

Public-Private Health Equity Cooperative



Welcome and Introductions

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 Division Vision

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



WID Project Team Introductions



Dawn Skaggs
Christina Alfaro
Natali Perilo
Dee Grimm RN, JD

Participant Introductions



Task Force Jurisdiction Participants



Background and Goals

Project Background



- People with disabilities are 2 to 4 times more likely to have negative and disproportionately poorer outcomes in disasters, and are least likely to return to their baseline state of health after disasters
- Marginalized and multiply marginalized populations are documented to have the most significant negative disaster impact, indicating that they have the least amount of resiliency prior to a disaster
- Systemic and institutional policies exist that are biased and discriminate against certain populations (social determinants of health)
- Disability crosses all other social and community sectors and is the only bias that has not had significant improvement in the last 15 years

Premise for the Project



- Prejudices, biases or judgmental thinking may affect how resources are allocated and how certain people are treated in disasters
- Previous experiences and mistrust between marginalized populations make emergency planning and messaging more complex
- Some populations may require more assistance during disasters to maintain their health and independence that may be insufficient or unavailable
- All disasters start at the local level, so solutions need to start at the local level
- Health equity in disasters does not happen in a silo it is dependent on community partnerships



The Project

Project Overview



Goal 1: Improve health outcomes for people with disabilities and other intersectional marginalized groups before, during and after disasters

Goal 2: Improve community disaster programs and services for people with disabilities and other intersectional marginalized groups

Project Objectives



- 1. Foster Community Health Resilience
- 2. Engage representatives in dialogue to strengthen preparedness for, response to, and recovery from disasters and other emergencies
- 3. Identify and promote promising practices
- 4. Provide technical assistance to Public Health, Healthcare, Emergency Management Communities, and invested community stakeholders

Project Outcomes for People



- Decrease disparities in health outcomes at the local level for people with disabilities and other intersectional marginalized groups during disasters.
- 2. Create partnerships with local community associates (health departments, public agencies and private sector) to improve outcomes in disasters for people with disabilities and other intersectional marginalized populations.
- 3. Improve inclusionary practices and policies in public health emergency operations plans for people with disabilities and other intersectional marginalized groups.

Project Steps



- 1. Identify pilot jurisdictions and invite them to participate in project
- 2. Identify potential task force participants and send invitations
- 3. Set regular task force meetings with WID facilitation
- 4. Perform community health assessment related to disasters
- 5. Perform root cause analysis of community health disparities
- 6. Develop action plan to improve health outcomes
- 7. Implement community level health strategies for improving outcomes and reducing disparities
- 8. Document project outcomes for national recommendations and utilization



The Task Force

Task Force Diversity



Task Force must represent a diverse array of community stakeholders

- Racially, ethnically, and culturally diverse
- Socio-economically diverse
- Geographic diversity of the region
- Diverse community roles
- Diverse experiences and perspectives

Potential Task Force Make up



- Emergency managers
- Healthcare and public health services
- Policy leaders
- NGOs, Businesses, Private sector partners
- Disability-led organizations
- Community-based services and organizations
- Informal community leaders (faith-based organizations, cultural leaders)
- Tribal nations
- Educational institutions/providers
- Disability stakeholders

Disability Stakeholder Representation



- Identifying disability representation by diverse functional needs:
 - Mobility
 - Vision
 - Hearing
 - Cognitive, intellectual and developmental disabilities, mental health illnesses
- Accounting for dynamics of intersectionality of other marginalized populations to ensure pan-disability representation



The Task Force POC

Task Force POC Role



- Review project process and Task Force overview prior to first meeting
- Assist to identify, invite and confirm task force participants (flyer and information will be provided)
- Assist with Task Force meeting scheduling and logistics
- Serve as the point of contact for Task Force communication
- Serve as liaison for community regarding the Task Force activities
- Provide project team with any inquiries about the project and requests for accommodations

Task Force POC Role Continued



- Assist Task Force members with distribution of community assessments, surveys and demographic studies
- Encourage task force members participate regularly in meetings, discussions, collaboration, and information dissemination
- Communicate task force needs, challenges and requests to project team
- Identify replacement POC if unable to remain in the role

Resources



Project Manager:

Dawn Skaggs <u>dawn@wid.org</u>

Task Force Facilitators:

- Dee Grimm <u>emctrainer@aol.com</u>
- Natali Perilo <u>natali@wid.org</u>

Project Coordinator:

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Questions and Discussion