World Institute on Disability

Public-Private Health Equity Cooperative

Task Force Member Playbook

2023

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Executive Summary

Purpose

The purpose of this playbook is to provide a road map for national task force jurisdictions and a guide for task force members, Point of Contact (POC), and facilitators of the World Institute on Disability's (WID) Disaster Public-Private Health Equity Cooperative and the Health and Human Services Administration for Strategic Preparedness and Response. The Playbook may be updated and revised over time, in accordance with the needs of the jurisdiction task forces and in alignment with the activities of the project.

Scope

Task force jurisdiction POC facilitators will use this guide to move through the steps and processes along with the guidance of facilitators from the World Institute of Disability's Emergency, Disaster, and Climate Resilience Department to create the task force base, to train task force participants in the concepts of health equity in disasters, and to provide tools to perform the deliverable expectations of the task force and the goals of this project.

Objectives

The first objective of this project is to engage community representatives in dialogue through developing and supporting model task forces in selected jurisdictions that will examine the local environments to identify and remediate practices, policies or procedures that contribute to disparate outcomes for people with disabilities and other marginalized people during disasters.

Secondly, this project will produce robust measurable outcomes that will guide the development of promising and recommended practices for task forces. Outcomes are intended to direct development of national guidelines and a replicable model for reducing pre-disaster inequities for people with disabilities and other marginalized populations in our society who are disproportionately affected in disasters.

Lastly, this project is meant to provide concrete actionable steps for jurisdictions to develop and establish inclusive health equity task forces either for the first time or to elevate current health equity task forces for improved outcomes. The goal is to shift from **working for** a community and **working with** by providing equitable opportunities for marginalized communities to participate on community representative task forces and in decision making spaces.

Functions and Responsibilities

Jurisdiction Point of Contact

The jurisdiction Point of Contact (POC) is the individual from the agency that elects to serve as the lead for this project in their jurisdiction and is the connection between the participating jurisdiction and the WID team. They will:

- Serve as the direct POC for all matters between the participating jurisdiction and WID
- Assists WID team to identify, invite, and confirm task force participants (invitation will be provided)
- Serves as the Chair for the Task Force
- Assists with task force meeting scheduling and logistics, including:
    - Sending out meeting notices and handouts where necessary,
    - Selecting meeting locations and ensuring they are accessible,
    - Physically setting up meetings where necessary,
    - Ensuring that meeting physical and virtual environment is accessible
    - Ensuring accommodation requests are fulfilled
    - Creating a collaborative working environment.
- Serves as liaison for the community regarding task force activities
- Assist WID Facilitator and task force members with distribution of community assessments, surveys and demographic studies, and providing potential local information sources for data collection

- Communicate task force needs, challenges and requests to project team
- Identify potential replacement POC if unable to remain in the role

WID Facilitator

The facilitator is the individual from the WID project team who will provide the jurisdictional POC all the technical assistance to ensure the success of the task force. They will:

- Serve as direct contact for the jurisdictional POC for ongoing task force activities
- In coordination with POC, develop a task force schedule and deliverables
- Develop messaging for invitations
- Develop task force meeting agendas
- Deliver materials developed by WID to the POC in a timely fashion as needed
- Facilitate the task force meetings, leading the task force through the equity in disaster action items and deliverables
- Provide training as needed and/or recommended by WID team or ASPR to task force
- Serve as technical advisor to the task force
- Coordinate with POC to produce meeting minutes and distribute to POC after each meeting

- Work with WID team to develop and interpret environmental scans, survey, data collected; assisting in analysis, and reports
- Provide summarized findings, outcomes and reports to the task force to assist in development of locally applicable actionable strategies to remediate or correct identified disparities in their communities
- Assist task force to develop an implementation plan for strategies
- Monitor and document strategy implementation outcomes and ensure that information is shared with task force members and ASPR and other appropriate recipients
- Assist WID team and POC to ensure meetings strive for universal accessibility and requested accommodations are provided

Task Force Members

Task force members will be expected to:

- Attend and participate in task force meetings and discussions
- Identify other potential members to be invited to serve on the task force to ensure full and representative community participation
- Promote the task force and the project to the community
- Participate in distribution of surveys, other environmental scans or data collection efforts to intended audiences
- Ensure assignments given are completed in a timely manner and contact POC if they need assistance with any tasking or any accommodations

- Request accommodations or make accommodations recommendations in advance of a meeting
- Assist with actual implementation of strategies developed by the task force to remediate or improve outcomes in the community for the duration of the project

Task Force Formation and Composition

Formation

WID will work with jurisdictional POC to determine the most appropriate format for task force formation and operation. It is the intent that meetings will either be virtual or in person, but conversation with the POC may be needed to customize the process and ensure that the meeting format meets the needs of the local community and encourage the maximum participation.

