Identify unintended barriers to health equity. Get input and welcome feedback.

- Partner with disability stakeholders to identify existing barriers to accessibility, and generate solutions using their subject matter expertise.
- Require disability etiquette and competency training for all staff.
- Recruit, hire, and support employees with disabilities.
- Establish and adhere to receiving and addressing complaints about accessibility.
- Use person-first and person-directed language.
- Ask if people need assistance or accommodations.
- Build respectful relationships with disability stakeholders.

What is your experience with organizational disability competency?

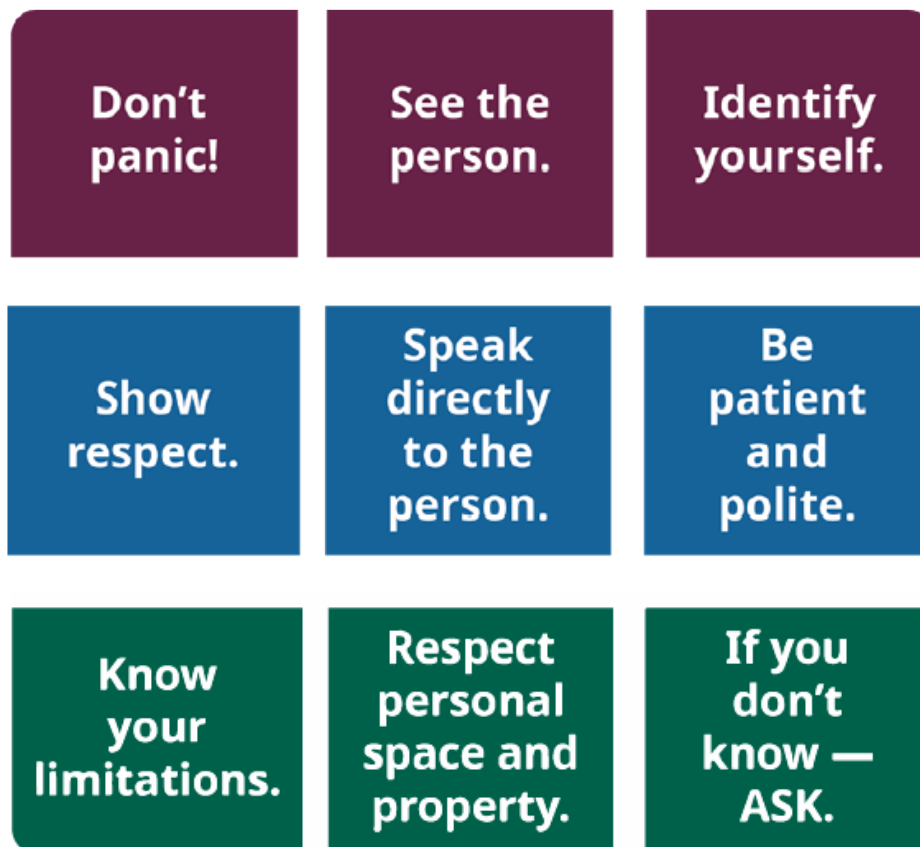
1. What are two ways your organization demonstrates disability competency?

2. What is one way you demonstrate disability competency in your position?

Disability Etiquette

When health and public health systems are not accessible, people with disabilities cannot participate in programs and services. As a result, health and public health providers frequently lack experience interacting with disabled community members. This lack of experience can cause stress, anxiety, and discomfort for both public health providers and disabled community members.

When you are interacting with people who have a disability:



When you are speaking to or about people with disabilities, a general guideline is to use the same language that is used by the person. “People-first language” puts the focus on the person as a whole and not just the disability. Language that has a negative connotation indicates implicit bias and should be avoided.

Examples of people-first and unbiased language are:

Language to Use	Language to Avoid
✓ Person-first language: person with a disability ✓ Identity-first language: disabled person	X Old stereotypes: handicapped, cripple, victim, invalid, special
✓ Person who uses a wheelchair	X Confined to..., wheelchair bound
✓ Person without a disability	X Normal (indicating able-bodied people are “normal” and disabilities are abnormal)
✓ Person who is hard of hearing; person who is deaf; person who is Deaf*; person who has a hearing loss	X Deaf and dumb; deaf/mute, the deaf
✓ Has _____ (specifying the disability; for example, arthritis, epilepsy, a visual disability)	X Victim of... suffering from... afflicted with... (name of disability)
✓ Person with a learning disability	X Slow, special, differently abled, retarded
✓ Person with a mental health disability	X Crazy, mentally ill, psychotic, depressed

* Within the hearing-impaired community, Deaf (capital D) refers to people who have been deaf their whole lives, learned sign language as their first language, and identify as culturally Deaf. When deaf is not capitalized, it refers to anyone who has significant hearing loss.

Recognize Persistent Barriers to Health

People with disabilities encounter a variety of environmental, programmatic, and attitudinal barriers that make everyday life more difficult, including achieving and maintaining an overall state of health and wellness. These barriers are systemic and pervasive throughout daily programs and across all community sectors and impact the overarching equity experience for people with disabilities. Along with all community sectors, vaccine programs, health services, and disaster response must identify, remediate and find solutions to their systemic barriers. A first step is to include disability in the overarching health equity initiatives that are currently underway.



Examples of how to address barriers are:

- Take action to better understand barriers to health.
- Include people with disabilities as a group worthy of health-equity-focused initiatives.

- Include disability perspectives across other departmental work groups, task forces, and planning committees, such as those focusing on maternal child health, injury prevention, or chronic disease management.



- Highlight and mitigate accessibility barriers present in the community that have negative impacts on health and safety for those with disabilities by leveraging the activities or momentum of other public health work groups.



Checklist: Staff Disability Competency

Yes/No Check	Examples of Staff Disability Competency
<input type="checkbox"/>	Find and attend disability training.
<input type="checkbox"/>	Connect with other employees who demonstrate disability competency.
<input type="checkbox"/>	Speak up and ask about what you don't know.
<input type="checkbox"/>	Join working groups and other opportunities to advocate for accessibility in the organization.
<input type="checkbox"/>	Use person-centered or person-directed language and communication.
<input type="checkbox"/>	Ask the person if and how they would like to be assisted.
<input type="checkbox"/>	Assume people may have both visible and invisible disabilities.
<input type="checkbox"/>	Identify potential barriers, perceptions, or biases you may have, and grow from there.
<input type="checkbox"/>	Ask for informal feedback on how you can support their experience.



