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

Achieving Disability Equity In Vaccinations and Disaster Response

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

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

- Accessible programs and facilities
- Effective and meaningful communication
- Community-agency relationships that support a whole-community approach
- The ability of centers for independent living, community-based disability organizations, and disability stakeholders to know, understand, and effectively engage with agencies and service providers to create and sustain equitable opportunities and experiences for people with disabilities

Workbooks In This Package

The workbooks in this package are intended to help community-based organizations to engage with local and public health representatives and agencies in support of accessible environments, collaborate on inclusive planning, and effectively provide their valuable subject matter expertise. The workbooks include ideas, rationale, implementation recommendations, and hands-on tools. They are designed to support existing guidance documents,

toolkits, and recommended best practices with ideas on how to improve health equity for people with disabilities, and cover common topics that can contribute to barriers to inclusion. The workbooks are designed to be used individually or together.

Five Workbooks

1. Public Health Language
   Common language used in public health and disaster programs
2. Local Government Agencies – How They Work
   Basic introduction to public health systems and processes
3. Understanding Systemic Bias
   Proactive problem-solving strategies for impacting systemic bias
4. Building Relationships and Working Groups
   Asset-mapping tool
5. Advocacy That Builds Equity
   Advocacy in disaster planning, response, and recovery

CDC Statement

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.

1 Public Health Language

All industries, cultures, and groups of people use terms that reflect what is important to them. This "language" helps to improve understanding and create effective communication. This is true for the disability community as well as for health, public health, emergency management, and other public agencies.

As much as group terminology helps to facilitate effective internal communication, it can also inadvertently exclude, confuse, or create barriers for effective communication with a broader audience.

The ways in which state and local governments organize and fund public health systems and deliver public health services vary across and within states. This includes the agency or organization tasked with carrying out all or some of the public health functions. In some states, the local public health department is an extension of the state public health agency. In other states, local public health departments are funded and managed by the city or county. It is important that, in the preparation stage, you research and understand the infrastructure of public health in your area.

It is important to remember that organizations external to the local public health department may also provide community health, clinical, behavioral or mental health services in an area. In this case, these external organizations should not only be seen as a critical partner in planning and responding to disaster, but also as key partners in improving health equity day to day.

For these workbooks, the term "public health departments" refers to traditional public health agencies or departments funded and managed through city, county

or state government, as well as nonprofit or private organizations that provide services in the form of clinical health services, public health vaccines, or mental or behavioral health services.

Public health departments, service providers and disability stakeholders alike benefit when they understand the terms, meaning, and purpose of each other's terminology.

Understanding the Language

Below is a list of common terms used by and useful to public health professionals and service providers. By completing this table with your own words in the box provided, you can create a resource to better communicate with, understand, and be understood by agencies.

Biostatistics

Definition:

Field of public health that uses statistics to better understand disease patterns across populations. Biostatisticians gather and analyze data related to how biological factors like infectious diseases and pathogens impact human health.

In My Own Words:

Clinical care

Definition:

The prevention, treatment, and management of illness and the preservation of mental and physical well-being through services offered by medical and allied health professions; also known as health care.

In My Own Words:

Community Emergency Response Team (CERT)

Definition:

Community-level program administered by FEMA that trains citizens to better understand how to prepare for a disaster, stay safe in a disaster, and assist with the immediate disaster response as appropriate.

In My Own Words:

Continuity of operations plan (COOP)

Definition:

An effort to ensure that essential functions within an agency continue to be performed during disruptions or disasters.

In My Own Words:

Determinant

Definition:

A factor that contributes to the generation of a trait, effects a change in health condition, or other characteristic.

In My Own Words:

Disability inclusion

Definition:

Disability inclusion allows people with disabilities to take advantage of the benefits of the same health promotion and prevention activities experienced by people without disabilities.

In My Own Words:

Emergency Operations Center (EOC)

Definition:

A physical or virtual location from which coordination and support of incident management activities are directed in a disaster response.

In My Own Words:

Emergency Preparedness and Response

Definition:

A state of readiness to respond to a disaster, crisis, or any other type of emergency situation including the steps that are taken to protect and preserve life and property before a disaster, and to implement the plans during a disaster.

In My Own Words:

Environmental health services

Definition:

Environmental health services refer to the detection and alleviation of unhealthy conditions of the environment of the catchment area, such as problems associated with water supply, sewage treatment, solid waste disposal, rodent and parasite infestation, and housing conditions.

Example: Environmental health scientists collect and analyze data to understand how environmental factors affect public health and well-being.

In My Own Words:

Epidemiology

Definition:

The study (scientific, systematic, and data-driven) of the distribution (frequency, pattern) and determinants (causes, risk factors) of health-related states and events (not just diseases) in specified populations (neighborhood, school, city, state, country, global). What is Public Health? | CDC Foundation

In My Own Words:

Exercise

Definition:

An instrument to train for, assess, practice, and improve performance in prevention, protection, response, and recovery capabilities in a risk-free environment.

