Live captioning by Ai-Media

ANNA COSTALAS:
Hello, and welcome to the prep book playback Strategies for Increasing Disability Equity and Inclusion in Public Health. Before you begin I want to go through some details. Now, because of the number of participants, we have assisted assistance with audio. You could also... You have time of the end for questions. We also have cart captioning. You can press the CC button if you need to get subtitles. In addition to cart, we also have ASL. The SL interpreter will be spotlighted on the front.

You can change the size of the ASL interpreter by hitting the three little buttons. You could also do that with cart as well.

Like I said, we did mute your microphones. But we will open it up at the end if you have any questions. This meeting is being recorded. It will be available a few days following this event, as well as a transcript from the captioner and presentation slides.

This will be given out on the AUCD webinar library. That will be available in about three days. So, with those logistics said, thank you for joining us again. I am going to pass the microphone over to Doctor Adrian Griffith, who will start us off.

ADRIANE GRIFFIN:
Thank you, I appreciate it. Welcome everyone for joining today. My name is Adriane Griffin, I am a middle-aged Caucasian woman and I have short dark curly hair, and I'm wearing a purple shirt today. Welcome everyone.

For the next hour I want to give you little bit of background on what prepared for -- on what Prepared4ALL is. Then we'll get into the playbook. We have some great guests today and we're going to share how they use the Prepared4ALL Playbook -- Prepared4ALL strategy and how you they can use your equity and inclusion your public health efforts.

We are taking a approach to today's webinar and stories in a practical way on how you can use this. So we will be highlighting success stories and that is our game plan.

If you think of it as a wheel, as we do, which just keeps you going. It keeps that momentum going. So that is the concept behind the prepared for all wheel. We try to keep our momentum going to build our local partnerships and maintain capacity building and emergency preparedness and planning.

So we are always thinking about how we are strong. To maximize our challenges, and troubleshoot along the way and anticipate challenges. Really quickly, I want to share with you the points of this Prepared4ALL wheel. Each letter stands for a different phase of the effort.

So it is p for pinpoint, R for relate, E for engage, P for positive, a for advance, R for a flat, E for
Envision, and D for deploy. Those are the letters on the outside of the wheel. On the inside is a reminder to always be focused for all.

Think about how you make this matter to everyone in our community, including people with disabilities, and how you communicate with everyone at the same time. So your emergency preparedness and planning efforts are really for everyone in the community, and for all.

So that's a little background on the prepared for all wheel. Next, I want to go over the components of the Prepared4ALL initiative. We really have three distinct components to the initiative.

We invite do -- you to check it out. We have a couple months of online training, you can take all eight lessons and get a certificate, or do it a la cart. You can decide what lesson matters most and zoom in that way.

We also do monthly town halls. These are forums, safe spaces, if you will were we will come together and share. This is where the magic happens. You could hear lessons learned from one region of the country, take it and apply it to your own neck of the woods.

Those will take place on a monthly basis. Lex will share that, thanks, Lex, you beat me to it (Laughs).

Next is our Prepared4ALL traineeship. So this is looking at a member or emergence prepared partner to utilize the Prepared4ALL initiative as a component for capstone, or a practicum.

So that is something else that we would really encourage you to do. So, there are three different ways for you to join us. I just want to give you a little bit of background on this before we dive into the playbook.

At this point, let me turn the stage over to Doctor Lex Owen, who has been our practice fellow for the last year. She is going to walk us through the prepared -- Prepared4ALL Prepared4ALL Playbook and then you'll meet our wonderful guest panel today. Take it away, Lex.

LEX OWEN:
thanks, Adriane, I am a white woman with glasses and blond hair. I am also wearing an olive green T-shirt. Welcome everyone, we are so glad you could be with us here today.

We want to explain little bit about what the playbook is. We are calling this… Collection of strategies and tactics a playbook.

We developed the playbook from this year long project that we have done, and we have really tried to glean and pull from what our affiliates have offered us in these town halls.

