Public-Private Health Equity Cooperative

Task Force 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 Point of Contact (POC) 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:
  o Sending out meeting notices and handouts where necessary,
  o Selecting meeting locations and ensuring they are accessible,
  o Physically setting up meetings where necessary,
  o Ensuring that meeting physical and virtual environment is accessible
  o Ensuring accommodation requests are fulfilled
  o 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 a hybrid of virtual and 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 encourages 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
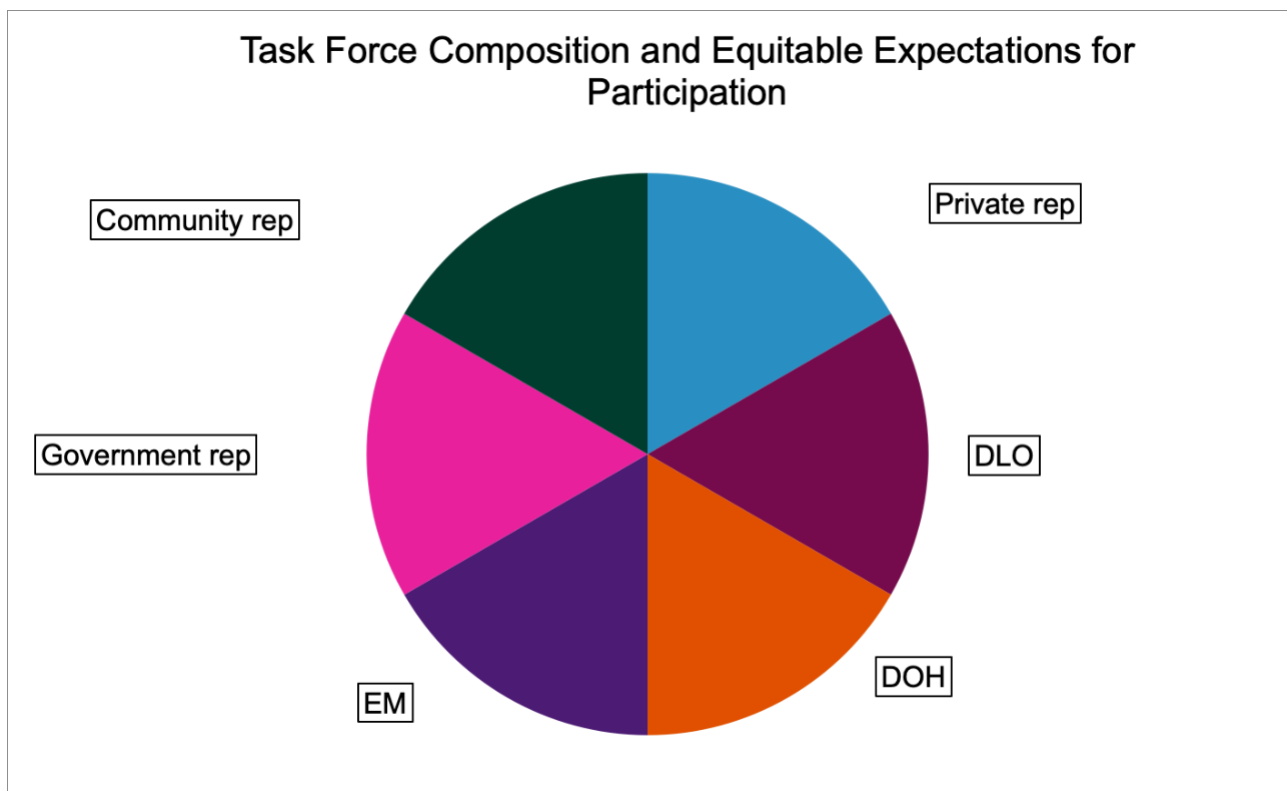
Task Force Operational Process

Steps	Task Force Action	Approximate Date
1	POC invitation letter distribution	6-13-23
2	POC kick off meeting and orientation	6-2-23
3	POC recruits community stakeholders	6-22-23 to 7-22-23
4	Task force Formation Meeting-toolkit, surveys	7-22-23 to 9-30-23
5	Task force Monthly meetings	Ongoing
6	Collect, analyze and share survey results	Fall 2023/ Winter 2024
7	Develop and implement action strategies	Ongoing

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. All training and training materials will be made available to all task force members on a designated page on the WID along with other resources and reference materials useful to the task force activities.

Leading an Inclusive Task Force

Accessible Communication

The goal of accessible communication is to provide communication opportunities for all individuals by providing universal access. Accessible communication is more than using the person's preferred method of communicating, it's about being intentional, purposeful, and culturally competent in the language in both verbal and non-verbal forms to establish an equitable space for communicating and demonstrating values of mutual respect. Please see Best Practices Guidelines for Communicating with People with Disabilities Appendix A.

Additional accessible communications information will be provided during training sessions and in resource materials that will be available on the project web page.

Accessible Meetings
Before the Meeting

1. Assess the physical, and communications accessibility features of the facilities using a comprehensive checklist

- Include a statement in the meeting invitation inviting attendees to request accommodations if needed
- Consider sending meeting materials in advance and be prepared to do so upon request
- Learn more about etiquette and language Appendix B.

2. Be Intentional
3. Communicate Expectations
4. Pace the meeting to accommodate all participants
5. Consider co-facilitating with a community representative
6. Apply all accessibility recommendations for virtual meetings
7. Agenda:
   a. Send out an agenda ahead of time. This can be very helpful for those who need extra time to prepare their thoughts and could lead to more engaging discussions during the meeting.
   b. Tips for creating an agenda include: State the goal: What should participants think, do, or decide by the end of the meeting?
   c. Post agenda items as questions: Questions help people prepare, make it easy to keep the discussion on track, and make it easier to determine when the discussion is complete.
   d. Estimate timing: Allot a certain amount of time per question. Encourage comments. This time should allow for participants who require more time to receive or share information
   e. Ask participants for feedback on the agenda before the meeting.

f. State expectations of behavior upfront for example: no interrupting, mute yourself when not speaking, introduce yourself when speaking, raise your hand, be willing to 'table' or 'put in the parking lot' any ideas that become too controversial during a discussion, etc. Additional collaboration behavior recommendations will be available on the web page resources

g. What is shared in the meeting stays in the meeting

h. Encourage alternate perspectives

i. Ask attendees to use the "Raise hand" function if in a virtual meeting

j. Share Pronouns as you are comfortable

k. Manage time

l. Check-in and Recap

Additional information will be found on the webpage for the following helpful topics:

- Checking for individual and institutional biases
- Invisible and visible disabilities
- Multiple accessible formats
- Engaging with diverse participants
- Disability competency
- Planning for accessible meetings
- Building trust that leads to meaningful relationships
- Facilitating effective and accessible work groups
- Program accommodations, accessible information and facilities

- Disabilities and health equity barriers

Assessment and 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:
  - o 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

1. Once POC has confirmed their participation via written or verbal agreement
   a. Invitation to kickoff meeting
2. Kick off meeting
   a. Review roles and responsibilities
   b. Review playbook
   c. Questions and concerns
   d. WID provides materials for recruitment
3. Task Force Formation
   a. Attend first monthly meeting
   b. Distribute surveys (2 of them: for healthcare providers and people with disabilities)

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.

WID Support and Contact List

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Appendices

<u>Appendix A. Best Practices For Communicating and Interacting with People with Disabilities</u>

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 Language Guidelines

* If a person has a preferred way of identifying themself, use their preference and follow their lead

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)