In My Own Words:

Global health

Definition:

Area of study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide.

In My Own Words:

Health Disparity

Definition:

Preventable differences in burden of disease, injury, violence or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic and other population groups and communities.

In My Own Words:

Health outcome

Definition:

Result of a medical condition that directly affects the length or quality of a person's life.

In My Own Words:

Incident Command System (ICS)

Definition:

A standardized incident management strategy used to create an organizational structure and hierarchy for managing temporary incidents of any size. Procedures should be pre-established and personnel should be well-trained prior to an incident.

In My Own Words:

Isolation

Definition:

The complete separation from others when a person has a contagious or infectious disease.

In My Own Words:

Joint Information Center (JIC)

Definition:

- A structure that integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, accurate, accessible, timely, and complete information during crisis or incident operations.
- A working location, where multiple jurisdictions gather, process, and disseminate public information during an emergency.

In My Own Words:

Outbreak or epidemic

Definition:

Occurrence in a community or region of cases of an illness, specific health-related behavior, or other health-related event clearly in excess of normal expectancy. Both terms are used interchangeably; however, epidemic usually refers to a larger geographic area of illness or health-related event.

In My Own Words:

Pandemic

Definition:

Denoting a disease affecting or attacking the population of an extensive region, country, or continent.

In My Own Words:

Points of dispensing (POD)

Definition:

Community locations at which state and local agencies or other organizations make health, medical and disaster supplies available to the public. There are two types of PODs, open and closed. Open PODs are usually operated by local public health agencies in public locations like schools, community centers and arenas. Closed PODs are operated by public and private agencies to dispense supplies to their own populations.

In My Own Words:

Population health

Definition:

An approach to health that aims to improve the health status and health outcomes of an entire population.

In My Own Words:

Prevention effectiveness

Definition:

The systematic assessment of the impact of public health policies, programs, and practices on health outcomes by determining their effectiveness, safety, and costs.

In My Own Words:

Public health

Definition:

The science and practice of protecting and improving the health of people and their communities.

In My Own Words:

Public health informatics

Definition:

Systematic application of information, computer science, and technology to public health practice, research, and learning.

In My Own Words:

Public Health Intervention

Definition:

Any effort or policy that attempts to improve mental and physical health on a population level.

In My Own Words:

Public health surveillance

Definition:

The ongoing, systematic collection, analysis and interpretation of health-related data essential to planning, implementing and evaluation of public health practices

In My Own Words:

Quarantine

Definition:

The separation and movement restriction of people who were exposed to a contagious disease to see if they become ill.

In My Own Words:

Recovery committee

Definition:

A group of people who help individuals and communities recover and restore their lives after a disaster and achieve an effective level of functioning. They can coordinate information, resources, and services; establish priorities; and provide information and advice to the affected community and recovery agencies.

In My Own Words:

Social Determinants of Health

Definition:

Any definable factor or condition that effects a change in health condition or other health impacting characteristic of the environment in which people live.

In My Own Words:

Working group

Definition:

A group of experts working together to achieve a specific goal.

In My Own Words:

Shared understanding of key terms and their usage helps all parties involved to address and overcome barriers and challenges to health equity. Furthermore, relationships and partnerships can be developed that highlight shared goals and commitments to health equity for people with disabilities in disasters.

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2 Local Government Agencies – How They Work

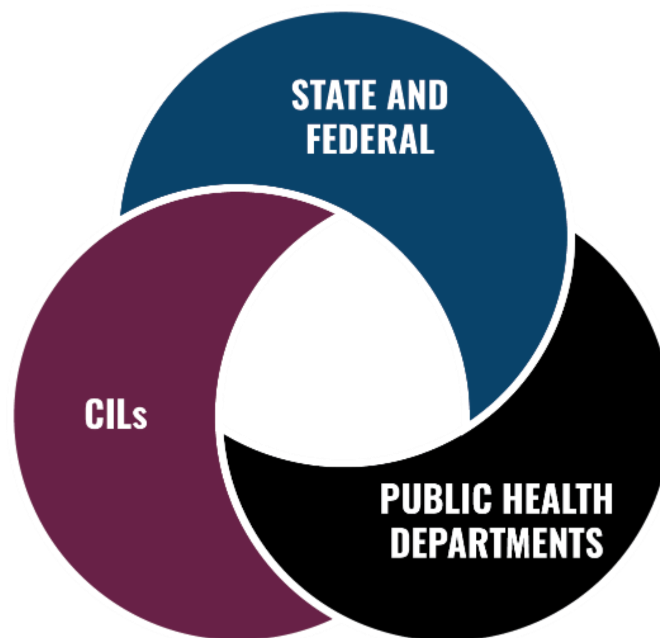
Government agency culture and organizational practices provide the framework for how programs and services are delivered. Agencies, systems, and services can be impacted by implicit bias that may limit agency personnel from effectively serving people with disabilities. Personnel may be unaware of the bias. Understanding how misinformation, lack of information, and implicit biases are perpetuated within an agency, and how they can create barriers to inclusive programs, helps community members understand agency challenges.

