

PACIFIC ADA CENTER  
EMERGENCY MANAGEMENT AND PREPAREDNESS:  
INCLUSION OF PERSONS WITH DISABILITIES

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2:10-4:00 P.M. ET

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>> LEWIS KRAUS: Welcome to the Emergency Management and Preparedness Inclusion of Persons with Disabilities Webinar Series. I am Lewis Kraus from the Pacific ADA Center your moderator for this series. This series of webinars is brought to you by the Pacific ADA Center on behalf of the ADA National Network. The ADA National Network is made up of ten regional centers that are federally funded to provide training, technical assistance, and other information as needed on the Americans with Disabilities Act. You can reach your regional ADA Center by dialing 1-800-949-4232. Realtime captioning is provided for this webinar. The caption screen can be accessed by choosing the CC icon in the meeting control toolbar. To get that meeting control toolbar permanently on, press your Alt key once and you can press it again if it doesn't stay on. As always in our sessions, only the speakers will have audio. If you do not have sound capabilities on your computer or prefer to listen by phone, you can dial 1-669-900-9128 or 1-646-558-8656. And use the webinar ID 872-0730-7836. The webinar is being recorded and will be able to be accessed on the ADAPresentations.org website in the archives section next week. This is the seventh year of this Webinar Series, which shares issues and promising practices in emergency management inclusive of people with disabilities and others with access and functional needs. The series topics cover emergency preparedness and disaster response, recovery, and mitigation, as well as accessibility and reasonable accommodation issues under the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the ADA, and other relevant laws. Upcoming sessions are available at ADAPresentations.org under the schedule tab in the emergency management section. These monthly webinars occur on the second Thursday of the month at 2:30 Eastern, 1:30 Central, 12:30 Mountain, and 11:30 a.m. Pacific time. By being here, you are on the list to receive notices for future webinars in this series. Those notices go out two weeks before the next webinar and open the webinar to registration. You can follow along on the webinar platform with the slides. If you are not using the webinar platform you can download a copy of today's PowerPoint presentation at ADAPresentations.org and go to the schedule section of emergency management. At the conclusion of today's presentation, there will be an opportunity for everyone to ask questions. You may submit your questions using the chat area within the webinar platform, and the speakers and I will address them at the end of the session. So feel free to submit them as they come to your mind during the presentation. To submit your questions, you can type and submit them in the chat area text box or press alt H and enter the text if you are using keyboard strokes. If you are listening by phone and not logged into the webinar, you may ask

your question by emailing them to [adatech@adapacific.org](mailto:adatech@adapacific.org). If you experience any technical difficulties during the webinar, you can send a private chat message to the host by typing in the chat window. You can also type your comment in the text box and enter or use keyboard, again, using alt H to access the chat box. You can also email any technical difficulties to us at [adatech@adapacific.org](mailto:adatech@adapacific.org) or you can call us at 510-285-5600.

Today's ADA National Network Learning Session is titled "Prepared4ALL: Whole Community Emergency Planning." Disasters and emergencies, like the current COVID-19 pandemic, disproportionately affect Americans with disabilities and chronic mental health conditions. So close this gap, the Association of University Centers on Disabilities, the AUCD, developed Prepared4ALL, a public health campaign to link people with disabilities to local emergency management and public health preparedness agencies. Developed with strong stakeholder input, Prepared4ALL aims to harness disability community strengths with the goal of increasing the number of people with disabilities and disability organizations that are actively engaged in local emergency and public health preparedness planning efforts. Today's speakers are Adriane Griffen. Adriane is the senior director of public health and leadership at the Association of University Centers on Disabilities. AUCD. She is the director of the National Technical Assistance and Training Center on Disability Inclusion in Emergency Preparedness. Sue Wolf-Fordham is a senior program manager at the Association of University Centers on Disabilities and deputy director of the National Technical Assistance and Training Center on disability inclusion and emergency preparedness. And Sue and Adriane are going to take it from here.

>> ADRIANE GRIFFEN: Thank you, Lewis. I am Adriane Griffen and with Sue Wolf-Fordham, we're going to talk about Prepared4ALL, which is a project of the National Center on Disability in Public Health, and it's really to support disability organizations to get a seat at the local emergency planning table. So for today we will give you some background, context on our project, some of our initial research and we'll talk through our approach and we'll also share how we have really engaged stakeholders and involved them throughout the process. Then we'll describe our Prepared4ALL online course and give you some background on how local disability organizations and local emergency and public health preparedness planners can get involved, share some tools and we'll share with you how to access all of this too. We hope you stick around until the very end, because we have some bonus resources for you at the end in addition to the copy of this presentation. So with that said, we'll go ahead and get going. Next slide, please. Just a bit of background on the Association of University Centers on Disabilities, or AUCD. AUCD advances policies and practices that improve the health, education, social and economic well-being of all people with disabilities, their families, and their communities. So we focus on overcoming barriers to inclusion and wellness through research, training, service and advocacy. And we want to make sure that you know that AUCD network centers are actually in every state and territory and we encourage you to work with us as we do have a presence in every state and territory. So please feel free to connect with your closest center via the map on the [AUCD.org](http://AUCD.org) website. So, next slide, please. Prepared4ALL is really all about local disability organizations I mean at the city, town, county level, local. It's all about local

disability organizations engaging with local emergency management and public health agencies with the overall goal of strengthening existing relationships or perhaps building new relationships and sustaining those relationships. Our ultimate goal is for people with disabilities and disability organizations to have a seat at the local emergency planning table and through increased input really strengthen inclusive local emergency planning. We fulfill our mission by training disability organizations as our primary audience and really supporting those organizations to engage with local emergency planners and build connections between them.