The WID Facilitator will also discuss culturally competent considerations for how the meetings are held and managed, and the process of providing accommodations for task force members.

Composition

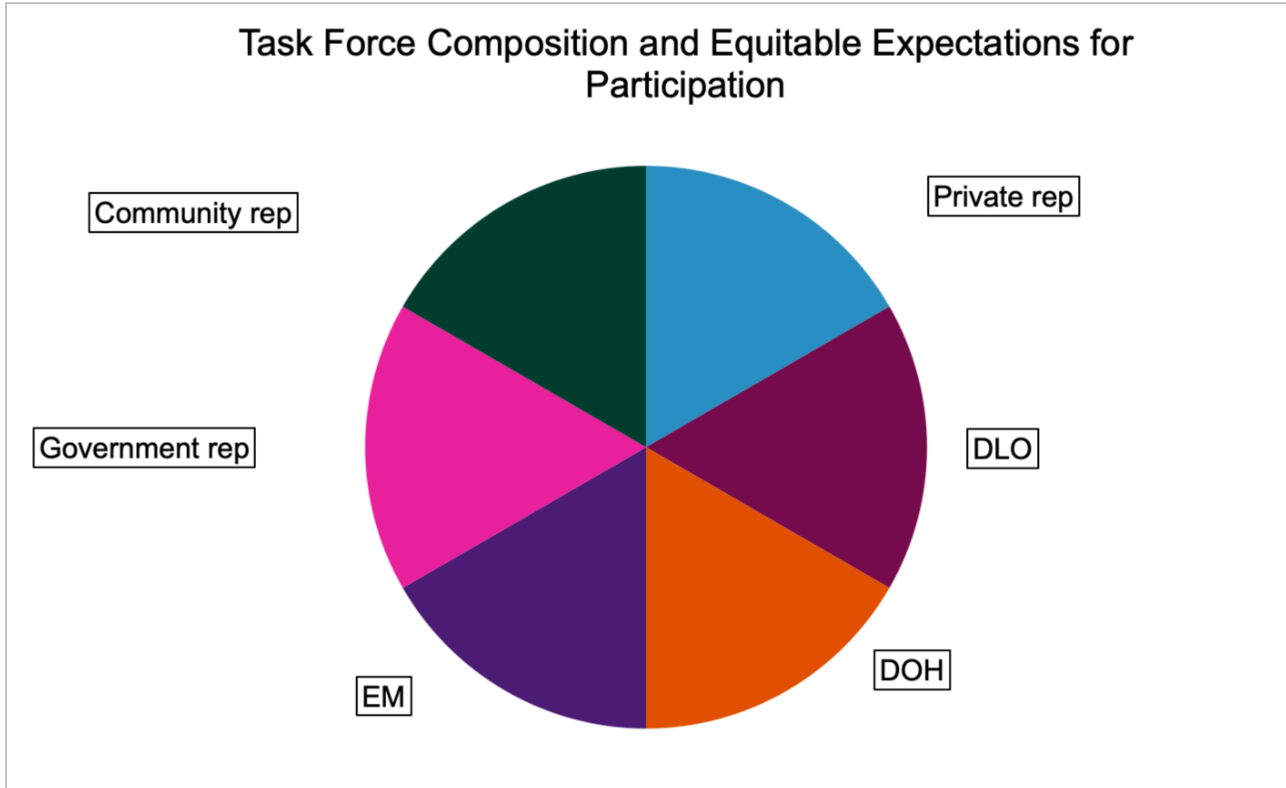
Ideally the task force will consist of a mix of community members who are either vested in health equity issues and/or have decision-making/policy-changing

authority to enact real change in community processes for health outcomes, including individuals who:

- Have real world experience with inequities in disasters
- Are representatives of marginalized populations
- Are service providers for members of the community who experience disparate comes in disasters
- Are advocates for marginalized populations of the community. It is important to note that advocate representatives cannot substitute for stakeholders with real world experience.
- Are community leaders who can affect change in policies and practices
- Responders and emergency managers involved in disaster management
- Are interested in collaborative problem solving, creating and generating strategies and actively implementing the strategies within the community
- Are interested in representing their community to the task force and the task force to their respective community.