So what you will see, and what we want to focus on here is just highlighting some of the strategies that are in the playbook. Really reflecting upon the Prepared4ALL approach that Adriane was talking about earlier.
Thinking about how we can maximize strengths and anticipate challenges, right? We know partnership building and capacity building at the local level is super important for increasing disability, inclusion and equity.

We also know that it can be really challenging, right? There are a lot of (Laughs) Things going on. So we wanted to create a resource to be used on the ground, at the local level, where we think it can matter the most.

So we wanted to be really useful and applicable to all. So from this end, we are going to go over a couple of different highlights from the playbook. Also, what we really want to do is showcase how people are already using the playbook strategies and the Prepared4ALL approach on the ground.

So this is kind of a precursor to the really good stuff, which is what we will hear from our guest speakers in just a few minutes. But Anna, can you go to the next slide?

So what we want to do is that one of the main components of this playbook is thinking about how do we keep momentum going? What are some strategies that we can use it for forward motion?

One of our Prepared4ALL wheel elements is called Advance. So, the definition of advance is to think about how to take that next step even if it is a small step. Thinking about a I toward the overall goal, and advancing is making the most to have. There is a quote of the screen from one of our Town Hall participants in February. I will read it now. This is the quote: "Before Covid-19, people with intellectual development of disabilities were not really considered in emergency planning in my area, but now I can tell you that they are.

We are working with our states healthcare coalition to include people with intellectual disabilities and other diverse groups in the planning process. I have just started asking questions and trying to get people to think differently about who has needs during an emergency. Since Covid-19, it's become a bit easier to have these conversations."

So based on this information we have (Laughs) Learned from a very bad thing, Covid-19, we are pushing forward toward inclusion. Anna, can you go to the next slide, please?

Another section of our playbook is thinking about how we can build -- no partnerships? We know partnerships work and we know that they are important. But how do we get there? How do we get to the next step and how do we actually build partnerships?

One of these components that we are focusing on is how to engage with partners. I am going to read just one more quote and we might move on. What I want to read the second quote here. I will start the quote: "We develop relationships with shelter operations, who wanted training on how to interact with people with autism. The partnership just kind of developed. Really, it was the connective tissue that we all have together, including the voices of people with disabilities saying, "hey, we have the right to be safe too."
So that is the end of the quote. This affiliate, locally, is looking at the shared connections, goals, and orientation that she had with a different organizational partner. If we can go to the next slide?

So, we also want to kind of include some quick tips. If we think about how to really get to the next step, right? We wanted to kind of help folks envision how this can work. Some of the quotes I included I think, do really well. We also wanted to give additional tools.

So, in the playbook itself, we offer a kickstart directory and then, yeah, I think Adriane is biting into -- is putting that into the chat. Anna, you can go to the next slide. Thank you.

The next is also in the playbook and it is called: strategies for community and organizational development. This is the idea for creating community and building impact in many ways. So, some of the things on the screen here that are listed are inclusion ideas. These are ideas that came up in the Town Hall that we have been holding every month.

One of the ideas is prioritizing hiring people most impacted by emergencies, such as people living with disabilities. Ensuring that organizations have at least one person trained on emergency preparedness issues.

You are embedding that prepared this attention, and staff capacity in time, and making sure that they can communicate that to the entire organization. Next slide.

So, we have kind of given you a little bit of a taste of the playbook, which is available online. We will make sure to link to it if it is not already linked – in the chat, I mean.

For now, we want to turn to stories from the field. So, you're going to hear from four, five different Fowlkes -- Fowlkes -- folx that are here.

The first one is Doctor Rosanne Rushing. Doctor Rushing is a program director and associate professor at Gallaudet University. I will let Roseann take it away. Thank you.

ROSANNE RUSHING:
Thanks, Lex. I am here for the Prepared4ALL groups, which I call my support group. I am a Caucasian woman with a California tanned, with brown mid-length hair and a black shirt.