While our primary audience includes disability organizations and people with disabilities, our secondary audience includes emergency managers, public health preparedness planners and healthcare professionals, mainly at community health local centers. So the components of these projects are really very flexible, and you can customize at a local level and we encourage partners to do that. So I'm going to switch the virtual podium over to you, Sue, to talk a little bit more about why we focus on the local level. If you would advance the slide, please.

>> SUE WOLF-FORDHAM: Thank you, Adriane. This is Sue Wolf-Fordham. Thank you all to the Pacific ADA Center, and the national ADA network. I'm going to talk now about the context for Prepared4ALL and answer the question "Why is prepared for all important?" on your screen you see in big letters" All response is local ." We focus on the local level, meaning city, town or county, because this is the level closest to the community, and this is the level where emergency planning and response begins. Next slide.

The next part of the context relates to equity. Let's talk about the media headline on the screen. "Black Disabled Man Dies from COVID-19 After Texas Hospitality Refused to Treat Him." So the right of the text is a photo of Mr. Michael Hickson, a black man we can tell from the photo is sitting in a wheelchair. He died because his doctors wouldn't give him the medical care he needed to survive COVID. They made some really inaccurate assumptions about his life, his family, and his five children and his wife, and the value and quality of his life. We know that people with disabilities have greater morbidity and mortality due to emergencies, disasters and pandemics, than people without disabilities. Much of this sad fact can be explained by systems issues. So this project is about closing some of those gaps as well as about systems change. Next slide, please.

The next slide has two images of silos. One is titled "Emergency Management." One is titled "Public Health." And within each silo are circles showing the different levels of either emergency management or public health preparedness. The federal, the regional-state level, the state level, the regional-local level, and the local level. So, we know that the American Emergency Management System is really a system of systems. Every state, region, local community operates differently and have their own emergency plans and roles. There's often overlap of oversight and function. So our system is siloed by design. But as we also know, silos can lead to systems gaps, and systems gaps can lead to equity and access gaps. So that is another reason for Prepared4ALL. Next slide, please. Now I'm going to talk about the program components and how we develop the program. There are three main components, the online course, the -- what we call Town Hall Meetings. They happen monthly. And they're about peer-to-peer

interaction. And then we have a student and trainee component where students and trainees from our network of universities are being trained to coach and support local disability organizations involved in our project. And, of course, training the next generation builds sustainability. We're going to be going through these components in more detail. Next slide, please. I would like to talk a little while about our program development. So we surveyed 61 emergency and public health preparedness planners. We had key informant interviews with experts. We reviewed 300 plus resources, including trainings, informational documents, tools, templates, webinars and reports. And we did a lit review. Our key finding was the big gap was information about the how and the why. And this means, aside from legal requirements, why is inclusive emergency planning important, and if it's so important, how do we do it? I see a question in the chat about the online course. And we're going to be going into that in a minute. Next slide, please. I'm going to speak now about our survey. The survey results support what I have just shown. So planners told us community members with disabilities were ranked as the most powerful resources for local emergency planning, but only 25% of our respondents reported engaging them as a resource. So what this means is people with disabilities are seen as a valuable resource but aren't included enough. According to the planners their concern that their disability community doesn't have enough information about our Emergency Management System and roles of managers and planners. And also according to the planners, they don't have enough information about the ADA and meeting access and functional needs or including people with disabilities in whole community planning. We understand local government personnel are often short on time, money, and staff, but they're open to partnerships with the disability community, they may just not know how to go about doing it. Next slide, please.

On the screen are some quotes from our survey from the planners. It's a two-way street. We need to keep in mind about people with disabilities and they need to make sure that local emergency management knows what their needs are. Include emergency managers in the regular planning for organizations that support people with disabilities. Involve local emergency managers. Don't go around them. And, finally, there's typically very little in the way of dialogue between emergency managers and these types of organizations. It would be hugely beneficial for these groups to seek out emergency managers and begin discussions about inclusiveness. I'm now going to turn it over to Adriane, who is going to talk about the collaboration and engagement approach we just developed. Next slide, please.

>> ADRIANE GRIFFEN: Thanks, Sue. So we've based our work on an approach we call Prepared4ALL. This approach is really a set of strategies for problem solving that are evidence-based, and really look at how to collaborate and engage using existing organizational and community strengths, and while doing that, really appreciating the challenges. So these strategies are based on some tried-and-true public health approaches, action learning, which is where you have a team that learns while solving a problem. Action research. Which is when you apply a research strategy to a particular problem. And inquiry, which is a strengths-based approach to leadership development and organizational change. So we combined the three approaches and really applied them here in the Prepared4ALL wheel that you can see on the screen. This slide here