While diversity, inclusion, and equity programs have demonstrated successful outcomes in establishing more diverse agency cultures, these initiatives often inadvertently omit the disability community and the incorporation of equitable access to resources and support. As a result, public-facing programs might be perceived as inclusive, but may still lack a fully integrated agency culture that offers equitable experiences.

The ways in which state and local governments organize and fund public health systems and deliver public health services vary across and within states. This includes the agency or organization tasked with carrying out all or some of the public health functions. In some states, the local public health department is an extension of the state public health agency. In other states, local public health departments are funded and managed by the city or county.

For these workbooks, the term "public health departments" refers to traditional public health agencies or departments funded and managed through city, county or state government, as well as nonprofit or private organizations that provide services in the form of clinical health services, public health vaccines, or mental or behavioral health services.

Understanding Local Public Health Functionalities



Local public health departments and Centers for Independent Living (CILs) usually work independently but have overlapping commonalities. They may have similar goals, missions, local funding sources, federal funding sources, and local partners, including local non-profit organizations. Building from strengths and using an asset-based approach to policies and practices allows room to explore other ways that an agency can retain its essential functions.

Government agencies can make modifications that allow growth, change, and improvements that support accessibility for all community members, including people with disabilities.

The first steps to understanding each other are identifying what we know and do not know. Fill in the fields below with what you already know and understand or would like to know about your local public health agencies:

WHAT I KNOW

WHAT I DO NOT KNOW

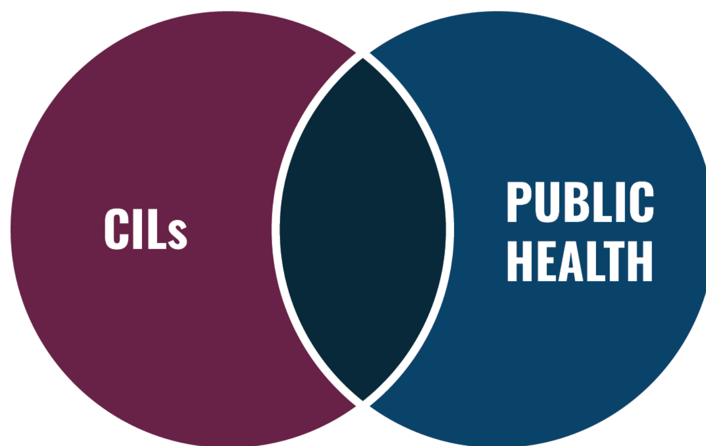
In addition to responsibilities shared with CILs, local public health departments provide vital services to keep communities healthy and safe, including the following:

- Epidemiology and public health surveillance
- Environmental health
- Population-based primary prevention
- Screening and treatment of diseases/conditions
- Immunization
- Maternal and child health

- Injury prevention
- Interventions promoting healthy eating, physical activity, smoking cessation, and more
- Other responsibilities tasked by local government

Local Public Health Departments and Public Structure

While both CILs and public health departments operate and function as a result of legislation and grant requirements, they share similarities in community outcomes. They are both community driven and community focused.



Their interactions involve an overlapping overall mission and purpose:

- Legislatively and through federal grant requirements
- Community-driven and community-focused
- Common target populations and functions

Governing Structure

- Do you understand the public health structure in your community? Do you understand the organization of state and local public health departments in your area?
- What are the roles and responsibilities of the public health department in your community?

WHO ARE THE LEADERS?

WHAT DO THEY DO?

WHO WOULD MAKE A GOOD PARTNER?

Additional Insights

There are many different ways that local and state governments may organize and structure delivery of public services, assign responsibilities, or grant authority to elected or appointed officials. It is important to remember that:

- Local public health departments may report to city or county/parish officials and/or state officials as required through legislative or grant funding requirements.
- Authority of local public health departments varies across states.
- New initiatives or projects may require local public health departments to obtain approval or buy-in from external sources.

Understand who the right partners are in your community: local public health department, community health clinic, or behavioral health office. Meet them where they are, and work with them to navigate any limiting parameters, organizational barriers, or gaps in awareness or knowledge.

Potential Shared Interests

There are areas of responsibility for public health for which there is no direct overlap with CILs. However, CILs may want to offer support through a shared interest.

CILs, disability-led organizations, and other community partners may assist public health departments with identifying and engaging with population groups that are “invisible” or “hard to reach.” Examples include:

- People with mental and behavioral health needs
- People with limited transportation options
- People who are unable to easily leave their places of residence
- Closed communities, such as senior centers, large and small institutions of all types where deinstitutionalization can be encouraged
- Small or private community-based providers
- Disability specific organizations/programs assisting people of all ages

CILs, disability-led organizations, and other community partners can help explain how the needs of people with different types of disabilities are met on a daily basis, as well as the typical barriers people with disabilities experience when accessing community services. CILs can share insight with public health departments on how to initiate, improve, or sustain effective communication, coordination, and engagement with other community partners who serve people with disabilities.