I want to talk to you a little bit about our experience... Sorry, somehow what I see on the screen is not my slides. So let me see what is happening here. OK, so if we want to move forward with the slide, please, Anna – I can talk to you about some of the programs that we have been working on.

As mentioned before, the pandemic has been a challenge for all of us. But I feel that it has really brought this idea of collaborating and networking to the forefront, which is extremely important.

This first slide is from the day that we head at the FEMA Greenbelt Vaccination Site in Maryland. So
FEMA reached out to us at Gallaudet and they had this vaccination site, which they thought was extremely accessible. Can we come and look at this site and really help them if there were any areas that needed more accessibility.

I have to say it was a gold standard in a accessible site. So we worked together to have a go at it deaf and hard of hearing day at the Greenbelt vaccination site. FEMA supplied the certified deaf and blind interpreters.

So, it was really a great collaboration and a great day. Anna, if you can move to the next slide, please? I will just show a quick flyer of the Gallaudet day that we had.

So if you could just see here that it says ACL, deaf and blind, and at the bottom it says if you need any other accommodations… This is extremely helpful. So, if you're having a webinar or a one day clinic, then please put that accommodation – note on your flyers so that everybody is aware of that.

This way we do not have to contact you and say is this going to be closed caption, will this have ASL interpretation? So we worked with them and we said, "Can you please make sure that is up front and centre on your flyer?"

So that was really helpful. Next slide, please.

This one is something that we are very proud of at Gallaudet. We are part of the University (unknown name) at Washington DC. We worked really hard to get Covid-19 testing lab, testing system, put in place. We were able to get the actual lab put at Gallaudet University. This was in collaboration with the American University Catholic and Gallaudet.

The lab was put in at the Gallaudet. We did deaf awareness training for all of our partners, and for the lab staff. So, we were able to have – it was a saliva based test and we have it on our campuses. We have three campuses, and there are a number of other…

We truly try to make it a point for the deaf and hard of hearing community here at Gallaudet in this testing system and initiative. So, that has been great. Kind of program. We hope to continue with that collaboration. Next slide, please.

At Gallaudet University, we are happy to present – it should not be until 2022 – but we are putting together a deaf leadership in disaster risk reduction and emergency preparedness certification program.

We really want to make sure that we are including people with disabilities as part of the prepared for all wheel -- Prepared4ALL wheel, so we are looking at people with disabilities – not only in disaster risk reduction, but in planning stages, engaging the community, and really making them part of the solution.

You know, we really need to know what are the needs of people with disabilities in emergency
situations. This program, we were initially supposed to do last year. We wanted to go to Puerto Rico. We are actually partnering with one of the AUCD partners at the University of Puerto Rico. Unfortunately, we were not allowed to go because of Covid-19.

But we are hoping in the near future that we will get back to planning the program. But we will let you know when the certification program is open, and it is available to everyone – not just Gallaudet students.

LEX OWEN:
Roseann, I think you're frozen. Let us move on to our next speaker. Then, Roseann, if you can come back (Laughs) If we can get you back then we will go on to your next slide.

So let us move on to Jae Jin Pak and Timothy S Gordon Junior. They are from the Institute of disability, welcome, Jae Jin Pak it is Timotheus here? Or is it just you?

JAE JIN PAK:
I think it is just me. I do not see Tim.

LEX OWEN:
OK.

JAE JIN PAK:
Hello everybody, I want to talk to but the activities that we are doing – we are working with the Chicagoland people -- disabled people of colour coalition. Early on, before the pandemic, we created a social story where we shared information about Covid-19, the importance of hand washing and wearing masks, and recently we updated the social story – we translated it into Spanish.

We are currently in the process of distributing it via listserv and social media. Additionally, we are in the process of doing short interviews with people with disabilities with people from our disabled communities of colour coalition.

These people with disabilities have successes in getting the covid vaccine, encourages them to share their success stories. This is a way to help them encourage and promote the importance of getting the vaccine when possible.