Checklist: Organizational Disability Competency:

Yes/No Check	Examples of Organizational Disability Competency
<input type="checkbox"/>	Requires disability training.
<input type="checkbox"/>	Sponsors disability-focused workgroups for all.
<input type="checkbox"/>	Upholds policies preventing disability-related discrimination.
<input type="checkbox"/>	Sponsors a health care coalition that includes a disability focus.
<input type="checkbox"/>	Produces materials in accessible formats as a standard practice.
<input type="checkbox"/>	Uses person-centered language in templates, materials, and throughout the organization.
<input type="checkbox"/>	Holds meetings, events, and all other internal and external gatherings in accessible locations.
<input type="checkbox"/>	Applies Universal Design to their facilities, programs, and communications.
<input type="checkbox"/>	Provides accommodations as requested.

My Organization's Disability Competency Rating

Rate your organization on a scale of 1 to 10. A score of 1 means "Our organization's disability competency limits our ability to provide equitable opportunities for people with disabilities." A score of 10 means "Our organization shows a commitment to disability competency, inclusion, and accessibility and regularly improves as we learn more."

Write in a score for your organization between 1 and 10:

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2 Understanding Systemic Bias

What is bias? A bias is an opinion, prejudice, or judgment in favor of an idea, person, or community compared with another. Biases or opinions are developed when we accept assumptions, stereotypes, or misperceptions as facts or take an unbalanced approach to understanding others. The behaviors that result from biases, whether intentional or unintentional, often result in excluding others. While rarely a conscious decision, biases are often woven within the structure, policies, practices, and procedures of a system. Systemic bias can be difficult to define and to change.

Misunderstandings and Misperceptions

Misunderstandings and misperceptions caused by lack of correct information and assumptions can be the source of bias.

Which of the following reflect the perceptions that are present in your work, agency, or department programs? (check all that apply)

People with disabilities...

Need more help than others

Do not have the same quality of life

Are not healthy

Are not leaders

Can be a drain on the system

Need a separate plan

These examples of common misunderstandings contribute to bias and ableism.

Ableism

Ableism is an extremely common and persistent type of discrimination. It refers to having and/or showing prejudice against individuals with disabilities. Ableism stems from misunderstandings and misperceptions about a person's value, worth, and ability to contribute. It can be predominant in the health care community, where many practitioners view a disability as something that is broken and needs to be fixed.

Ableism can impact how we see and treat a person with a disability.



Is there ableism in your workplace? Evidence of ableism might include:

- Policies that reward workers for not taking time off when they are sick (or punish people for being sick too often).
- Saying that someone with a disability is “an inspiration” for completing daily activities. Or saying that someone without a disability is “a saint” for engaging or spending time with someone with a disability.
- Praising a disabled person for not complaining about their disability or for “not seeing themselves as a victim.”
- Assuming someone’s quality of life is poor or of less value because they have a disability.

Stereotypes and Implicit Bias

Unintentional bias or unconscious bias refers to stereotypes or beliefs that affect our actions in a discriminatory manner. Most bias towards people with disabilities is unintentional. Stress, distraction, lack of understanding or awareness and a default commitment to agency standard practices (even when inaccessible), contribute to unintentional implicit bias by those working in public spaces. Health service environments can inadvertently promote stereotypes and bias, even when they are framed in positive perception.

Stereotypes can appear to be positive and negative.

Positive Stereotypes	Negative Stereotypes
<p>Positive stereotypes that reveal implicit bias might be reflected in the use of the following terms:</p> <ul style="list-style-type: none">• Brave• Inspirational• Overcomer• Differently abled	<p>Negative stereotypes that reveal implicit bias include the following ideas:</p> <ul style="list-style-type: none">• Someone needs to take care of people with disabilities.• We need to have sympathy for people with disabilities.• People with disabilities are fragile, struggling, hurting, sick, or sensitive.• Everything is harder for people with disabilities.

Stereotypes reveal implicit biases. The first step to address implicit biases is to identify them.

Unconscious Bias Checklist	Yes/No
Talking loudly with accentuated lip movements when you learn someone has hearing loss.	<input type="checkbox"/>
Grabbing a person who is blind or has limited vision by the arm to steer them in a certain direction.	<input type="checkbox"/>
Thinking that someone on the autism spectrum has a photographic memory and asking them detailed or historical questions.	<input type="checkbox"/>
Moving away from someone slightly after they identified themselves as having a mental health disability.	<input type="checkbox"/>
Not noticing building, infrastructure or facility features, that are inaccessible to people with mobility, sensory, or other disabilities.	<input type="checkbox"/>
Not noticing communication methods or strategies that are inaccessible to people with sensory, intellectual, or other disabilities.	<input type="checkbox"/>
Noticing that someone has a visible disability and changing procedures without asking about assistance they may need.	<input type="checkbox"/>
Addressing a person with a disability in ways that reflect an intimate or close relationship (such as dear, honey, or sweetheart), which would not be used to address someone without a disability.	<input type="checkbox"/>
Addressing a personal attendant rather than the person with a disability indicating an assumption that they do not understand or are unable to make and communicate decisions.	<input type="checkbox"/>
Talking with others about a person with a disability in a way that you would not talk about other people.	<input type="checkbox"/>

Overcoming Bias and Achieving Equity

Both bias and ableism can result from a belief that people with disabilities are deficient, that something is wrong with them that inherently limits their life experience and capacity; and that disabilities should be fixed, if possible.

Here is a different way of thinking: Disabilities are part of the human experience, and people's ability to function in an environment is directly related to that environment. Because 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 and inequitable.

Accessibility is when information, activities, and environments are meaningful and usable for as many people as possible (like people with disabilities). If everything were designed to be accessible, we might stop viewing people as needing to be fixed and instead view inaccessible environments as what needs fixing.

Creating accessible environments is the foundation to providing equitable programs.



Strengths, Weaknesses, Opportunities, and Threats to Agency Equity

Although diversity, inclusion, and equity programs are becoming increasingly valued and implemented, these programs are often relegated to human resource departments and typically do not include disability in their equity viewpoint. As a result, public-facing programs might be perceived as inclusive but may still be ineffectual.

To identify agency competency, understanding, and perceptions that might be influencing agency practices, conduct an internal evaluation of Strengths, Weaknesses, Opportunities, and Threats (SWOT) to measure assumptions about accessibility and inclusion for people with disabilities.

Strengths

List ways that your agency demonstrates disability inclusion, accessibility, and inclusion.