Directory of Public Health Departments (HDs)

Instructions: Search by state and ZIP code on naccho.org. Create your own resource and contact list, as in the example below:

HD Name/Address	Point of Contact (Name)	Phone Number
Hollow County Health Department 1000 Hollow Highway Center, UR 30303	Jane Smith	555-555-1212 District Clinic: 1-888-555-1212

What Public Health Departments Do

Local public health departments lead a variety of community activities that promote preparedness, vaccines, and other behaviors that support and advance health and safety.

What local public health programs and services do, or how they should overlap with the work of your organization?

Pre-COVID-19 Challenges

- Local health departments are fighting health threats with fewer resources than ever. Sixty-seven percent of public health department budgets either decreased or stayed the same in 2019 versus 2018. Fifty-three percent of the U.S. population lived in areas where health department budgets were stagnant or decreased in 2019.
- Decrease in health department workforce capacity has occurred over the past decade, from 5.2 million in 2008 to 4.1 million in 2019. Decreases in the public health workforce were well documented even before COVID-19.
- Local health departments have complex and varied limitations or scopes of authority across situations and scenarios, including during daily operations, disasters, and public health emergencies.

- Funding is siloed, with grants typically supporting activities on projects to address specific disease topics such as smoking or diabetes. Grant-based funding is often accompanied by various requirements that limit LHD activities or services.

- Local health departments are often presented with legislative mandates unaccompanied by additional funds, which can inhibit the implementation of intended policy changes.

- Vague guidance from regulatory bodies or funding entities can result in varied implementation processes and varied outcomes.*

  * Data from this section is found in:

  NACCHO Analysis Changes in Local Health Department Workforce

Post-COVID-19 Challenges

Prior to the COVID-19 pandemic and subsequent response by state and local public health departments, the day-to-day activities of most department staff were performed with little or no attention from the community. As the pandemic unfolded and more attention was focused on the public health department and their personnel, they withstood an unprecedented amount of criticism and scrutiny.

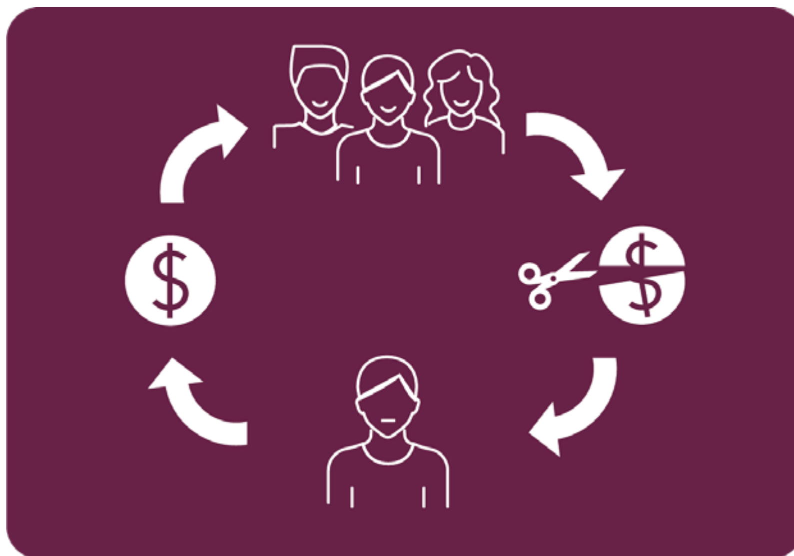
Routine public health activities conducted by local public health departments such as outbreak investigations, disease surveillance, and promotion of basic infection control practices, were scrutinized through a new lens, resulting in additional challenges, such as the following:

- Political influence
- Staff burnout and subsequent staffing challenges
- Community burnout due to long-term response and subsequent disregard for health promoting behaviors
- Mistrust due to change in mitigation plans
- Dissemination of misinformation and miscommunication

Pay Attention to Changes at Local Public Health Departments

- Has there been a leadership change recently?
- Are there new hires?
- Have aspects of ongoing program or services recently changed, such as focus or target population? Have programs or services been cut or added?

Sustaining Public Health Care When It's Working



One thing to consider is that public health services are meant to prevent disease or injury or other health conditions. When public health services are successful, and disease prevalence rates decrease, interest in continuing to fund public health services may seem unnecessary. But when funding decreases, those successes also decrease.

Disparities in health equity are often revealed when a visible problem arises within the community during a health emergency response.

When a public health issue is magnified within a community for an extended period of time, the following obstacles occur:

- Miscommunication across agencies
- Mistrust within the community
- Service provider burnout
- Future resistance to the adoption of public health practices

Often, what isn't working receives greater attention than what is working in a community. We know it's easier to build on a foundation of what's working and what's going right in our communities to take steps towards inclusion of people with disabilities.