We are also partnering with the Chicago mayor's office for people with disabilities. The Chicago public health department, and our Illinois Centre for inequality -- for equality.

We are going to be organizing and holding in person, ADA vaccination event and celebration on July 26, the anniversary of ADA. This is also an opportunity to share other resources about Covid-19 and vaccination.

Were also working with equip for equality, and we are working on information sheets. Again, specifically these information sheets are going to be targeted to the underserved communities and
communities within Chicago to raise awareness about in-home vaccination services that the city and local Department of Public Health are working to roll out.

Again, to raise awareness about the vaccine. We are also working on the grant with the Morehouse. TJ is working with them to bring up resources about our activities or other activities of the network to raise the network -- awareness about covid and the vaccine.

I DHD is working within the spring of 2022, with other activities and partners to raise awareness about vaccinations and other types of information for the disabled community. The last couple of things is we have also had the pleasure of being a part of – as the pandemic, testing and vaccination information was rolling out, upper local communities came together and formed what we are calling a Accessible Vaccination Working Group.

This is a presentation between public health, Mayor offices, various disability providers, and leaders from the disability community. They have met at least twice a month to discuss information and make sure how we can make testing sites, vaccination sites, accessible and also promoting and sharing information so people of the disability community are aware that these resources are available.

This is been an ongoing networking and resource meeting that we have been proud to be part of for some time. The last thing I want to share in terms of connecting and sharing resources is I am also connected to Illinois statewide Independent living Council.

Our state (unknown name) is partnered with an immigrant refugee task force called the Disability Immigration Task Force of Illinois. This is connected with Access Living, one of our independent centres of assisted living in Chicago.

They are working to develop a emergency preparedness webinar for the immigrant refugee community in late September. This is a way for us... We found it really important for us that because of the diversity of the communities in the area, and recognizing the diversity within our state, and looking at emergency preparedness we want to make sure that we address cultural, linguistic access information for people with disabilities whose language may not be English as a primary language.

I said a lot in under 6 minutes. So I will cut it short there. I will try to back to you, Lex. Thank you, everybody!

LEX OWEN:
This is, Lex. Thank you, Jae Jin Pak it is really great knowing everything you are doing it ID HD. (?) I kept writing down questions thinking God! I want to know more about this!

Anna, do you want to go back to Roseann's last slide? Has the wheel on it. I think, Rosanna, your back with us. Is that right?

ROSANNE RUSHING:
I hope I am. Sorry about that. (Laughs) My internet keeps coming in and out. I will try to do this quickly.
But I wanted to highlight how I use the wheel. I love a good tool and I love this wheel.

Interestingly, I even used it with my family during summer vacation. "OK, what is the real problem here? How can we pinpoint and reflect and engage?" So I really liked it. I will really cut to the chase in case my internet goes out again.

Prince Georges County Department of Health and the PG healthcare action coalition contacted me through a network of theirs at the University of Maryland.

We pinpointed together that they were having a problem through the route 1 corridor which includes Hyattsville (?) and this has a lot of deaf and hard of hearing communities. Totally wanted to reach the deaf and hard of hearing communities more and make the vaccine sites more accessible to people with disabilities.

They were having a hard time getting interpreters. So we pinpointed the problem, and we related who do we know and who can really help us with this issue. Then we engaged. I said, "Let me contact FEMA because another closed their site. So I think they will have interpreters who will have all of the necessary lingo for the vaccine site."

That I suggested – they were partnering with a pizzeria in Hyattsville to give coupons and have the site. I said, "You know, there is a brewery cold boxcar 82 – I think – in Hyattsville right around the wraparound corridor. It is deaf and hard of hearing owned. It is deaf owned. So a lot of people go there. So, why don't we partner with the pizzeria? We get pizza, beer and a vaccine. That way we can spread the word."

So we really did that. We really felt that, again, the positive part – it was really good to keep it positive with pizza and beer. Who doesn't find that positive? (Laughs) Get a vaccine, get a coupon for a free vaccine -- free pizza and a beer.