S **STRENGTHS**

Weaknesses

List ways that your agency demonstrates implicit bias and ableism that are impacting your ability to deliver equitable services.

W **WEAKNESSES**

Opportunities

List things that your agency can do immediately to minimize bias and build equity.

O **OPPORTUNITIES**

Threats

List ways that implicit bias negatively impacts your ability to provide equitable programs for people with disabilities.

T **THREATS**

Who can help build on strengths and opportunities and minimize threats to disability equity?



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3 Planning for Accessible Meetings

In order to build relationships, establish partnerships, or increase equitable experiences, disability inclusion and accessibility need to be integrated into planning and procedures. Accessible meetings create a mutually respectful environment, and allow all participants to contribute, enhancing the meeting experience and outcomes. Using universal accessibility accommodations and design as standard practice for all meeting planning is the best way to ensure that your agency can provide accessible meetings when inviting new or existing partners. This applies to internal, external, face-to-face and virtual meetings.

This workbook addresses some of the overarching considerations and activities to accessible meetings that apply to before, during and after meetings. For a detailed review of physical accessibility to make a meeting accessible, please refer to the Facility Accessibility Quick-Check Tool in Workbook #6.

Outreach and Recruitment

Provide effective communication when announcing the meeting and publishing meeting details. Accessible and inclusive public information about the meeting shows agency competence, and respect for potential partners. Effective communication provides a first impression that will allow organizations to know what to expect. It sets the stage for a relationship and partnership founded in mutual respect and a shared desire for sustainable community change. Some methods of ensuring effective communication include:

- Publicize information about the meeting in accessible and redundant locations and formats.

- Provide meeting attendance instructions in plain, simple-to-read language. Provide these instructions when the attendee signs up, not later.
- Publicize the meeting's purpose, expected outcomes, target audience, and sponsoring organizations.
- Clearly state that accommodations will be provided for individuals with disabilities.

Providing Accommodations for Meeting Attendees

It's important to provide clear instructions on how to request and obtain accommodations during meetings. Establishing a standardized process with designated roles and responsibilities makes the whole process easier for the attendee/requestor and the meeting host/convener.

- Identify a timeframe or deadline for requesting accommodations.
- Identify vendors who provide accommodations, including those not already under agreement with your organization.
- Use standard language to notify the public about the accommodation request process.
- Communicate with the person who requests the accommodation about the best accommodation available.

Virtual Accessibility

Meetings may be held in person or virtually. In addition to overarching accessibility measures, there are specific considerations for online meetings.

1. Use the agreed-upon means to signal that you want to say something, such as raising your actual or virtual hand. The person who leads the meeting will individually call on participants to speak.
2. Say your name first before stating your contribution.
3. Let the other participants know when you are done speaking by saying, for example, "Okay, I'm done."
4. Slow down to accommodate the delay from the captioner's text.
5. Help remind fast talkers to slow down with gently saying "slower, please." You may also use the ASL sign as an additional visual prompt (the sign and a verbal description are shown below)
6. Help remind all by gently saying, "one at a time, thanks." (These phrases do add more noise but help reduce chaos.)
7. Ask everyone if they like to be called on or not or consider a speaking order.
8. Mute your microphone when you are not speaking to reduce interference from background noise. In some instances, the host may mute participants to assist in reducing background noise.
9. Be patient and courteous while others are speaking and abstain from making any facial expressions that could be perceived as being hurtful.
10. Include the link for the CART (Communication Access Realtime Translation) captions or code in the invite and/or on the meeting agenda.

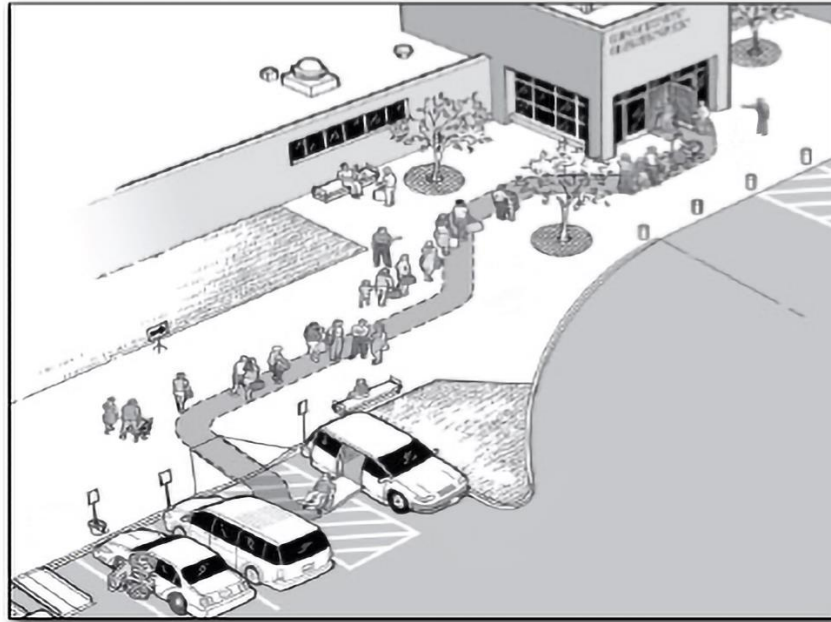
11. Try to send out the meeting agenda on the day before the meeting, if possible, so participants have adequate time to prepare.
12. Turn on your video so that your colleagues may use facial expressions to better understand the context of your message.
13. Use a background image or blur your background to minimize distractions.
14. Use PowerPoint Live when presenting so that participants can use subtitles, use screen readers, high contrast mode, and move at their own pace.

ASL sign for “please slow down”

Signing: We sign slowly by placing our non-dominant arm in front of us with palm down, and then moving our dominant hand slowly and gently from the tip of our non-dominant hand all the way to the bend of our arm. The image below shows a woman signing “slow.”



Location Accessibility



Facilities should meet ADA accessibility requirements. Conduct a walkthrough of the facility before selecting a meeting location to ensure accessibility. Since environments can change between the initial walkthrough and the day of meeting, perform a follow-up accessibility assessment immediately before the meeting starts. Common barriers to successful walkthroughs include:

- Confirm designated accessible parking, sidewalks, and curb cuts.
- Ensure an accessible entrance to building that is clearly marked.
- Confirm access to all service areas, including an accessible elevator, ramp, exterior paths, etc., depending on building and operation.
- Verify adequate accessible restrooms.
- Ensure or post accessible signage to ensure wayfinding.
- Verify audio and visual supplies and equipment are available to ensure accessible communication.