There are several ways to mitigate these risks and to establish a foundation of trust across shared mission, goals, values, and priorities between local public health agencies, and CILs. To provide a basis for developing sustainable, equitable public health and emergency plans, it is important to highlight commonalities of intent and to understand who has decision-making capability within the community. It is important to remember that, like person-centered planning, emergency response plans, including those developed and maintained by local public health departments and offices of emergency management, are subject to change and highly dependent on situation.

To bridge the public health equity gap in a way that is sustainable from-day to day though natural or public health emergencies promote the following:

- Equitable access
- Individual and system advocacy
- Sharing of local public health and emergency management plans
- Knowledge of key players in state and local public health departments
- Awareness and acceptance that emergency plans shift and local officials pivot by responding to needs

An equitable local public health department offering inclusive health services and programs requires ongoing communication, monitoring of current

resources, and person-focused care. Growing equitable health plans and inclusive health services and programs for the community involves proactive and consistent engagement of CILs and all key players in local public health and safety.

Ongoing communication and collaboration allow opportunities for collaborating agencies and organizations to minimize barriers and the ability to adapt to changes if and when they arise. Sustaining progress towards inclusive public health practices requires consistent monitoring of all the variables that contribute to equitable health for the whole community.

Similar to the ongoing care it requires to grow a healthy garden, sustaining growth in equitable health services and programs requires a solid foundation, a foundation that includes all the “right” nutrients to promote more growth. When the elements change, like too much rain in a garden, we must continue to encourage growth through pivots and changes.

Similarly, local public health departments and agencies are required to adapt to political changes and respond to the specific resources that are needed. CILs can be a part of and support that change. Caring for, nurturing, and sustaining the foundations that support health equity within the community and the local public health department structure helps promote ongoing positive growth.

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3 Understanding Systemic Bias

Bias often emerges as behaviors that intentionally or unintentionally exclude people with disabilities. While rarely a conscious decision, bias is often woven within the fabric of a system, making it more difficult to change.

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Misunderstandings, Misperceptions, and Ableism

Misunderstandings, misperceptions, and lack of correct information can be the source of bias. Most public health departments and staff who exhibit bias lack correct information or understanding.

Ableism is a type of bias founded in the misunderstanding and misperception that not having a disability is a more desirable state and that a disability means something is wrong with the person. Ableism is almost always experienced in a negative way and can lead to feelings of disrespect and lack of value.

Which of the following reflect the misperceptions and indicators of ableism that your organization has experienced? Click Yes in the checkbox to the right of the statements:

People with disabilities...

do not have the same quality of life.

are not healthy.

are not leaders.

need to be creative to overcome their limitations.

need a special plan.

Overcoming Bias and Misperceptions

Most implicit bias is the result of the systems we work in. This is especially true in service industries such as health, medicine, and emergency response. Changing the system can appear daunting.

Keeping in mind that much of systemic bias is rooted in misperceptions, we can begin to overcome bias by identifying incorrect information and providing correct information. Areas of bias can be viewed as opportunities to provide information and subject matter expertise.

Identify activities that demonstrate systemic bias and note some ideas of how to make changes. Examples are below, followed by fill-in form fields for your organization.

Example 1 of 2:

Action That Shows Evidence of Systemic Bias

Example: Not providing handout or informational materials in alternate and accessible formats at vaccine clinic.

Incorrect Information

Example: Alternate formats are unnecessary because people with disabilities will obtain the information they need via their customary methods, such as visiting the CDC website.

Correct Information

Example: Not all people with disabilities have the same communication needs or strategies, or resources to obtain additional information not provided at a vaccine clinic.

Inclusive Unbiased Action

Example: Implement procedure for routinely developing and providing handouts in alternate and accessible formats.

Example 2 of 2:

Action That Shows Evidence of Systemic Bias

Example: Asking caregiver of person with a disability to provide consent for vaccine.

Incorrect Information

Example: People with disabilities who are accompanied by a caregiver are unable to provide consent.

Correct Information

Example: Provide all information and direct all questions to the individual with a disability, unless redirected by the person with a disability to speak with caregiver.

Inclusive Unbiased Action

Example: Assume all adults, regardless of disability or presence of a caregiver, are able to make informed decisions and provide consent.

Your organization – 1 of 3:

Action That Shows Evidence of Systemic Bias

Incorrect Information

Correct Information

Inclusive Unbiased Action

Your organization – 2 of 3:

Action That Shows Evidence of Systemic Bias

Incorrect Information

Correct Information

Inclusive Unbiased Action

Your organization – 3 of 3:

Action That Shows Evidence of Systemic Bias

Incorrect Information

Correct Information

Inclusive Unbiased Action

Looking at the examples above, what are the areas of expertise within your organization that might be helpful to public health departments?

Applying the Social Model to Achieve Equity

If ableism is rooted in the belief that something is wrong with the person, we can say that equity is rooted in the belief that something is wrong with the environment.

