

Utilizing community organizing principles to engage stakeholders in emergency preparedness

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Agenda

- Massachusetts Department of Public Health and Disability Policy Consortium Overview
- Project Description
- Community Organizing Principles
- Applying Community Organizing Model to Emergency Preparedness



Massachusetts Department of Public Health: Emergency Preparedness Bureau

The Emergency Preparedness Bureau (EPB) works to enhance the capacity of public health and health care organizations to prepare for and respond to emergencies that threaten the public's health.

- responsible for all-hazards planning and program coordination
- coordinates emergency response activities across the department
- works with local public health, health care organizations, emergency management, public safety and community based partners to build an integrated emergency response system to protect all residents of the Commonwealth



Disability Policy Consortium



- Cross-disability Board & Staff
- 12 years experience in legislation and policy making
- Began the chant for inclusion in emergency preparedness in 2006
- 50 newsletters to over 800 people with disabilities, first responders, emergency planners, and state agency personnel since 2006.
- Executed 2 Massachusetts Department of Public Health contracts on creating a Registry and training for employers and Personal Care Attendants.
- Go where others don't go

www.dpcma.org

**Emergency Preparedness >
Public Health Projects**



Identified Need:



- Individuals dependent on outside care givers to assist with day to day functioning need personal preparedness and contingency plans in the event that regular activities and support are disrupted
- Especially important that clients and providers have a clear understanding of their roles and responsibilities during an emergency

Project Overview



- Develop user-informed preparedness education materials for PCAs and their employers
 - Contains a series of educational and skill building activities
 - Designed to increase the ability and likeliness that people with disabilities will engage in emergency planning with their PCAs and other significant people in their lives
- Emphasis on:
 - empowering individuals with disabilities to be prepared
 - learning about resources
 - have a strategy for assuring that planning happens at home or work as needed

Training Components



- User-informed curriculum on all-hazards emergency preparedness planning for persons who are PCA employers
- Provided employers and PCAs the opportunity to discuss emergency preparedness and to develop plans that meet the needs of both parties.
- Two-hour training includes:
 - segments that explore the nature of emergencies and emergency response
 - how to engage in emergency preparedness planning
 - how to identify and incorporate special planning considerations (mobility impairment, limited English language proficiency, etc.) into personal emergency plans.
 - working session to develop personal emergency plans.

Materials



- Personal Emergency Preparedness Guide
- 2 stage development: content workshops & pilot training
- Leadership: Person with a Disability
- Format: Get people talking
- Keep it simple

Key Questions for Emergency Planners



- How will you identify populations that have special planning considerations?
- How will you reach out to people with a variety of different needs?
- How will you ensure those populations are included in the planning process?

Discussion: 1



How will you identify populations that have special planning considerations?

- Examples:
 - Public Data – census, state health data, private organizations
 - Local/state programs that serve populations of interest
 - Community based health facilities
 - Registries

Our Approach



- Information Gathering
 - DPH identified the need for emergency preparedness education for individuals with disabilities through conversations with stakeholders
- Identify Leaders
 - Internally and externally
 - Develop programmatic goals

Organizing Approach



- Partners:
 - Latino Health Institute
 - Independent Living Centers
 - PCA Unions
 - MDPH
- Advisory Committee consisting of employers & PCA's

DPC Capability



- DPC had managerial expertise
- Hire Experts with
 - Training Experience
 - Cultural Competency
 - Evaluation Experience

DPC Weaknesses



- DPC did not have deep enough roots
- Looking for particular people with disabilities, i.e. PCA employers
- Independent Living Centers
- Union

Discussion 2:



- How will you reach out to people with a variety of different needs?
- Examples:
 - Join existing networks that include CBOs, FBOs and organizations which serve your target populations
 - Health Centers and Hospitals
 - Existing links – health disparities workgroup, Department of Mental Health Programs
 - Residential and vocational programs

Our Approach: Building Community Based Alliances



- Utilize network of existing stakeholders
- Identify community leaders who support goals
- Engage target population in preliminary discussions on emergency preparedness
- Formalize partnerships and identify roles of each agency

Independent Living Centers



- HIPPA precluded our mailing PWD
 - 300 piece IL mailing - 7 responses
 - US Mail delayed 4 responses
- Meeting in rural area -
 - Zero participants

(Need for Clear Contractual Expectations)

Union



- Union would add our Pilot Training to regular organizing meetings
- Delayed schedule by 4 weeks
- Backed out with 3 days notice

Self Reliance



Discussion 3:



How will you ensure those populations are included in the planning process?

- Examples:
 - Develop work-group or advisory committee
 - Create work-plans with partners
 - Identify shared goals
 - Inventory what resources are available to each partner

Material Development Process



- Conduct interviews with individuals with disabilities who are involved in PCA programs, disability rights, and emergency planning
- Develop training module based on behavior change theory
- Focus-group testing
- Material revision

Positive Focus



- What is possible for individuals to do
- Not empowering to ask an individual living in a high-rise building to plan their emergency evacuation route.
- Recognize PCAs have family as well as responsibilities to their clients

Evaluation



- Held pilot trainings to allow end-users opportunity to inform the process
- Engage unions in discussion on how to integrate training into existing continuing education opportunities
- Identified barriers to attendance and behavior change
- Integrate curriculum changes

Evaluation Take Aways



Dr. Nicholas Carballeira
Latin American Health Inst.

- Information for those at awareness stage
- Tools for “early adopters” who are ready to embrace the planning stage
- For those “waiting”, provide materials and tools for when they are ready to plan.

The Hard Way



Identified leaders:

- Created incentives
- Located ‘places’ where people lived
- Places where people were used to meeting

Assumptions



Personal Care Attendants could be recruited to attend a training session and bring their employers with them.

- Reverses the roles and didn't work
- PCA couldn't influence employers' choices of where & when to go
- Employer had to have time available on personal needs schedule to allow/pay the PCA to attend

Assumptions



PCA's and employers would benefit from attending a training together.

- Both parties struggled individually
- Comprehension & literacy levels were mixed
- PCAs needed as much assistance as employers

Assumptions



Paying a stipend and travel expenses would be important to our success in getting people to attend.

- Absolutely & Positively True

Recommendations



Emergency preparedness must be built in to existing intake, evaluation and review processes

- Each agency does intake differently
- Time allocated for Medicaid intake limited
- Difficult keeping staff up-to-date/need-to-know
- MassHealth reimbursement rates don't cover it

Building for the Future



- Continue to engage and involve groups that serve at-risk populations in emergency preparedness planning
- Work with leadership within EHHS to hold trainings
- Share materials and resources with municipal planners

How Public Health Can Engage the Private Sector in Planning



- Convene learning sessions with at risk populations and public and private organizations to develop relationships
- Find integrated ways to address emergency planning at various checkpoints where people at risk interact with businesses and other concerns
 - physicians' offices, hospitals, health clinics, wellness clinics, insurance and healthcare information booklets.
- Distribute available best practice tools around emergency planning to the private sector and the individuals from within the at risk population
- Invite them to the planning table.
 - It only happens if we work together

Best Practices:



- Develop an internal strategy for addressing emergency preparedness needs
- Identify program champions and community partners early on
- Support organizations with existing community networks
- Develop formal agreements with organizations

Final Thoughts



- No easy way to do it
- Indigenous organizing in communities
- Altering systemic processes to include preparedness
- Both / And - not Either / Or

Be Prepared