- In addition to these overarching considerations, there are many specific areas to assess for accessibility. Please use **Workbook #6 Facility Accessibility Quick Check** in advance of scheduling a meeting.

Effective Communication



Plan to provide effective communication during and after the meeting:

- Post accessible signage in and around meeting location.
- Ensure presenters provide accessible and redundant formats and use a microphone.
- Provide a communication accommodation, such as an American Sign Language (ASL) interpreter, as requested.
- Use open or closed captioning for any video presentation.

Provide accessible and redundant formats for the following:

- Meeting sign-in and sign-out process
- Electronic meeting materials
- Handouts
- In-group discussion and notetaking

Tips for Information Gathering and Brainstorming Strategies

Do not rely on one method to collect information, problem solve, or discuss new ideas with meeting attendees, such as writing on large flip charts. Not all people have the same preferences for receiving, analyzing, and providing information. Providing multiple opportunities through multiple methods (i.e., writing, electronic, verbal) accommodates the learning styles and abilities of all meeting attendees and ensures they can contribute to their maximum ability.

Planning Considerations

Accessibility does not end with ensuring an ASL interpreter and room layout, but also includes a focus on meeting activities and processes:

- Review effective communication and accessibility standards with third party presenters.
- If serving food, address considerations relevant to food allergies, dietary restrictions, accessible food information labelling, accessible layout, and accessible feeding services.
- Develop or revise safety protocols that account for the effective notification and safe evacuation or shelter-in-place of people with disabilities.
- Plan to engage people with disabilities in meeting discussion, which includes effective and respectful communication, and people-first language.
- Plan to develop and distribute accessible meeting materials, including meeting minutes or notes, reference or status reports, and presentation materials before or after all meetings.

Tips for Rearranging the Room for Group Activities

If meeting attendees rearrange chairs and tables for group work, make sure there are accessible paths of travel. Do not forget to consider how rearranging the room can impact the location of communication accommodations, such as where an interpreter stands or where closed captions are posted.

Post-Meeting Engagement

Make sure that your post-meeting communication is accessible and inclusive of those with disabilities. This includes meeting materials, the method of sharing information, and scheduling future meetings.

- Create accessible (e.g., plain text) versions of meeting minutes, presentations, progress reports, memos, etc., and post in an accessible manner.
- Ensure survey platforms are accessible to people with disabilities. Accommodate individuals as necessary to ensure their feedback is equitably considered when scheduling the next meeting.
- The platforms used to share workgroup or task force progress should be accessible to people with disabilities. Processes for collecting information from and sharing information with group members should be accessible to all members.

Planning for Accessible Meetings

Three top challenges (examples: meeting locations are not accessible, too few ASL interpreters):

Three Top Challenges To Accessibility	How to Address The Challenges
Challenge 1	Solution 1
Challenge 2	Solution 2
Challenge 3	Solution 3

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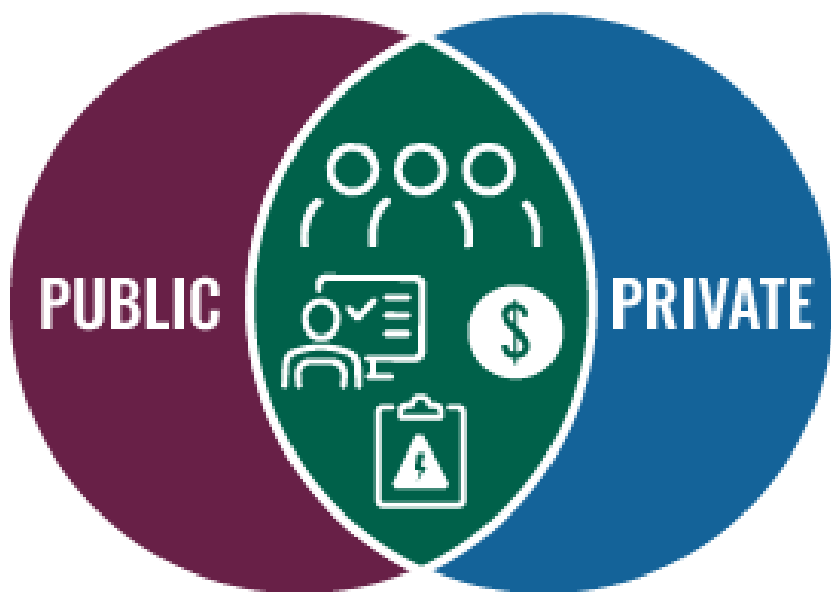
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4 Building Meaningful Relationships With Disability Partners

Disability stakeholders and disability-led organizations are important partners in a combined effort to increase health equity in vaccination programs, public-facing services, and disaster response. These partnerships are the result of shared goals and mutual understanding. Effective communication, awareness, and establishing trust are the precursors to building beneficial sustainable partnerships.

Importance of Understanding Public and Private Community Partners

It is important to understand your community partners. This includes shared demographics, overlapping missions and goals, funding streams, and emergency preparedness priorities.



Initial Approach and Outreach

The initial stages of an organizational relationship can often set the tone for future engagement. To establish a mutually beneficial foundation for collaboration and partnership, consider the following:

- Establish two-way accessible communication and be proactive about information sharing.
- Understand and apply appropriate consideration to an organization community's history and cultural sensitivity.
- Clearly articulate benefits to both community partners and organization.
- Obtain leadership buy-in and support for partnership or workgroup goals.
- Identify purpose, short- and long-term goals, and initial scope of activities.
- Establish a timeline that allows time for relationships to develop, and opportunities to come to fruition.
- Value the relationships for the sake of the relationship, beyond the benefits to the program.
- Identify additional opportunities to link partnership activities across other department or program activities.

Build trust with community and disability partners by committing to accessibility and sharing authority and decision-making responsibilities. By ensuring accessibility, your organization is demonstrating that engagement from the disability community is needed and valued.

Strengthening and Sustaining Relationships

Disability-led organizations bring a wide variety of benefits and value to the planning table, including:

- Disability-specific expertise across various topics and situations
- Information about how community needs are met on daily basis
- Hard assets, like accessible transportation resources or assistive technology
- Networks and contacts in niche disability areas
- Better understanding of community demographics and unmet needs
- Potential untapped source of volunteers
- Relationships and partnerships are not built during events or disasters. They are built through everyday exchanges and identifying shared values.