Because most environments are not designed with everyone in mind, not everyone can equitably access, understand, or use the environment they're in. This makes environments inaccessible and inequitable.

Accessibility is when information, activities, and environments are meaningful and usable for as many people as possible (including 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.

Strengths, Weaknesses, Opportunities, and Threats to 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 to be inclusive but may still be ineffectual.

The accessibility and equity of an environment and how the community uses that environment is a shared responsibility. Community-based organizations, disability-led organizations, and people with disabilities have a role in this change. To identify roles that organizations can play to improve understanding, and to change misperceptions that might be influencing public health department practices, conduct an internal evaluation of Strengths, Weaknesses, Opportunities, and Threats (SWOT). Apply this assessment to disability inclusion in your organization's planning, preparedness, and disaster response activities.

List ways that your organization provides instruction or encourages public health departments and providers to be disability accessible and inclusive.

S

STRENGTHS

List examples of misperceptions or bias your organization is aware of but has not reached out to help change.

W

WEAKNESSES

List actions that your organization can take to improve disability inclusion and competency in public health departments.

O

OPPORTUNITIES

List what has prevented your organization from providing accurate information, education, or support to public health departments or emergency agencies.

T

THREATS

How can your organization use its strengths and opportunities to eliminate bias?

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4 Building Relationships and Working Groups

Local public health departments are important partners when Centers for independent Living (CILs) focus on improving health equity for those with disabilities. Many communities have found ways to partner with public health departments to improve the accessibility of vaccination programs, public-facing services, and disaster response. This is accomplished through shared goals, mutual understanding, and respect for cultural differences. As well, effective communication and trust are precursors to sustainable relationships.

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extension of the state public health agency. In other states, local public health departments are funded and managed by the city or county. Organizations external to the local public health department may also provide community health, clinical, behavioral or mental health services in an area. In that case, these external organizations should not only be seen as a critical partner in planning and responding to disaster, but also a key partner in improving health equity day-to-day.

Initial Approach and Outreach

As your organization works to learn more about the public health department operating in the community, remember that those working there may have limited information about, awareness of, or expertise in working with the disability community. Do not assume the same broad understanding of disability issues that may be present among other community or government partners. Recognize this as an opportunity to educate others about disability. This can be done through technical assistance, information sharing, etc. Below are examples of steps you can take toward initial approach and outreach:

- Research the government entities and organizations providing public health services in local area.

- Identify the right person or position most likely to engage in new partnership.
- Make sure the health department provides the contact information for the appropriate point of contact with the department. Sometimes health department staff may not understand your organization's mission, structure, activities or know how to contact the "right" individual. Sharing this information with the health department will help connect them with the right person.
- Be able to articulate proposed activities and anticipated benefits from collaboration or partnership.
- Obtain buy-in and support for public health partnership or workgroup activities and goals from your organization's leadership.
- Be flexible, patient, and understanding as new partners work to better understand how to assess accessibility, provide accommodations, and ensure inclusion.
- Recognize an opportunity to be a resource and expert on disability and help to educate others.

Articulate Value

Due to limited experience in life or work or limited capacity at work, public health personnel may not immediately see the full spectrum of benefits that result from partnering with disability stakeholders. Therefore, it is important that disability stakeholders clearly articulate the diverse resources and expertise they bring to the table. In many ways, CILs have connections and access to resources beyond that of health departments with local or regional jurisdictions. CILs have earned the trust of stakeholders and have built connections with organizations focused on specific topics, local or regional peer networks, and local community leadership.

Do any of these resonate with you?

- Provide expertise in the areas of accessible communications, accessibility.
- Leverage connections to diverse community networks, such as accessible transportation providers, translators/interpreters.
- Serve as "force multiplier" in the community by promoting preparedness awareness and education to a network of clients and partners.
- Respond as a partner by hosting health clinics, vaccination sites, facilitating connection with clients.

- Assist with review, development, or delivery of disability awareness training.
- Solicit volunteers among clients or staff to participate in an emergency management exercise and serve as "actors" who play disaster victims in the scenario.
- Participate in and support health promotion interventions for the whole community (not as a special targeted subgroup; all public health interventions should include disability partners).

What other ways can your organization be a valuable partner to local public health departments?

Challenges and Opportunities

Working with government entities such as local health departments can present challenges that may result in progress that is slower or more narrowly focused than passionate stakeholders may desire. Consider the following factors and how they might impact a workgroup's ability to move initiatives down the road.

Identify the “Right Person”

It can be hard to identify and/or connect with the individual in the public health department who is in the position to represent historical context, commit resources, or have authority to make decisions.

It is important to research the public health department to identify leadership and those working in the areas of emergency preparedness, health equity, or vaccine delivery.

Consider the following steps:

- Review the public health department website.
- Search for previous presentations on public health preparedness in your area and identify the presenter and sponsoring organization.
- Ask other community organizations or partnering agencies about previous collaborations with the public health departments and ask for an introduction.
- Attend public local fairs, conferences, or workshops hosted by the local emergency management office or public health preparedness personnel.