Task Force Formation Map

Example of task force Composition and Equitable Expectations for Participation. You may have more or less participants on your task force depending on recruitment results.


Task Force Composition and Equitable Expectations for Participation
Community rep
Private rep
Government rep
DLO
EM
DOH

Task Force Operational Process

Steps	Task Force Action
1	POC invitation letter distribution
2	POC kick off meeting and orientation
3	POC recruits community stakeholders
4	Task force Formation meeting-toolkit, web based resources
5	Task force Monthly meetings - ongoing
6	Collect, analyze and share community survey results
7	Identify, develop and implement action strategies

Task Force Training

WID will deliver initial training for the task force members at the first meeting and as needed throughout the project. This will ensure commonality of language and terms, an understanding of the need for the task force and its purpose, and a

common direction for the task force moving forward. Any additional training related to specific topics of the project (ex. disability inclusion) can be delivered as determined by the POC and/or WID, or at the request of the task force members. All training and training materials will be made available to all task force members along with other resources and reference materials identified as useful to the task force activities by the task force members and the POC.

Leading an Inclusive Task Force

WID will provide the task force POC with the following guidance and resource information:

- Accessible communication
- Accessible meetings
- Inclusive meeting practices
- Access to accessibility and inclusion workbooks for department of health partnerships with community representatives of public private partnerships

Very brief appendices are included for the task force members to highlight basic communication considerations.

- Appendix A. Best Practices for Communicating and Interacting with People with Disabilities
- Appendix B. People First and Identify First Language Guidelines

Additional workbooks that may be helpful to task force members engaged in public private partnerships are also provided at the following links:

Achieving Equity in Vaccinations and Equitable Disaster Response: Workbooks for Health Departments

Achieving Disability Equity in Vaccinations and Disaster Response: Workbooks for Centers for Independent Living and Community Based Disability Organizations

Assessment / Analysis of Community Inequities

The first step of the task force process will be to identify inequities in the community that create, perpetuate and contribute to disparities in outcomes for certain populations in disasters. Not all inequities are the same for all populations, although the social determinate may be similar. Nor will outcomes be the same for different population groups, or the same population group in a different environment. The task force must first examine their unique local makeup. The assessment and analysis phase will consist of the following steps:

A. Identify the Risk and the Populations at Risk. Performing Demographic Studies

- Examine which social determinants of health are a factor within the community (ex. are there marginalized neighborhoods with limited income

families, neighborhoods with higher numbers of older adults or people with a disability, or lacking infrastructure resources, etc.).

- How are population health outcomes affected by these social determinants? By examining demographics for identified populations, what do we learn about the health outcomes prior to a disaster?
- Which of the outcomes are specifically affected or exacerbated by disaster scenarios? Ex. if it is determined that there is a large population dependent on electricity for life support machines, what is the outcome (historic and data application) for their health in a disaster? What is the percentage of individuals in the affected community that lack transportation to get out of the danger zone? What are the languages spoken most frequently in the community and are messaging created in these languages?

B. Assess the Factors that Affect Outcomes – Root Cause Analysis

- Once the potential health outcome risks are identified, the task force will need to examine what factors in their community contribute to poor health outcomes in disasters. A root cause analysis requires a process to gather information about existing policies, practices, perceptions, biases, and those social and institutional causative factors that are at the root of the disparity.
- In order to identify and prioritize underlying root causes of disparities within the pilot community, the assessment models will address topics such as drivers of outcome disparities within the local community, structural and

environmental system processes, as well as policies, practices and cultural norms that perpetuate inequities during disasters. Conducting an evidence-based needs assessment and prioritization leads to making evidence-based community health investments. The assessment will be accomplished by performing both passive and active environmental scans to assess local political and social trends, economic shifts, technological changes, and cultural practices. The scan may include:

- Focus group sessions with community advocates, lived experience members of the targeted community, healthcare policy makers
- Policy review
- Health service delivery assessment
- Statistical data analysis
- Assessment of local resources for healthcare delivery, including but not limited to funding sources, support/advocacy participation, community services, partnerships, and health equity frameworks that address disaster management processes. Identification of existing resources will be accomplished by exhaustive data search, conversation with local, regional and state service providers, and working with community members who know best what works well for them on a daily basis.
- In performing the root cause analysis, it is not enough to determine that a particular practice is contributing to poor outcomes, it is

important to determine why and how it is contributing to the poor healthcare outcome. This includes analysis of situations, circumstances or conditions that increase the causative actions and identifying contributing factors. An example of focused assessment areas for health outcomes related to pandemics may include observations from COVID 19 such as:

- Equal access to healthcare system and services during disasters
- Equitable allocation or resources and triaging practices in pandemics and other medical surge disasters
- How altered standards of care impact community populations unequally
- Institutionalized facilities (long term care, psychiatric in-patient facilities) delivery of care models and asset limitations in pandemics, and institutional placement determinants
- Institutionalization processes and protocols during disaster response and recovery
- Lived experiences of community stakeholders
- Societal barriers to equitable health care delivery, such as patient perception and staff biases, institutional policies and practices, patient education and financial discrimination and how disaster scenarios affect those barriers.

    - Current disaster trends and how they will affect the health industry and national response capabilities, and how that in turn will affect health outcomes for individuals who are disproportionately affected in disaster due to their socioeconomic status (SES).
- WID will be responsible for developing all surveys, scans, interview questions and for data collection. task force members who have access to additional targeted information that would assist the assessment and analysis phase (ex. Health care systems that performed Community Healthcare Assessment (CHAs) can contribute this additional locale information). Additionally, WID will be responsible for collecting, and integrating information, and then developing the summarized data analysis and results.

DEVELOPMENT OF AN ACTION PLAN

Community Health Surveys

After the task force has been formed and is meeting the first few meetings will identify overarching task force priorities and needs. WID will use task force information together with WID resources to develop two surveys to determine community health equity status and community stakeholder perceptions of health equity in disasters. Intended recipients of the survey will be

a. Healthcare providers, department of health and public health representatives, and other professional colleagues
b. People with disabilities and multiply marginalized people with disabilities in the community

Community feedback will be received and compiled by WID and shared with POC and task force members. This information will be used to direct action planning.

Action Plans and Project Management

The action plans, tasks and status for each task force will be kept on an internal project management plan that will allow WID to assist each task force individually and their specific needs can be addressed, and progress tracked. WID facilitators will also be able to access task force action and outcomes across task force jurisdictions, using this information to support task forces with relevant information from the work of other jurisdictions if applicable.

Appendices

Appendix A. Best Practices For Communicating and Interacting with People with Disabilities

People with Developmental Disabilities

- Do not talk about the person while the person is present

- Rephrase your words to be more concise and clearer
- Pause and allow the person to process and respond

People with Speech Disabilities

- Do not interrupt the speaker or attempt to finish their thought for them
- Use non-verbal cues (nodding your head) to signal you are attending without interrupting

People who are Visually Impaired

- Announce your arrival when entering an interaction by saying “This is (your name).”
- Provide verbal cues and descriptions of visual materials that are referenced in the meeting

People who use Wheelchairs

- Do not lean on the person’s wheelchair or on their body
- Allow opportunities to speak at eye level
- If your meeting is in person, make sure the meeting location and site is accessible to wheelchair users, this means more than just ramps to get into the building. This includes accessible restrooms, access to the office space and ability to navigate the room and meeting table.

People who are deaf or hard of hearing

- Use visual cues to gain attention like waving
- Use the person’s preferred method of communication- sign language, gesturing, written or text
- Provide captioning accommodations for virtual meetings

Appendix B. People First and Identify First Language Guidelines

Language and definitions about disability are continually evolving. Current evolution of terms includes the use of “person first” and “identity first” terms. If a person has a preferred way of identifying themself, use their preference and follow their lead. The driving principle to direct language is to follow ‘person directed’ decision making. Respecting that there is diversity within the disability community, using the language choices of persons and their method of self-identification supports their dignity and leadership. Person-first and identity-first language are often used interchangeably, as these terms continue to evolve.

In all cases, subjective, biased or label focused terminology is inappropriate and should be avoided. The below chart exemplifies acceptable and unacceptable terminology that reflect cultural competence when communicating with people with a disability and multiply marginalized people with a disability.

What to say	What not to say
Person with a disability	He’s downs
They use a wheelchair or They are a wheelchair user *	The handicapped child
He has a developmental delay	He’s mentally retarded
She receives special education services	She’s special ed
They have a brain injury	They are brain damaged
He has autism */ or person may refer to themselves as being autistic or neurodivergent	He’s autistic
Accessible (parking) (restroom)	Handicapped or Special needs (parking) (restroom)