My agency and I value relationships with disability-led organizations and disability stakeholders for the following reasons:

Relationship value 1:

Relationship value 2:

Relationship value 3:

Other Supporting and Mutually Beneficial Relationships

State and local health departments and Centers for Independent Living (CILs) are two of several resources with common goals and missions related to equity, health, safety, independence, resilience, and well-being for people with disabilities. Finding and connecting with other agencies, points of contact, and allies in your community creates a community of practice that includes both the public and private sectors.

When agencies, organizations, and corporations work towards a common goal, the benefits are compounded and include the following:

- Consumers and communities receive a common, consistent, and clear message.
- Agencies reduce rather than replicate workloads.
- Existing ideas and strategies are improved, and new ideas are generated.
- Agencies and organizations can better support their jurisdictions.
- Other community members are inspired to engage in shared goals.

Every state, county, and municipality is unique. However, there are certain entities that can be found across the nation. Similar to connecting with CILs and other disability-led organizations, the greatest challenge can be where to begin. Building the community of practice begins by knowing **who** is in your community.

In addition to disability stakeholders and disability-led organizations, other entities that can become agency partners and force multipliers include the following:

Agency/ Organization	Contact Information	Disability or Disaster Related Goals/Pillars	Mutual Mission Areas
World Institute on Disability	510-225-6400 / wid@wid.org	Disability rights and policy, inclusive and accessible programs	Disability accessibility, inclusive disaster planning and response
Department of Education			
Developmental Disabilities Council			
Agency Organization			
Agency Organization			
Agency Organization			

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5 Facilitating Effective Workgroups

Many people have had the experience of being a member of a workgroup or task force that does not seem to accomplish its goals, either because the goals or expectations were not clearly defined or communicated, or because the right people with the right expertise or decision-making authority were not at the table. Launching a workgroup or task force with community disability partners to improve inclusive and accessible planning for public health emergencies is subject to similar pitfalls.



Benefiting from the diversity represented among the workgroup members is a win-win situation for all, but it can take time for the different types of benefits and resources to emerge and be organized into action. Here are a few tips to navigate typical meeting pitfalls, address accessibility challenges, and work with stakeholders from diverse industries and with diverse life experiences and backgrounds.

Overarching Guidance and Tips



Take Time To...

- Encourage group members to share related experiences, verbalize their priorities, describe their clients, etc., so that members get to know each other.
- Recognize that the best decisions are not always the fastest decisions. Progress takes time.
- Allow people to be heard, feel valued, and reciprocate. Effective communication is important for people to get to know one another. This underscores how important it is for communication to be accessible.
- Consider using a neutral third-party meeting facilitator.

Develop a Foundation and Shared Priorities

Effective communication is key to meaningful partnerships, effective workgroups, and collaboration. In this context, this means not only accessible documents, assistive technology, and interpreters, but also the type of information necessary to facilitate meaningful and respectful engagement.

- Clearly communicate workgroup purpose, expectations, and objectives using accessible and redundant formats.
- Distribute roles and responsibilities across members, creating equitable opportunities for member engagement, contribution, and leadership.
- Assign leadership and decision-making authority to representatives from the disability community.

- Clearly articulate roles and responsibilities regarding note taking, posting meeting minutes, agenda-setting, etc., so that members may know what to expect and engage appropriately.
- Identify all sponsoring organizations or agencies, assigned role or responsibility, and be transparent about the reason for engagement.
- Clearly state that ensuring accessibility before, during, and after meetings is an ongoing priority, and be transparent about strategies to ensure provision of accommodations.

The RACI model is an organizational tool that identifies how each key stakeholder is involved in a project, and each person's role in project completion. RACI is an acronym for Responsible, Accountable, Consulted, and Informed. The four roles are assigned to the people collaborating for a common goal.

Responsible: Responsible for completing the work.

Accountable: Accountable for overall completion of the task or project.

Consulted: Communicates/consults with task owner on providing information to complete the task.

Informed: Informs team on updates and task progress.

Below is an example of a RACI (Responsible, Accountable, Consulted, and Informed) chart:

Tasks	Person 1	Person 2	Person 3	Person 4
Task 1	R	I	C	A
Task 2	A	R	I	C
Task 3	C	A	R	I

Prioritize Accessibility to Build Trust

Prioritizing accessibility throughout all workgroup processes is a way your organization can demonstrate a commitment to respectful engagement and an eagerness for collaboration.

- Ensure workgroup meeting locations are accessible.
- Develop and provide accessible meeting materials, such as handouts and presentations, in alternate and redundant formats.
- Schedule workgroup sessions with consideration of times and locations that are more accessible or accommodating to people with disabilities.
- Use a document sharing or team collaboration platform that is fully accessible for all members.
- Promote an environment in which members feel comfortable asking about or for accommodations.

Working Together

Inclusive planning and ensuring accessibility throughout all workgroup progress allows for meaningful engagement by all members. Fostering an environment for solution-focused collaboration includes multiple, accessible opportunities to share input; consensus-driven and transparent decision-making; and diversity across leadership positions.

- Reach consensus regarding use of conflict resolution strategies in initial stages of workgroup.
- Solicit feedback on workgroup communication strategies, progress, etc., from members using accessible evaluations at the conclusion of each meeting.
- Arrange for virtual meeting options to ensure accessible options for all members.
- Distribute roles and leadership responsibilities across members representing different sectors, industries, or disability status, creating equitable opportunities for member engagement, contribution, and leadership.
- Set SMART goals with a timeline that allows for relationships to develop and collaborative work to occur between disparate groups. SMART goals are Specific, Measurable, Achievable, Relevant and Time-Bound.

Tips for Accessible Virtual Meetings



There are a number of considerations specific to virtual meetings. In addition to the list found in Workbook #3 Planning for Accessible Meetings, Virtual Accessibility section, here are some items to keep in mind when conducting virtual meetings with your partners:

- Turn on your video so that your colleagues may use facial expressions to better understand the context of your message.
- Caption and record meetings to allow participants to review and refresh their memory as needed.
- Provide the invitation to request accommodations before every meeting. People's needs may change so do not assume that if an accommodation was not asked for previously that it is not needed. Similarly, do not assume that all participants with the same disability will need the same accommodation.
- Announce yourself when speaking so that individuals with visual disabilities remain aware of discussion.
- Use design features that make it easy to create accessible meeting presentations and documents, such as accessibility checker, accessible templates, alt tags, etc., allowing attendees to view meeting materials in

advance, follow along during the meeting, or refer back to them for future guidance.

- Use multiple methods for group discussion and question and answer sessions, including audio and chat features.