is composed of nine parts and spells out Prepared4ALL. So each letter in the mnemonic stands for a different strategy to engage and collaborate with other community-based organizations and local emergency, public health preparedness planners with the goal of increasing inclusion in local emergency planning. So next I'm just going to walk you through each of the letters in this wheel. So the first P is for pinpoint. Pinpoint or identify local emergency management and public health agencies, and really learn everything you can about them. You need to pinpoint the disability inclusion issue or challenge at hand. R is for related. Find organizations with related goals for collaboration. The E stands for engage. Along with your partner organizations, engage the local emergency management public health agencies, and show them your interest in their work and what your organization can offer them. The next P is for positive. It's really important to be positive and focus on the strengths of your organizations, your partners, and the local community in solving problems together. Focus on what you can do and what you can accomplish. Not what you can't. And identify ways to fill in gaps together. A is for advance. Take advantage of opportunities and timing as you move forward. And then the R stands for reflect. So you can be thinking and reflecting as you go. And the R in reflect also really helps to think through how you don't just get stuck by saying, "We have no time" or "We have no money" or "We don't have enough staff," those type of responses you might hear. E is envision. Envision is solution, and then design it and test it out. D stands for deploy. Where you deploy and test out your solution. And then you'll see some questions over here on the right box. It's important to ask, is your solution for all? Are you allowing everyone the same access to the information at the same time? Which is what we call STATE. Same Time Access To Everyone. And do all local partners own and share the issue together? Is it really for all? So if you go to the next slide, what I want to do next is just walk through an example of applying the Prepared4ALL mnemonic in action. So we've taken an example of emergency dispensing site. This could be for a COVID vaccine clinic or a traditional seasonal flu clinic. And let's say hypothetically the city website posts the clinic plan and a disability organization sees there are potential access and inclusion issues. So just walking through this Prepared4ALL wheel, the group might start with the first P, pinpoint. Pinpointing an inclusion issue. The plan might not be inclusive. So the group pinpoints who the local emergency management group is, who are the public health agencies. You can check with the local government website and find the contact information with the local Public Health Department that is running the clinic. And the group, when they do this, they're actually surprised to find out that there is a health office which is part of the land management department. So, next, this group goes to R, relate, and thinks about local organizations that might have some potentially related interests around the clinic, and the group reaches out to food pantries which serve people with disabilities, houses of worship or other local community health centers, and other allies like the Center for Independent Living. Then the group needs to begin thinking about how to approach the local health office. So going to the next letter E for engage, at this meeting, in this hypothetical example, the group discusses the local public health system and the Americans with disability act and the issues around the current clinic plan, and the group makes a question list about the clinic plan and a strategy to engage with the health office. So P for being positive. The group now thinks of themselves as a

local Action Team using this Prepared4ALL model and completes the Prepared4ALL online training. The team reviews the clinic plan, again, and finds more gaps. So now they start a list of clinic resources, just with gaps, potential solutions that focus on positives the community can bring together, other resources and other organizational strengths. A for advancing opportunities. So now a team member shares that her sister is actually friendly with a local public health nurse and she'll ask her sister to make a connection thinking that her nurse friend might be able to link the team to a local public health planner. R for reflect. So now the team reflects on their work to date by answering the Prepared4ALL reflection questions, and in doing so, they realize that so far things are moving forward, and they have some potential connections in the Public Health Department. And as a group they're pretty -- they have found that they have some tentative solutions, and what they had assumed about the size of the Public Health Department being large was actually wrong. In fact, the public health office in this particular hypothetical example is small and situated in an unrelated department. So now they think about other potential issues, like in such a small office, would they be able to make plan changes quickly, or would plan changes need to be approved by yet another department that might not know about disability issues. So there's a lot there in the R for reflect. Next under E for envision, the team and the public health planner that has a lot going on meet to talk about the clinic plan and the gaps. And they think together and envision what a successful inclusive clinic would look like. And then they discuss specifics. There's no design to set up the clinic space in a physically accessible way and the team shares an article from the Prepared4ALL website that gives an example of an accessible set-up. So using this article as a guide, the planner agrees to reconfigure the space and then they discuss whether the clinic messaging and the communication is accessible. The Prepared4ALL Action Team shares information about plain language and alternative communication formats and offers to review current messaging and makes suggestions about communication access and inclusive language. The planner welcomes this offer of help and implements many of the suggestions. So now at the final letter and acronym, D for deploy. So this clinic happens as planned and some of the suggested modifications have been done. There is an informal data collection about user experience and messaging and physical access and accommodations, and while everything wasn't perfect and there were some glitches, overall it was a success. The planner keeps notes of what went well and what could be improved, and now the planner wants to work with the Prepared4ALL Action Team for the next clinic and for all upcoming COVID-19 clinics. So just reviewing this example with the 4ALL, this team meets with the public health planner again before the clinic just to confirm whether the clinic really will be for all. And together they ask the STATE Same Time Access To Everyone questions, is the space accessible? Is the clinic process inclusive? How about the accommodations? Are communications accessible? Does the site really use an overall inclusive philosophy? What about cultural competence? Is there general awareness of community needs? So, after the clinic they work together to create an After Action Report to record lessons learned. So you can see this framework originally developed for engaging local disability organizations, it could actually also be used by local health planners as they make outreach to disability and other community organizations. So thanks for allowing me a moment to walk through that issue, just want to give you a taste of our approach. So if