- Follow your local emergency management office and public health department on social media and subscribe to any newsletters or distribution listservs.

Make Use of Extended Timelines

Extended timelines may be discouraging for those new to community workgroups, but there are also advantages. “Shovel ready” projects have most of the resources in place, but may lack one or two items, such as funding or final approval, before they can be implemented. Here are some best practices to secure funding:

- Name short, medium, and long-term goals.
- Identify “shovel ready” projects that can serve as the focus of short- or medium-term goals.
- Work across topic areas so that something is always being accomplished.
- Use the extended timeline to let relationships develop, diverse talents emerge, and good ideas to solidify.

Identify the Decision-Making Authorities

Decision-making authority may be concentrated at the top levels of the organization and not among staff who attend the meetings.

Consider the following steps when navigating this challenge:

- Approach a partnership with the public health department from multiple angles in order to secure department leadership buy-in from the beginning.
- Connect with public health department leadership.
- Clearly establish scope of authority in early stages of the relationship.
- Confirm with the invited attendees the scope of their responsibilities and next steps.
- Be clear about your expectations and confirm you have the "right person." Determine if additional action is warranted to obtain a necessary level of approval from the public health department.

Acknowledge Limited Funds and Restricted Budgets

Public health departments, like other governmental entities, often operate with limited or restricted budgets and are subject to limitations on what and how

they spend funds. Grant funding is often tied to specific projects and deliverables with decisions about project activities being made months or years in advance of implementation.

Personnel are often limited in how they can spend funds. Here are some best practices to secure funding:

- Partner with public health departments and other community organizations to strengthen grant applications.
- Secure funding from more diverse sources.
- Share the work and the rewards while strengthening relationships and networks and building trust and ultimately more community resilience, for example.

Understand the Political Environment

Political environments can impact interest in certain topics. It may be necessary to frame an issue as it relates to people with disabilities. Consider these steps:

- Gather input about experiences or unique needs of people with disabilities using surveys, focus groups, or other means that are accessible and appropriate for customers or clients.

- Document information about unique or unmet needs and other ways that people with disabilities are impacted.
- Use this information to reframe policy issues or to adapt current activities to be more inclusive of the disability community.

Build Trust

As with any workgroup, some level of trust is required for group members to engage in productive discussions and achieve progress towards goals. Consider the following steps to build trust:

- Follow through on commitments made to workgroup members.
- Engage in discussions in a respectful and appropriate manner.
- Recognize the limitations and challenges of providing public health services to the community.
- Practice understanding, compassion, and constructive feedback if mistakes are made during the accommodation process (for example, when outdated terms are used, etc.).

Other ways to build trust among workgroup partners include:

How can you build trust among workgroup partners?

Strategies for Sustained Engagement

Besides preparedness and response, identify ways that public health departments, CILs, and other disability-led organizations (DLOs) can partner together to promote health equity among people with disabilities. If public health departments and DLOs have a working partnership in other public health areas prior to a disaster, certain relationships and communication strategies will already be established. Public health departments are typically funded in the following topics or areas of focus:

- Injury prevention
- Maternal health
- Mental health
- Obesity and nutrition
- Physical activity
- Routine vaccines, (for flu, shingles, tetanus, pneumococcal disease, etc.)

- Sexual health
- Smoking cessation
- Substance or opioid abuse
- Violence and domestic abuse prevention

Identify other established community programs/partnerships that may have programs in these areas. Those organizations may be able to provide an introduction to the local health department, or offer advice. Sustained engagement with public health departments needs to be based on interactive and mutually beneficial relationships.

Use the following three form fields to identify potential areas for relationship building and collaboration:

My CIL and other organizations that I know value relationships with public health departments for the following reasons (fill in the form fields below for the three examples):

Relationship value 1

Relationship value 2

Relationship value 3

Other Supporting and Mutually Beneficial Relationships

Public health departments and 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 government agencies, community-based organizations, advocacy and inclusion stakeholders, small businesses, and corporate 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.

- Public health departments can better support their jurisdiction.
- Other community organizations or members are inspired to engage in shared goals.

Each community is unique. Building meaningful relationships in your own community will be influenced by who is in your community. What are the community leaders' and members' goals, roles, and responsibilities? Who has similar goals?

There are some agencies and organizations that exist in every jurisdiction. These existing and potential community relationships are a good place to start. Examples of potential partner agencies that are in every state are included below.