Tips for Conflict Resolution

Resolving conflict among meeting attendees is an important step in moving beyond challenges, achieving goals, and building strong partnerships. Consider these strategies when developing a conflict resolution strategy:

- Consider each person's mental model as a piece of the larger puzzle.
- Look for information that will help people move forward.
- Repeat and reflect what speakers are saying to demonstrate that they are being heard.
- Listen to ideas as if for the first time.
- Ask what data or logic might change their views.
- Understand when a conversation may need to be placed on hold (or put in the parking lot) if other de-escalation efforts are unsuccessful.
- Use meeting facilitation strategies to encourage a diversity of speakers and allow the conflict to defuse through conversation.

Tips for Meeting Evaluation and Assessment

It is important for meeting organizers to provide an opportunity for meeting attendees to report whether meeting logistics and processes, such as facility accessibility or communication leading up to and during the meeting, presented any unforeseen accessibility barriers. This opportunity allows meeting attendees to provide feedback in a respectful and non-intimidating way, so that meeting organizers can improve processes or address any unrealized accessibility barriers.

- Develop evaluation questions in collaboration with disability stakeholders to ensure comprehensive assessment of potential accessibility and inclusion barriers.
- Provide meeting attendees multiple opportunities to obtain, complete, and return meeting evaluation forms, which include alternate and accessible options (e.g., online, over phone, in person, etc.). Share feedback with meeting attendees and workgroup members, and be transparent about steps taken to address accessibility barriers.

Challenges and Barriers	Suggestions for Solutions	Confirmed Solution
Transportation of participants to meetings		
Virtual meeting location		
Refreshments/funding limitations		
History		
Challenge/Barrier		
Challenge/Barrier		
Challenge/Barrier		

Sustainment Strategies

Sustaining workgroup projects long term can be challenging. Meaningful results through stakeholder collaboration based on mutual respect and trust takes time. Workgroup planning should include identifying and implementing sustainment strategies that facilitate workgroup engagement long enough to see results and spur ongoing momentum.

- Set short, intermediate, and long-term goals and plan project activities accordingly.
- Pursue long-term funding opportunities to ensure workgroup sustainment, and support implementation of identified solutions.
- Connect workgroup activities with initiatives or activities of allied organizations or groups with similar or overlapping interests.
- Focus on topics and areas in which progress can be measured, achieved, and documented.
- Document and celebrate success through traditional and social media, highlighting benefits of partnership for involved parties.

CDC Statement

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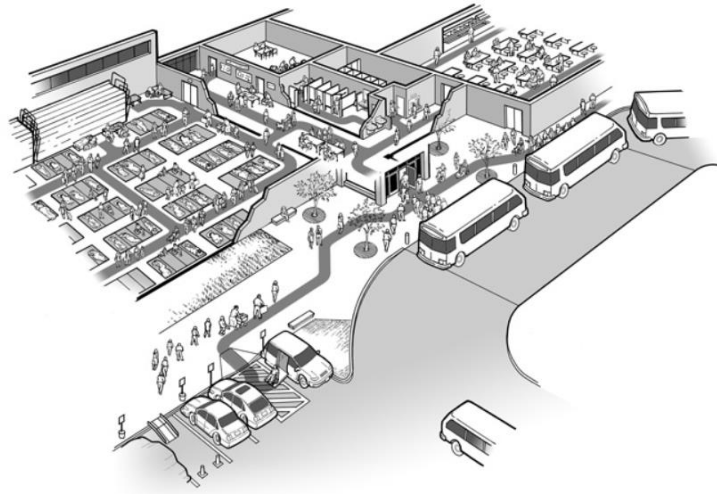
6 Facility Accessibility Quick-Check Tool

Services provided directly by the government, by government contractors, or supported with government funds, must be presented in facilities that meet certain accessibility standards, even during disasters or public health emergencies. Public health preparedness and planning activities should include identifying accessible locations to provide emergency health services.

The following series of questions can be used as an accessibility assessment tool during an initial survey or annual review, or during daily operations. The tool includes select questions from the Department of Justice (DOJ) Accessibility Standards for Emergency Shelters, but does not include the full DOJ checklist. A thorough accessibility assessment should be conducted periodically, as determined by local jurisdictional plans.

Parking Lot

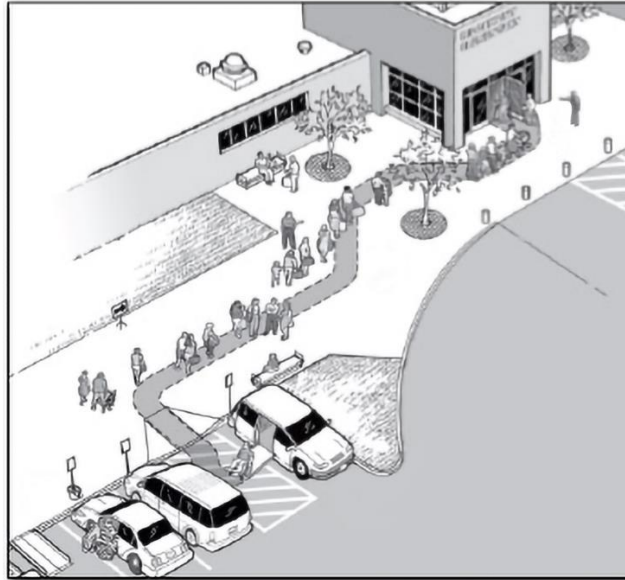
[Department of Justice ADA Emergency Shelter Accessibility Toolkit.](#) The graphic below is an example of an accessible parking lot.