you go to the next slide, I just wanted to give you an overview of the program model. This slide highlights our key players and how they work together. So we've convened an Advisory Committee of national disability organizations and groups that have local chapters or affiliates as well as panel of subject matter experts in disability, health and emergency planning fields. And together they guide our work in what we call a community of partners. Our Advisory Committee reaches out to their local chapters or affiliates to encourage participation in the project and the subject matter experts and the Advisory Committee have really just been wonderful and informed the online training and the tools we have developed for our Prepared4ALL outreach. We also have trainees from our network of universities who receive training to be disability inclusion coaches as well as other allied health fields. And then these coaches act as liaisons between the national organizations and local disability organizations and local Action Teams. And so -- and the other thing to review here, you can see in the green box, we have our monthly town hall style meetings for our disability organization affiliates to really just connect with each other in a peer-to-peer way as they're developing new Prepared4ALL Action Teams or joining local inclusive planning efforts that might already exist. So this is really an overall part of the capacity building process for us. And all of these factors lead to our ultimate goal of forming and increasing partnerships between local emergency planning entities and disability organizations. So, next slide, please. So we overall have taken a community partner approach with our Advisory Committee organizations and subject matter experts who really collaborated with us and really just helped steer the efforts and have just been wonderful, a whole cadre of partners in this effort. We just wanted to say thank you to them here. Next slide, please. And you can also see that we have a very diverse -- next slide, please. You can see that we have a very diverse group of subject matter experts that really span the different geographic regions and different levels of expertise across the country. So if you go to the next slide, I will pass it back -- and next slide again, please. Thank you. I will pass it back to Sue to give you an overview of our whole community inclusive emergency planning.

>> SUE WOLF-FORDHAM: Thanks, Adriane. Next slide, please. Again, there's a lot of text on this slide. I'm going to describe it rather than read everything word-for-word. Our online course is role play simulation based, it's interactive, and it's applied learning, meaning we're asking the learner to apply the new information we've given them to some real-life types of situations. Our community of partners and our research inform the development of the course. It's available online for free at our website. Each lesson takes between 45 minutes and an hour to complete. If you finish all the lessons in order, you get a certificate, or you can take only the lessons that interest you. During the course, the learner learns about such things as our Prepared4ALL process and strategies that Adriane mentioned, how to apply the process and strategies to COVID testing and vaccine distribution. The negative impacts of disasters and COVID on people with disabilities, the American Emergency Management System, then there are some topics that planners may need more info about, like disability demographics, community living, accessible and respectful communication and accessible meetings. We have a unit on the ADA, but the ADA is also mentioned in other units. ADA topics include requirements relating to physical and program access and effective communication. COVID-19 and ADA issues, service animals, and ways to discuss the

ADA that might resonate with emergency and public health preparedness planners. There's a lesson on whole community or inclusive emergency planning, including access in functional needs in the CMIST framework. And then there's a lesson on how to hold a community stakeholder meeting to identify and close disability-related gaps in the local emergency plan. At the end of the course, the learner receives a resource list and a workbook guide for assessing local emergency plans. For each lesson there's a learning agenda outlining the lesson and space for notetaking.

Next slide. Thank you. This is a go at your own pace training available anywhere any time 24/7 via browser on computer, tablet or phone. You can see in the slide what I'm going to call à la carte suggestions. So if you're interested in inclusive emergency planning, check out Lesson 7 and 8. If you want more info on disability, demographics, communication and accessible meetings, go to Lesson 5. Background on the Emergency Management System and ADA Lesson 4 and 6, COVID impacts and legal rights, Lesson 3 and 6. And the Prepared4ALL approach, Lessons 1 and 2. Next slide, please. So with this slide I'm not going to read it. I'm going to use it as a little gateway to take you into our course, and I will do that in just one minute. In fact, let me try sharing my slide. Now, hopefully you can see my screen.

>> ADRIANE GRIFFEN: We can.

>> SUE WOLF-FORDHAM: Thank you. Because I've lost a little of the view of you. So welcome to Disasterville, USA, a fictitious county in the course, the learner takes on the role of Terrye trainee from Tornado Gap County, USA. We do have little cheesy jokes in there. Tornado Gap County government and local disability and other community organizations want to collaborate to identify and close emergency planning gaps related to people with disabilities chronic and mental health conditions. Terrye has heard about Disasterville's inclusive emergency planning success and is visiting Disasterville to learn more about their work. Now I would like to describe what you see on the screen. So this is a meeting room, and I'm going to describe the people here and their role. Starting from the left is Carrie, the Disasterville ADA coordinator. She is a woman with dark skin. She's wearing a mask, a brown jacket, and Jeans and her service animal with her is a miniature horse. Next to her is Rachel, a woman with light skin and salt and pepper hair. She's wearing a mask. She has a white T-shirt on and you may not be able to see it, but she has a glucose monitor. She has diabetes. Next we have Marco and Franny and their baby Juniper. Marco and Franny are deaf. They're wearing masks. They both have light skin. Marco has a man bun and is wearing glasses, a reddish sweater and a gray T-shirt. Franny has brown hair, a green top and blue capris. Next to Franny is PJ, the Disasterville preparedness planner. PJ has light skin wearing glasses, a mask, a white T-shirt and beige pants. Next to PJ is Alan. Alan has dark skin, gray hair, a white mask wearing a purple top and gray pants. And next to Alan is EJ, local planner. He's an older man wearing a mask with a white shirt and gray pants. And together they're talking about the ADA. In the interest of time, I'm going to scroll down and show you an example of an interaction. You can see the thought bubble for the learner to think. And it says "Under the ADA, equal access and effective communication related to COVID-19 would include:"

And then the learner has a number of choices. And when the learner pulls down a choice, there's feedback. The choices are...

An accessible site to receive the COVID-19 test or vaccine.

A sign language interpreter for a person who communicates via sign language, to explain consent forms and potential vaccine side effects. Providing a TTY, if someone who uses sign language wants to make a phone call waiting for the shot. Permitting a service animal to accompany its owner while she receives a vaccine. And plain language document to explain the vaccine to a person with limited English literacy. I'm going to now hit the pull-down menu and you can see the feedback on the last one, which is plain language. The feedback is "That's right, providing plain language documents is required." Now I'm going to stop sharing my screen and go back to the PowerPoint. Thank you. Next slide, please.