Complete the table with your local information for these and other potential partners:

Agency/ Organization/ Community Group	Contact Information	Disability or Disaster Related Goals/Pillars	Areas of Common Interest

CDC Statement

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5 Advocacy That Builds Equity

When disability stakeholders and public health departments routinely work together to improve the health of people with disabilities, there are benefits for both the organizations and the clients they serve. Public health personnel have the opportunity to increase disability awareness and practice ensuring accessibility and inclusion while providing day-to-day public health services. People with disabilities benefit from accessible health promotion opportunities that allow them to learn about and engage in healthy behaviors, such as adaptive exercises or smoking cessation programs. Lastly, disability stakeholders benefit from connecting with and leveraging current programs, opportunities, resources, and expertise (especially those focusing on education, employment, transportation, and housing). This amplifies and supports the opportunities provided by public health departments and other community partners for people with disabilities to improve their level of preparedness, health and well-being, and general resiliency.

For these workbooks, the term “public health departments” refers to traditional public health agencies or departments funded and managed through city, county or state government, as well as nonprofit or private organizations that provide services in the form of clinical health services, public health vaccines, or mental or behavioral health services.

The ways in which state and local governments organize and fund public health systems and deliver public health services vary across and within states. This includes the agency or organization tasked with carrying out all or some of the public health functions. In some states, the local public health department is an

extension of the state public health agency. In others, local public health departments are funded and managed by the city or county.

Organizations external to the local public health department may also provide community health, clinical, behavioral or mental health services in an area. In that case, these external organizations should not only be seen as a critical partner in planning and responding to disaster, but also a key partner in improving health equity day-to-day.

Planning

There is variability in the degree to which community organizations, businesses, community members, and government entities work together to share information, make decisions, and implement those decisions for the betterment of the community. Whether related to pandemics, disasters, employment, or recreation, there are most likely planning committees, workgroups, or task forces working together to address some common goal in your community.

Emergency planning is an important opportunity for community partners and stakeholders to form relationships and discuss the most pressing hazards. But how local jurisdictions conduct their planning processes also varies. Though there are overarching federal planning standards, most jurisdictions adapt planning processes to meet their specific needs. If a local jurisdiction is not already engaged in a planning process that relies on feedback from community partners, they may be less open to amending their process.

Some jurisdictions may have a planning process that includes the annual review of plans from beginning to end. Other jurisdictions may focus planning efforts on more targeted topics, priorities, or developing procedures to address new activities. Whatever the planning process, it is important to meet potential partners where they are when forming a new relationship. Engagement in the planning process by your organization is an opportunity to build equity.

Place a checkmark next to the planning activities your organization has participated in:

Planning Activity	Check
Provide technical assistance on meeting accessibility, adaptive technology, and effective communication.	
Assist with the application of demographic data, including disability status and type, and intersectionality with other determinants of health.	
Articulate a better understanding of the actual needs of the community.	
Identify the array of assets that exist within the disability community.	

What other actions has your agency taken to support planning?

Preparedness

Centers for Independent Living (CILs), disability-led and other community organizations can help increase preparedness and resilience among people with disabilities and the overarching community by leveraging their connections, networks, and expertise.

Place a checkmark next to the preparedness activities your organization has participated in:

Preparedness Activity	Check
Promoted disaster preparedness, healthy behaviors, social and recreational activities, safety, and general well-being of clients and staff through educational outreach, events, classes, etc.	
Supported individuals with disabilities in developing and implementing plans to manage their health and independence during the minor routine emergencies which may occur any day, as well as during extreme disasters requiring evacuation, shelter-in-place, or alternative communication strategies with family and support systems.	
Served as a trusted source of information to the disability community by sharing messages from local public health and emergency management departments.	
Assisted with developing and delivering disability competence training to public health, human services, emergency management, first responders, and anyone else involved in preparedness and response.	

What other actions has your agency taken to support preparedness?

Response

There are multiple ways disability organizations can partner with public health departments on emergency response.

Place a checkmark next to the response activities your organization has participated in:

Response Activity	Check
Facilitated delivery of disability-specific, just-in-time training for first responders, staff, and volunteers.	
Engaged a technical advisor or subject matter expert in disability-related topics such as accessible communication strategies.	
Provided personnel or volunteers to assist in mass care, sheltering, or evacuation services, helping to ensure accessibility and inclusion.	
Communicated information to clients, staff, and volunteers, translating the message to be relevant and ensuring it contains all the information necessary for people with disabilities to take protective action.	
Served as a source of “boots-on-the-ground” information by communicating to local emergency management and public health departments about outstanding needs and additional considerations.	
Activated emergency communication networks to obtain assistance from the broader disability community, including assistance with reunification efforts.	

What other actions has your agency taken to support response?

Recovery

Disability-led organizations can assist in the recovery process by focusing on their clients' recovery or by serving as part of the larger long-term recovery committee.

Place a checkmark next to the recovery activities your organization has participated in:

Recovery Activity	Check
Supported the provision of accessible case management services through technical assistance.	
Facilitated connection and referrals to accessible education, housing, employment, and transportation services available in the community and through broader disability networks.	
Provided technical assistance or referrals in efforts to obtain accessible housing options.	
Provided resources, personnel, or technical assistance to assist local governments in providing accessible transportation services to and from the designated recovery center.	

What other actions has your agency taken to support recovery?

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