So they are going to have another vaccine site. I will put that into the chat. I believe it is this weekend. We really reflected and wondered if it was going to work. How can we make it work better? So, we are still doing that. It is really circular. So we are seeing how people actually came in from this with that, and how can we better use that... You know, this connection and this Prepared4ALL to really make sure that this events are useful, bridging the right people, and everyone feels included.

Several put in their flyer for this weekend. On the site you will see they have the interpreter symbol, and they have the pizza coupon. Hopefully, this will be a great event. Really, it is a model of how we can be more inclusive – especially with these vaccine sites – and really get the word out to people who really feel like they are having barriers to accessing the vaccines. So, thank you!

LEX OWEN:
Thank you, Roseann. That is cool! That is really cool! We are playing musical slides, which I
appreciate you doing left. We can move on to Doctor Lydia Castillo Stauffenberg. -- Doctor Ocasio Stauffenberg. They are joining us from Miami. Lydia, I will let you take it away. Thank you!

LYDIA OCASIO-STOUTENBURG:
Hello, thank you for having me at this moment. Again, my name is Lydia Ocasio Stoutenburger. I have light brown skin and light brown hair. Next slide, please.

So today I would talk about how you can reflect when you cannot relate in promoting equity through cultural, community and identity reciprocity.

So, we talk about the DEI, but it really has these main points: really evaluating people are and how they present, how they experience their social worlds, how people choose to identify, autonomy and power over their decisions – especially now with about the vaccine and access. There are differences in how they navigate the world, and outcomes for some folks might be different for one individual, family, network or community from another.

So what are our issues? This is the pinpoint part of the wheel. We can recognize Covid-19 as an emergency event, and as a standing issue. We are still dealing with the issue. We can recognize that both vaccine access and beliefs are presenting issues, we could also see it as a public health and an individual health issue. Next issue? Sorry, next slide, please.

So how do we do it? So we have been working on this at the Mailman Centre for Child Development. We have been talking about decision-making of the vaccines. It is willingness

SPEAKER:
It is situated within the health context, recommendation, policy, media, accessibility. As he could see, trust is really permeating throughout this model.

We have been shipping this threat our constituents, partners and our communities. Really seeing if the language is appropriate, or if there is any item we need to include? We are really refining it. Once we finish it we will share it with everyone. We are really looking at how it can be useful for all of the needs that are there.

So we are talking about emergency issues. This is unfortunately a emergency that occurred within our community. When we had a building collapse. As you may have heard on the news. Some of our families in that building where families of people with disabilities.

Civic about them having access, being able to speak, and communicating, letting people know they are in trouble. How much a emergency issue like this disaster, or like Covid-19, really pulls our attention to how we need to be responsive to our communities.

So I want us to pause. We are looking at the wheel right now. Pause at the word Relayed. Right? We have just short of 5 million adults in Florida who have a disability. One and 4 adults. There are 2.7 million people in South Florida. Here in our region, we have health disparities and unmet needs that
exceed national averages.

Another reason why we want to pause and relate is because we are -- for more than 60% of our residents, English is not their first language. Look at this map I have. Orange is represented in the Hispanic and Latino populations, green is presenting our African-American and Black populations, those who might be Black Caribbean. Blue’s are presenting the white populations, the brown that you see here is representing our current indigenous populations. These include our different tribes. The red represents Asian population. As you can see we are really diverse.

So you must ask before you engage. We are looking away from cultural competence, we are meeting through cultural humility. We really do not know everything. So ask these questions and build trust to appointive cultural reciprocity. I will talk about that in the next slide.

Here is the cultural reciprocity process and I am borrowing this from (unknown name) book by Harry and (unknown name). I want to go through the steps and focus on step one. We are going to reflect on.

So before you engage the first step is how do you feel about this individual? How do you feel about his or her family? Why? You have to reflect on the personal values, biases and assumptions that drive your recommendations. We do want everyone to be safe and vaccinated, but what are your reactions to partners and the people you engage with in your community?