What you see on the screen now is a screenshot from our active planning workbook. Along with the slides you're going to get after today, you're also going to get a PDF of this guide. The guide is discussed in section -- I'm sorry -- in Lesson 8. And it's about how to hold an inclusive collaborative planning meeting to review an emergency plan that already exists or to help develop a new one. There are three parts that you see in the three boxes on the screen. The three parts to the meeting are "Where are we now? Needs assessment and gap analysis," "Where do we want to be? Set priorities," "How do we get there? Close gaps." The program participants follow the three steps, and by the end they have developed an action plan to use strengths to close the gaps. This process in the workbook guide were successfully piloted a number of years ago in Massachusetts. 100% of the participating communities identified at least five gaps related to inclusion in the local plan and all of them identified a strategy to close the gaps. Participants' satisfaction with the meetings was very high. Now Adriane is going to talk about local disability organizations and their role.

>> ADRIANE GRIFFEN: Thanks, Sue. You can go to the next slide after this one. So let's go back to the local community and local disability organizations. So here is what the participating local disability organizations would do. They increase emergency preparedness knowledge and self-efficacy. They form Action Teams with other community-based organizations, or join ongoing community emergency planning advisory groups, if those already exist. They learn new collaboration and problem solving strategies. Identify and connect with local emergency planning efforts. Really build partnerships with local emergency and public health preparedness planners. There's also just a really neat opportunity to expand networks. And also, importantly, the local Action Team, strengthen the community outreach and really expand recognition of the need to always include people with disabilities in planning. Next slide, please. So here on the next slide we have a word cloud that is a summary from our town hall meeting. So for disability organizations, it's really important to connect their Prepared4ALL work with the organizational mission and vision. So the word cloud on this slide shows the results of an informal poll that we did of our disability organization partners, and this word cloud was generated when we asked what comes to mind when they think about their work. So here are some phrases and words the organizations came up with. Improve quality of life. Empower. Innovation. Support. Respect and dignity. Independence. Health and wellness. Live, work, learn and play. Enrich and

enhance. So, you'll notice involvement in community emergency planning relates to all of these terms. Next slide, please. We wanted to share with you the packet of outreach information that a disability organization would get once they are part of the Prepared4ALL initiative. The first one I want to go over is our outreach guide. So there's a one-page summary plus a very short what we call elevator speech to use in approaching local planners. There's a tip sheet with talking points about the importance of engagement and collaboration, as well as resource and referral links and communication toolkit. So the idea was to make outreach and engagement as clear and as easy as possible for both disability organizations and local planners. And communities in which local planners are making the first approach to disability organizations, these tools, rather could also be helpful. For example, these documents could show planners where disability organizations might be coming from, where to find them. So since disability organizations are likely to want to think about engagement with planners and inclusive planning in terms of their organization's mission and vision, planners can consider outreach and really think about asking organizations about missions and emphasizing how involvement in local planning would further the mission of their service or community engagement and community inclusion.

Next slide, please. So here is an example from our Prepared4ALL communication toolkit. The toolkit consists of sample social media posts and key messages about the project. While these are mainly intended for disability organizations to use, local public health planners might find the fact-based messages, like the "Did you know people with disabilities are two to four times more likely to die or sustain injuries during a disaster than people without disabilities?" might find those facts useful for sharing with the community at large. Local planners might consider providing the communication toolkit as part of their outreach to the disability community as well.

Next slide, please. So this might look familiar. Sue talked a moment ago about the silos between our American Emergency Management System. So another component of the outreach toolkit is how to find your local emergency planning agency. And while it might be obvious to emergency and public health preparedness planners how local government works and where their offices fit in, it's not so obvious to others in the community oftentimes. So Prepared4ALL provides a how-to for disability organizations to identify their local planners and an example of how the emergency system in America really works. So planners can use this resource as a tool for explaining the American Emergency Management System in a particular local system as they collaborate with disability community partners who might be new to the emergency system locally. Next slide, please.

Another tool that we developed is really a set of resources and referral links to some non-English, non-translation resources, and American Sign Language interpretation resources. So we encourage local disability organizations to share this and really develop local versions of this and add other resources as they go to collaborate with their local partners and keep this collaboration going.

Next I would like to shift gears and talk just a little bit about our disability inclusion coach effort. This really is a way for us to keep going for future generations to pay attention to disability inclusion and emergency planning. And the good news is that this is available not only for AUCD trainees but for any public health trainee or any emergency management person who is training. Next slide, please. So just a little bit of the

disability inclusion coach project for you here. The trainees can complete a Prepared4ALL online training to become disability inclusion coaches and really then engage with emergency preparedness and local emergency planning. We facilitate training on coaching skills, and after the students or trainees complete the online training, then we link them with local participating disability organizations or local Action Teams. And then these trainees or the new disability inclusion coaches act as liaisons between local Prepared4ALL Action Teams and our Technical Assistance Center. And really engage in related action research projects so we envision these coaches helping to further sustain the project as they move forward in their professional training, they can continue to share the Prepared4ALL approach with new audiences. So next I will pass it over to Sue to talk about how Prepared4ALL really is a different kind of program. Next slide, please.