Inspect the parking lot, particularly the accessible parking spaces and surrounding area and paths. Confirm the following accessibility features:

Parking Lot Checklist	Yes/No Check
Minimum number of accessible parking spaces are available.	<input type="checkbox"/>
Each accessible parking space is clearly marked with the symbol of accessibility.	<input type="checkbox"/>
Accessible parking spaces are along the shortest accessible route to the accessible entrance.	<input type="checkbox"/>
Clear, accessible paths of travel connect parking areas to accessible building entrance.	<input type="checkbox"/>
At least one van-accessible parking space is available.	<input type="checkbox"/>

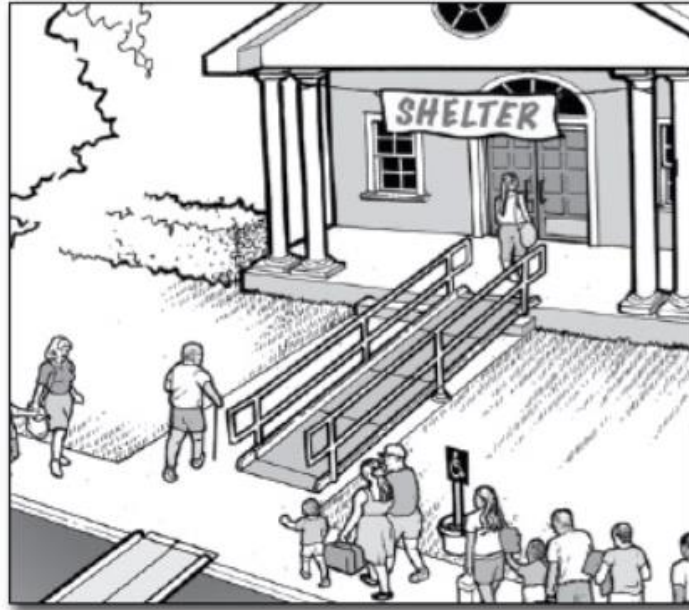
Sidewalks



Inspect the sidewalks and walkways that connect the parking areas, including accessible parking areas, passenger drop-off locations, and public transit stops at the entrances and exits. Confirm the following accessibility features:

Sidewalk Checklist	Yes/No Check
A sidewalk and/or walkway connects both the parking area and passenger drop-off areas to the path that leads to the accessible entrance of building.	<input type="checkbox"/>
An accessible route is available from the public sidewalk to the accessible entrance of the building.	<input type="checkbox"/>
Curb cuts are located along accessible routes.	<input type="checkbox"/>
Sidewalks and walkways are free of objects, cracks in concrete, steps, or changes in level that exceed 1/2" (one-half inch).	<input type="checkbox"/>

Entrances and Exits



Inspect the main entrance to and exit from the building, and confirm the following features:

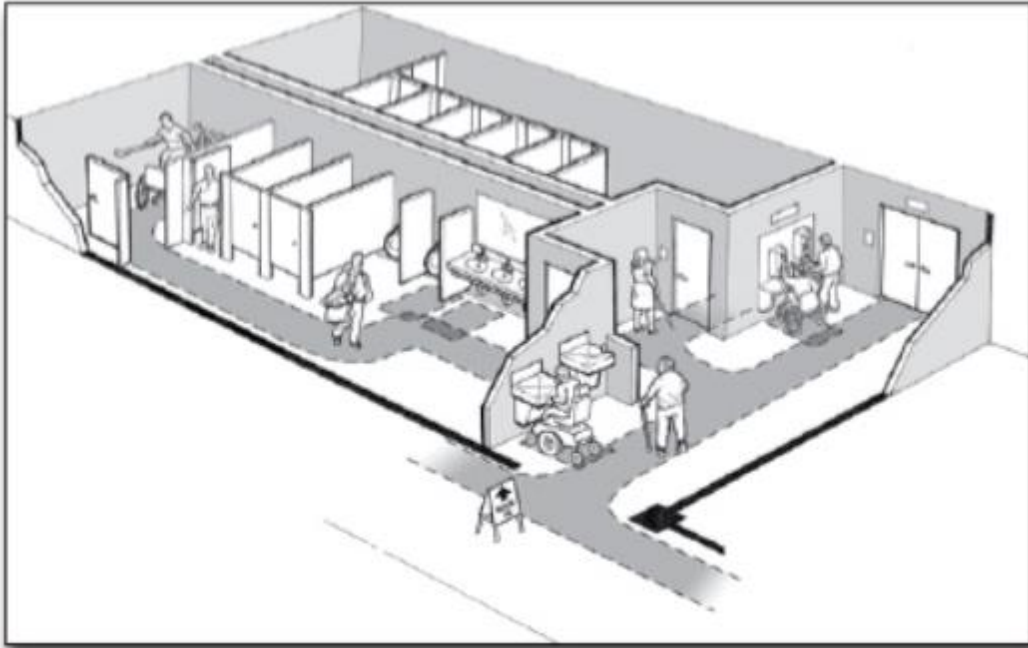
Entrances and Exits Checklist	Yes/No Check
Door to the entrance can be opened with one hand without tight grasping, pinching, or twisting of the wrist.	<input type="checkbox"/>
If the door is not automatic or power-operated, there is adequate clearance on the latch/pull side of the door so that a person using a wheelchair can maneuver.	<input type="checkbox"/>
If the main entrance is not accessible, there is directional signage indicating the location of the accessible entrance.	<input type="checkbox"/>
There is space available for a wheelchair user to approach, maneuver, and open the door.	<input type="checkbox"/>

Routes to All Service Areas

There should be an accessible route from the entrance to and exit from the building to all service areas. Inspect the paths of travel throughout the facility, including use of the elevator or wheelchair lift, and confirm the following:

Routes to All Service Areas Checklist	Yes/No Check
There is an accessible route that connects the entrance to all programs, services, or activities areas, including those located on different levels (for example, elevator, ramp, or lift is used to reach different levels).	<input type="checkbox"/>
Elevator or wheelchair lift can be operated automatically without having to use a designated key or turn it on from a remote location.	<input type="checkbox"/>
Doorways along accessible routes are at least 36 inches wide and easily open or are equipped with a lever handle.	<input type="checkbox"/>
Hall call buttons for the elevator are no higher than 48 inches from the floor.	<input type="checkbox"/>
Elevator is equipped with audible tones or announcements that indicate floor level.	<input type="checkbox"/>
Raised letters and Braille characters are used to identify each control button in the elevator.	<input type="checkbox"/>
Elevator is spacious enough to allow a wheelchair user to enter, maneuver around, and easily reach the controls.	<input type="checkbox"/>
There is a source of backup power to operate the elevator and established procedures to utilize backup power when needed.	<input type="checkbox"/>

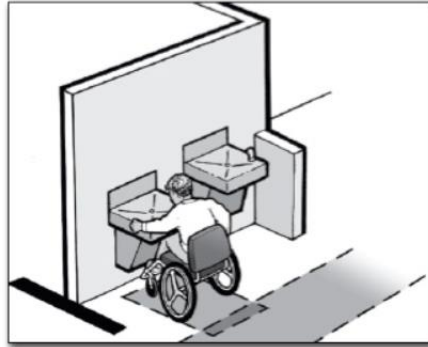
Restrooms



If possible, designate a single restroom as a “family restroom” to more easily accommodate those accompanied by a family member, caregiver, or attendant. Inspect the restrooms to confirm the following features:

Restrooms Checklist	Yes/No Check
Restroom entrances have universal access symbols on doors.	<input type="checkbox"/>
Restroom entrances have a raised and Braille sign located on the latch side of the door.	<input type="checkbox"/>
Bathroom sink has 19-inch clearance underneath that provides space for a person using a wheelchair.	<input type="checkbox"/>
Built-in dispensers or receptacles are mounted so they do not protrude more than 4 inches from the wall and 27 inches above the floor.	<input type="checkbox"/>
The drain and hot water pipes below the sink are insulated or covered to protect against contact.	<input type="checkbox"/>
Accessible stall is located at the end of the row of toilet stalls or, if not, the door opens out.	<input type="checkbox"/>
Accessible stall has horizontal grab bars (minimum 42 inches) mounted on the side wall (at 33 to 36 inches) above and parallel to the floor.	<input type="checkbox"/>

Water Fountain



If the facility is equipped with a water fountain, confirm the following features:

Water Fountain Checklist	Yes/No Check
For a wall-mounted unit, there is adequate clear floor space in front and under the fountain so that a person using a wheelchair can get close to the spout and controls.	<input type="checkbox"/>
For a floor-mounted unit, there is clear floor space for a side approach so that a person in a wheelchair can get close to the spout and controls even though the fountain has no space under it.	<input type="checkbox"/>
The top of the spout at the front of the fountain is no higher than 36 inches above the floor.	<input type="checkbox"/>
The water rises to at least 4 inches high when fountain controls are pushed with gentle force.	<input type="checkbox"/>
The controls are on, or near, the front of the unit and can be operated with one hand without tight grasping, pinching, or twisting of the wrist.	<input type="checkbox"/>

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7 Inclusive and Accessible Places of Service

Creating accessible vaccination programs, points of service delivery, or other public-facing disaster response actions involves understanding how to integrate a social model of disability. Accessibility is an ongoing commitment that should become routine. It is important to remember that an accessibility modification and checks are not done once; they are done on an ongoing basis.

Public Information

It is important that community members can easily obtain information about availability of services during a public health emergency or other disaster.

Checklist for Accessible Public Information

When advertising a public health event, include information about the following:

- Event time, hours, locations, scope of services
- Instructions for requesting accommodations
- Accessibility features or considerations that will be provided
- Information about transportation services, including accessible transportation services
- Websites, social media platforms, other websites to visit for additional information
- Phone number to call about specific accessibility questions

Appointment Scheduling

There is no “one way to reach all” method of scheduling appointments. Assume that individuals in your community use a variety of methods to learn about and carry out scheduling an appointment, including use of a cellular or landline phone, or through a home computer or smartphone.

Considerations for Scheduling

- Provide multiple opportunities to schedule an appointment, such as phone, email, website, smartphone app, etc.
- Include a list of locations and addresses in an accessible plain text document in addition to a map or other graphic.
- Ensure the website used by community members for appointment scheduling meets Website Content and Accessibility Guidelines (WCAG 2.0) as required by [Section 508 of the Rehabilitation Act](#).
- Post a phone number that community members may call with questions about accessible services and accommodations, including the appropriate telecommunications relay service number.
- Ensure staff who schedule appointments are trained and prepared to communicate effectively and give accurate information about accessible services.

Transportation Services

Lack of access to reliable, accessible transportation is a barrier commonly reported by individuals with disabilities. Depending on location, many people, including those with disabilities, do not have access to public transportation. Paratransit services are not widely available. Not everyone with a disability

qualifies for paratransit services, and for those who do, securing a ride may require advanced scheduling, substantial wait times, or restricted service areas.

Transportation considerations should include:

- Consider the proximity of the event site and nearby public transportation routes and transit routes.
- Inform the public about availability of transportation services, including accessible transportation services and how to access them.
- Publicize a phone number for individuals to call with questions about assistance accessing accessible transportation.
- Refer community members to alternate sources of transportation assistance if applicable.
- Ensure planning considerations include relying on qualified drivers who are trained and prepared to provide assistance to passengers with disabilities.
- Coordinate with community partners to expand scope of transportation services and opportunities if possible.

Facility Layout

Facility Accessibility Assessment Tool - See Mini-Workbook #6

Plans should include completing an accessibility assessment prior to opening a vaccine or other health service delivery site. The accessibility assessment presented in Mini-Workbook #6 and other references in that section are examples of assessments that could be included in your plan. The plan should include applying accessibility assessment to all operational areas including:

- Parking lot
- Sidewalks
- Drop off areas

- Doorways
- Pathways
- Restrooms
- Sign-in and waiting areas
- Clinic service and post-clinic waiting areas

Signage and Wayfinding

Develop plans to ensure that:

- Accessible entrances and exits are clearly marked.
- Navigational signage indicates location of service areas and restrooms.
- Service areas are clearly marked with accessible signage.
- Off-limit areas are clearly marked in accessible manner.

Operational Planning

Planning for inclusion and accessibility includes identifying resources necessary for implementation and ensuring staff are trained and prepared to carry out their responsibilities. Planning activities should include:

Safety-Related Features

Confirm the following safety-related considerations are addressed:

- Review safety procedures for disability inclusion, including evacuation routes and emergency communications.
- Designate personnel to ensure adequate assistance is provided to meeting attendees during an evacuation.
- Food, drink, and refreshments are accessibly located, labelled, and alternatives are available.

- Handouts are in accessible formats.

Consent

- Develop and have readily available consent forms in alternate and accessible formats.
- Require that personnel who are distributing, explaining, and collecting consent forms complete disability awareness trainings.
- Ensure there are clear policies regarding consent policies, forms used, and how to find additional information if there are questions.
- Equipment and Supplies - assistive technology for accommodations is available and staff are trained and prepared to use it.
- Accessible diagnostic equipment is available and staff are trained and prepared to use it.

Vendors

Ensure vendors are prepared to provide accessible services and make accommodations when necessary.

Referral Services

Ensure processes to issue referrals for follow-up that is vaccine-related, or other health or human service-related services are accessible and inclusive.

Tool – Local Transportation Partners

Who are the transportation providers in your area who can be contacted to assist with disability accessible transportation needs in a disaster. Include both disability focused transportation sources and transportation providers that include accessibility within their array of services.

Local Transportation Partners Tool

Local paratransit providers include:

Local disability inclusive transportation providers include:

Local community organizations include:

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