It is very important to engage in meaningful ways. What I mean by meaningful ways, including the voices of persons who are affected – persons with disabilities, self advocates, families across intersecting perspectives. Step two is invite, question, listened individual, family and community perspectives. Step three is explain the professional and health perspective guidance, such as the CDC guidance.

This is something we did and we had a Real Talk Covid-19: Ask an Expert. This one included medical experts and a group of panelists for people to ask questions and they will have them answered.

Our next step on the wheel is to be positive. So the way we did this was to foot around and say, "OK, let's take all of these questions that were self advocated, and they were really great questions as you can see here. Then we reframed it. We wanted to take it toward people with disabilities because it is important to them as well."

We need to be positive and advance our conversation. This was met through our mailman Centre model to help equity and other life experiences such as poverty, race and ethnicity. So we translated our materials into Spanish so our individuals at the intersection of language, race and accessibility have access to these materials as well.

This was translated toward our partnership of Puerto Rico, as you said. Next slide.

This is a letter, which I'm very very proud of, written by our self evocation team at mailman. So we saw
there was hesitation on the vaccination rollout. We were inspired by these self advocates and we wrote a mirrored letter to our local mayor to write about how we did not want to be left out and to always be responsive. So this looking at the reciprocity process: identify a common ground and develop collaborative goals. Next slide.

Finally, this is a summary of my big three here today: looking at Prepared4ALL and ensuring our reflections about inclusiveness as part of DEI, and ask yourselves critical questions. We'll need to use appropriate messaging. Finally, letting inclusiveness be a part of our culture rather than adding it on as an engagement.

Making sure this trust, authenticity, empowerment can be really good for our representatives. Really looking at disabilities and people with those identities who can lead the way. Next slide. Thank you, and I will lend it back to Lex.

LEX OWEN:
This is Lex. Thank you, Lydia. That is awesome. Such great insights! It is great to see how all of these pieces and insights are tied together really well. If you can go to the next slide, Anna?

Lastly, we will hear from Morgan Flynn, who was a trainee. One of our Prepared4ALL trainees from our centre of disabilities and human development which is in Idaho UCEDD.

Without further ado, I will give it to Morgan.

MORGAN FLYNN:
Hello everyone this is Morgan. I am Caucasian, with light brown long straight hair. I am wearing a white shirt. As Lex said, I am a trainee and working with the disciplinary trainee at Idaho Centre on disability and human development. I am acting as a disability inclusion coach.

My main goal is to mobilize our centre and connected with local health networks all around where I am located in Moscow, Idaho. I am using this Prepared4ALL initiative to complete a practicum capstone project, and more specifically I am going to be conducting some research.

As you know, people with disabilities were disproportionately impacted by this Covid-19 pandemic. So, I am sitting in surveys to self advocates all over Idaho and asking them to reflect about their experiences during this pandemic.

My goal is to obtain some data. I am going to section this data often to the social determinants of health, and try to analyse areas in which we can improve emergency preparedness in rural communities, and because Idaho is 85% rural – it is very rural here.

So it is a very expensive project. I will not be able to take this on all in my own without the help and resources being provided by this Prepared4ALL initiative. Their online training program has helped me understand the importance of plain language, and allow me to adjust the survey I have created to be accessible for all.
As a student, I am very new to this field. Being a disability inclusion coach means that I get to implement what I learned here at the University of Idaho and I get to implement my knowledge that I have learned all the way through and create this existing program throughout this community.

So my research project is going to be shared with other Idaho code scratch mac organization such as the Idaho State living Council and the Idaho counsel for the deaf and hard of hearing. I have been working with them since April and I have been working on a plain language informed consent and survey, and we are working together to make sure these surveys are accessible.

So we have created a online invisible option, for those who do not want to participate, or lack access to the internet. In rural Idaho, as I said, let's a lot of people do have access to the internet. So we have physical copies that can be sent out and back in.