>> SUE WOLF-FORDHAM: Thanks, Adriane. So what is our secret sauce? First of all, our audience, disability organizations are our primary audience, and this includes advocacy organizations, disability-led organizations, and provider organizations as well as community health centers. Our secondary audience is emergency and public health preparedness planners. And I should note here that our funder is the one that shows our target audiences. Our approach is about the how and the why, strategies to build engagement, collaboration capacity. Our project is informed by experts with and without disabilities and well-known successful public health strategies. And we provide a wealth of engagement and collaboration tools. There is peer-to-peer support and problem-solving at our town hall meetings, and students and trainees are available to support local emergency planning work today and build future sustainability. But to me, the thing that really stands out is this is about flexibility. There's really a menu of options. And the project can be tailored to individual organizations and community needs. So you can take the course in different ways, you cannot take the course but go to the town halls, etc., etc. And we built this in because our research showed that's what people wanted and people needed about emergency planning. Next slide, please. This also demonstrates flexibility. Our outcome is partnerships or what we call a seat at the table. Now, that will look different for each community. So, for example, in some communities, it might mean a literal seat at the local emergency planning table. It might mean submitting comments on the local emergency plan, working with partners to identify gaps in the local plan, and strategizing how to close the gaps, sharing information about how to find qualified sign language interpreters, for example, at emergency shelters or vaccine dispensing sites. Or the disability community sharing other resources that it knows about that planners may not know. It may also mean reviewing alerts, warnings, public education, and other communications intended for the disability community. Now I'm going to turn it back to Adriane to close us out. Next slide.

>> ADRIANE GRIFFEN: Thank you, Sue. Thanks. As we wrap, I wanted to acknowledge our team, first and foremost, Sue and all the work that she has done as the deputy for this project over the last year, Lex Owen, she has really spearheaded the disability inclusion coaching side of things, and our overarching evaluation, and Danielle

Augustin, who has a background as a health coach and has really spearheaded some of the motivational interviewing and appreciative inquiry work we're doing with our partners in the town hall setting. So thank you to a fabulous team. Next slide. We also want to share thanks to our CDC partners who have funded this work through our AUCD-CDC cooperative agreement, and the Prepared4ALL initiative has been very fortunate to collaborate with two sister grantees, the National Association of County and City Health Officials, or NACCHO, and then ASTHO, the association of state and territorial health officials. So ASTHO has identified and trained and embedded disability and emergency planning specialists in 12 state health departments and NACCHO has done the same with 10 local health departments. So as part of our projects we meet regularly and held joint webinars together. And we just wanted to extend our thanks to these organizations as well. So, next slide. You might be wondering, how can I get involved in Prepared4ALL? Well, there are three main ways we would really encourage you to be involved. First, please take the free training. That URL is on the slide. That's <https://bit.ly/Prepared4ALL> online. You will see the resources and the collaborative inclusive emergency planning workbook guide. I encourage you to check that out. The second way to get involved is to attend one of our monthly partner town hall meetings. They happen the third Wednesday of every month 1:00 p.m. Eastern for an hour. It's just a fabulous way to engage in some peer-to-peer sharing, and also an opportunity for support and problem-solving. And we really encourage emergency and public health planners and others to join us. You're all welcome. A third way to get involved with Prepared4ALL is involve your students or trainees. We know many of you wear multiple hats and might be regularly engaging with students through courses that you might teach, or you might be engaged with. So check that out as well. And that link is here as well. And we will put the links into the chat. Thank you.

All right, so next slide. Overall just want to say thank you and give just a little bit more of the bonus resources. If you have hung out with us and stuck out with us through this entire presentation, we thank you. We will be sharing a link to a video with more information about our online training. So that link is going to appear in the archive with this webinar. And in that video there is a heal light from a student who is currently involved in our disability inclusion coaching program. She describes her experience in Idaho. And we also have a professional from the D.C. regional area talking about her experience in the Prepared4ALL town hall and how the town hall really was impactful on her work and her organization. And so at the end of today's slides, actually we have a couple more bonuses for you. If you keep going forward, please. Thank you. We have our contact information here. Please stay in touch. The email is [Prepared4ALL@AUCD.org](mailto:Prepared4ALL@AUCD.org). We also encourage you to join our listserv and really just keep learning together. Please feel free to stay in touch with either myself or Sue. Our emails are here. My email is [AGriffin@AUCD.org](mailto:AGriffin@AUCD.org), and you can reach Sue at [SWolf-Fordham@AUCD.org](mailto:SWolf-Fordham@AUCD.org)

So that's what I wanted to say for this slide. If you forward to one more slide, we have some bonus resources links I believe on the next slide. Here they are. So as we mentioned, we will be making these links available to you through today's webinar slide deck. Also I wanted to point out we have a number of resources in our archived webinars, which are available through our National Center on Disability and public health. So we encourage you to check those out as well. And, finally, the next slide,

one other resource that we wanted to make sure that everyone was aware of is our public health is for everyone toolkit. This online toolkit has resources related to disability inclusion for all aspects of public health and includes documents from the needs assessment and the environmental scan we conducted for this project, as well as other very relevant emergency planning and disability inclusion resources. So we invite you to check it out and share any resources that you have found helpful by using the "Share your resources" tab, and the public health for everyone URL is [Www.PHETOOLKIT.org](http://Www.PHETOOLKIT.org) . So with that I want to thank you for your time and your attention. And I think at this point we have concluded our formal remarks, but we would love to engage with some question and answer time. Thank you!

>> LEWIS KRAUS: All right, thank you, Sue and Adriane. All right, everyone, this is your chance to submit your questions in the chat window if you have not already done so. And we will start going through them right now. First question that was in there and was answered in the question, and actually just covered by Adriane recently, but let's get it in here anyway. And that was: Can you repeat the three approaches that you mentioned before the free paired mnemonic? And the answer was the online course, the town hall meetings and student and trainee involvement.

