

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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