>> ADRIANE GRIFFEN: I believe that question was actually asking about the evidence-based for the Prepared4ALL mnemonic. And the evidence base for that is a combination of appreciative inquiry, action learning, and action research. Those are the three public health evidence bases that we have combined in a unique way for the Prepared4ALL approach. Thank you.

>> LEWIS KRAUS: Great. Thanks for clarifying that. All right. The next question: Why aren't people with disabilities included in the planning process so that accessibility issues can be worked into the plan instead of having agencies working with people with disabilities provide feedback after the plan is developed?

>> ADRIANE GRIFFEN: I think that that -- the person who posed this question later on said they understood, they got their question answered, but I would love to respond to it. It's our goal for people with disabilities to be at that table from the very beginning. Let me just reiterate that it's about disability inclusion overall. Sue, I don't know if you have anything else to add to that.

>> SUE WOLF-FORDHAM: I do. Just from my own research, it's really rare that I find a community that doesn't have any plan. Although I have on occasion found that. So what I find in my work is the community already has the plan, however it was written, and sometimes it was written a long time ago, and what they need is for people with disabilities and disability organizations to review whatever exists in whatever kind of form it exists and sometimes they're very full and complete plans and sometimes, as just happened to me recently, there are an outline of plans. So, of course, we think people with disabilities should be included from the beginning, but that's not always the situation we're presented with. I also work with community health centers. And I found

the same thing. It's rare that I find no plan. It's almost always I find a plan. It could be full. It could be slim. So that might answer that part of the question.

>> LEWIS KRAUS: All right. The next question: Is there a municipality that you can cite as an example of where your program was implemented and is working?

>> ADRIANE GRIFFEN: Yes, sure. So we have had some nice success with the Department of Health in Florida. They have had really good uptake and utilization of the Prepared4ALL approach and been invited to COVID-19 clinics -- vaccine clinics, rather, to make sure those are accessible for everyone in the community. Another one that pops into my mind is our partners at the Gallaudet University were able very recently to collaborate with the D.C. Maryland metropolitan area to make sure that there were fully accessible sites, so that people who might communicate differently were able to be hearing and learning and getting the same information at the same time as everyone. So that's another example. And then a student example that comes to mind, just for a little geographic diversity, we have a student who is working through our work right now as a disability inclusion coach in Idaho and working with regional partners to review emergency plans to make sure that there are disability inclusion opportunities at every step of the way. So those are just a couple of examples.

>> LEWIS KRAUS: All right. The next question... someone was curious, when you were mentioning if they had embedded people, someone embedded in the U.S. Virgin Islands health department.

>> ADRIANE GRIFFEN: I would need to look at their roster. Off the top of my head, I don't recall. But we can share their roster with you if you contact me, my email is [Agriffen@AUCD.org](mailto:Agriffen@AUCD.org) and I would be happy to look that up and get back to you.

>> LEWIS KRAUS: Great. Next question. What are your suggestions for trying to build relationships with those within local government who are not willing to work with us? They have remarked that they are qualified and do not need or want the public.

>> ADRIANE GRIFFEN: Yes, that's -- we wish that that was not -- not the case, but sometimes that happens. With the Prepared4ALL approach, it's a strengths-based approach. So you can really have some conversations with others who might think they're already doing it. They might think they're already doing the work of inclusion, but really they're not doing all of the steps, or not doing it completely. So with the strengths-based approach, you are able to look at where there are gaps and look at where you have resources and where you have needs to develop further. Sometimes having that conversation will open doors so that there can be some stronger relationship building, and you can bring in other partners to really align and make sure that the gaps are being addressed. So that was one thing that I could think of just to offer for this person. But, Sue, I know that you have had this in your practice happen in real life. Do you have other thoughts on this situation?

>> SUE WOLF-FORDHAM: Thank you. I do. And I agree with you. I would try the soft approach first. We provide a flexible approach, so you might be able through our strategies to find an in that particularly resonates with local planners and managers. The other thing is that if your community has over -- Lewis, remind me -- 20,000 people for an ADA coordinator, 50,000 people? I can't remember. But there's a population number that if you have over that number, your city or town or county has to have an ADA coordinator. And you could see if you could make inroads that way. When I have worked with communities, and they're particularly recalcitrant, I then try to go with a budget approach and talk about how having inclusive planning is more efficient and provides some reasons why. And then -- and it's happened only a few times, but it's happened, I have sometimes had to put my lawyer hat on and talk about legal obligations under the ADA, and in one memorable experience I had to provide sort of a stark example of what would happen if Project Civic Access, which is a Department of Justice investigation program, if they came to town and happened to hear what the folks I was speaking with said to me, and between those approaches I was able to be very convincing, but I want to emphasize I saved the heavy-handed approach for rare circumstances after every other possible approach has been tried. The other thing you can do is say, again, this may be a review of the plan after they have written plan. I do know at least one place I worked, the town directed that the emergency manager, and only the emergency manager, write the plan. So they were kind of stuck. But I would try to find some way around it before being heavy handed. I hope that answers your question.

>> LEWIS KRAUS: And just to clarify your question to me there, Sue, I believe what you're referring to is the DOJ guidance about ADA coordinators, and that is actually based on the number of -- the public entity that have 50 or more employees. It's not a population but employee-based thing. And they're required to have the grievance procedure and designate at least one responsible employee to coordinator ADA compliance.

>> ADRIANE GRIFFEN: Thank you so much for clarifying.

>> LEWIS KRAUS: The next question is: Which resource link do you believe would aid new disability specialists to be successful with inclusive ideas and preparedness actions in the local health department setting?

>> SUE WOLF-FORDHAM: Adriane, I have a thought, but you may be having the same thought.

>> ADRIANE GRIFFEN: Go ahead, Sue. I was still thinking and I would love to get maybe even more clarity on where this person is housed and etc. But you go ahead.

>> SUE WOLF-FORDHAM: To me, if it's a local health department, I would first look on the NACCHO website and see what they had, because those resources are made for local health departments. But I too wanted a little more info beyond that. I'm wondering

if the questioner wanted to know which part of the online course would be better, or maybe there's another question being asked altogether.

>> LEWIS KRAUS: We'll have to wait and get to that as we scroll down the list here. So let's put that aside for the moment. the next question would be, does your communication resources also list plain language examples on how to write PSAs in a language that is understandable to people with intellectual developmental disabilities or traumatic brain injury?

What we did in our state is the state disability access agency is we approached state and county emergency management leaders and convened interagency group to discuss access issues.

>> ADRIANE GRIFFEN: The short answer is yes. Our resources do describe this. In fact, if you take the online training, a couple of the modules touch on how to do this, and the reasons why it's so important to do this.

>> LEWIS KRAUS: Great. We do have a response from a person who asked the other question. She says, yes, which part of the online course? Sorry for the misunderstanding. So just to go back. She's asking about which of the online course, which resource do you believe linked with aid successful with inclusive ideas and preparedness actions from the local health department setting?

>> SUE WOLF-FORDHAM: I think it would depend on what the specific issue is, but I might start with lesson 2, which is applying our process to emergency dispensing sites for COVID vaccines, because a lot of community health departments on the local level are involved with that. If the group wanted to engage in whole community planning, then I would suggest modules 7 and 8. But I think depending on what your Public Health Department has as a specific issue, you'll be able to pick a module. The other thing is if you can't decide, we have some very short intro videos. You could watch a couple of those if you wanted to pick just one and were trying to decide.

>> LEWIS KRAUS: I know this is newly released. Do you have what evaluation plans might be involved in here? Do you have any follow-ups that you're going to be able to be doing?

>> ADRIANE GRIFFEN: Yes. Each of the lessons actually has a pre-test and a post-test. So that is one way that we will be evaluating, you know, did this make any difference, a person who is visiting, learned anything. So that is one strategy. Another is we're really using some observational qualitative strategies to look at the town hall discussions with partners to see how that space is being leveraged, how the application of the Prepared4ALL initiative and materials are being leveraged to make differences at a local level. So we're looking at the town halls. And then the other piece that I would hold up is the work that we're doing with trainees through the disability inclusion coach program. Right now we're up to 14 different trainees across the country. But we're hoping that that just grows by leaps and bounds. It is brand-new, as you just said. So

we'll be looking at not just the number of trainees who sign up to be disability inclusion coaches, but how many then follow through with their local areas and really apply the Prepared4ALL approach. So those are the key strategies that I would offer. Sue, I don't know if you have anything else you wanted to add in terms of evaluation.

>> SUE WOLF-FORDHAM: One thing on a very level is the number of resources we develop, and the number of resources we have added to the public health is for everyone toolkit. I forget what the exact number is, but we reviewed over 300 resources that we have in a database, and we're moving them into the Public Health is For Everyone toolkit. And then you can look at how many people are choosing to access that part of the toolkit.

>> LEWIS KRAUS: All right. Very good. There is another question here about have you considered doing a presentation for the national association of ADA coordinators or for ACTCP, also an ADA credentialing body?

>> ADRIANE GRIFFEN: We would love to do that. We would love to do that. So I would --

>> LEWIS KRAUS: You can coordinate that with me.

>> ADRIANE GRIFFEN: Yes, thank you.

>> LEWIS KRAUS: All right. So, we realize that many of you may still have questions for our speakers, and apologize if you didn't get a chance to ask your question, but if it is an -- well, let's -- Dave, if you can roll back one screen, they can have the contact information. Two screens, I guess. There we go. If you have questions and you still want to ask Adriane or Sue, there's contact information on the screen. And you're welcome to ask them the questions. Or you can also contact, if it's an ADA issue, that this raises, you can contact your regional ADA Center at 1-800-949-4232. You will receive an email with an online session evaluation. Please complete the evaluation for today's program as we value your input and want to demonstrate the importance of the presentation and the sessions in the series to our funder. We want to thank Adriane and Sue today for sharing their time and knowledge with us and a reminder for all of you that this session is being recorded and it will be available for viewing next week at [ADApresentations.org](http://ADApresentations.org) in the archives section. And I believe that they are providing us with even other materials that will be in that archives section, so get there next week and see what you can find and review about this session. Our next webinar will be held on June 10<sup>th</sup> and will feature a presentation about FEMA about vaccine accessibility that they helped develop here, for the super pod areas. And we hope that you can join us. Watch your email two weeks ahead of time for the announcement of the opening of registration. So thanks again, Adriane and Sue, and thank you all for attending, and that will now complete today's session, and we look forward to seeing you on June 10<sup>th</sup>. Have a good rest of your day, everybody. Bye-bye!

>> ADRIANE GRIFFEN: Thank you.

>> SUE WOLF-FORDHAM: Thank you!