So my role as a male coach, I get to use my research and put it right back to the community. So our findings have shown that there is a lack of opportunities for individuals to be active in their community, especially during Covid-19 – later the exercise classes that were specifically created for people with disabilities were shut down and they were not even created again.

So knowing this, I was able to work with everyone here at the exercise movement lab, and also with the Centre on disabilities and develop a adaptive movement class. So this class runs weekly, and it is free to anyone and everyone of all abilities.

This a great example of how is able to pinpoint an inclusion issue, from a research project, and then deploy a project to prove accessibility in my community, and the most important thing with working with this project as I'm communicating with those who are coming and making sure they are enjoying themselves and we are making sure that all the moves that we are doing are complete adapted, no it isn't comfortable and notice and pain.

So this program has helped me to develop as a professional, and I've been given tasks to complete on timely basis, I am learning it to speak publicly, animals given the responsibility to represent my UCEDD on the larger field, and I'm learning a lot from this program, and I'm really excited to continue with this through the summer, and through the connections that I have made with the program for all initiatives are too Prepared4ALL initiatives, I am able to use my role and the role of all of the communities to help everybody in this inclusive preparedness. Thank you very much and landed back to Lex.

LEX OWEN:
Awesome. This is Lex. Thank you, Morgan. Thank you everyone. I really enjoyed hearing about all of your experiences. I think I can speak for everyone that we all did.

We are going to now do a little bit of reflection. So, myself and other prepared -- Prepared4ALL staff members including Adriane Griffen and Danielle Augustin, we are going to speak with you and allow all of you to have your reflections or things you wanted to add. Please feel free to join in. We're going
to have a little bit of a discussion.

Then we will open it up for a broader Q&A. Attendees, if you have any questions for the panelists, or for us then please feel free to put those questions into the chat. Then will be open it up, please feel free to speak to those and take yourself off of mute.

I am going to start off (Laughs) Since I have the talking stick (Laughs) As it were. I have a question for Jae Jin Pak heard you talk about all of the different partners that you have been working with, and I have the advantage of having worked with you previously. So that was a pleasure.

I know some of those partners that you mentioned are new, and some of the partners that you mentioned – IDHD has had a long-standing relationship with.

I would love to hear a little bit more about what the process is working with new prong -- working with new partners and working with the old leadership in working with the Covid-19 response and vaccinations.

I'm thinking about if there were any tips or strategies that you found have been effective in building these new partnerships, or any challenges that you want to share with us later maybe even ongoing?

JAE JIN PAK:  
Oh, wow. That is a lot of questions. Those are really good questions, Lex. On the whole, I think, I mean, the way that these partnerships came about – for the large part – was organic because of IUHD's relationship with all of these groups such as equipped for equality.

The importance of the need the pandemic posed, various faculty and staff participated in the accessible vaccination program. So just came about through some of the work we were doing.

I think that goes to say, and do something that I'm really grateful for and have reflected on for myself is the really strong connections that our greater Chicago network has been troops of disability providers, and individual disability leaders, self advocates who, through their connections, have helped me and TJ, and other staff connect with resources and share as we work for this project.

In terms of relationships, I would say… It is may be a common thing. But it is more of like a administrative thing like scheduling and trying to schedule everybody's time to have conversations – matching all of that. About doesn't sound too simplistic. But, yeah. It is great to see you again, Lex.

LEX OWEN:  
This is Lex. Yes, I feel the same way. That makes a lot of sense. Again, we want the Prepared4ALL approach and the playbook. Even the kind of awesome things that can be gleaned from this webinar to be usable for other folks in their local communities.

I think acknowledging the scheduling difficulties, and even that some of these conversations take time, right? So that makes a lot of sense. So, Sue I see you are off mute. Do you want to jump in?
SPEAKER:
Sure! First of all I am Sue. I am an older, white woman with brown curly hair and glasses. The colour of my shirt, I guess you could say is a blue-green. Thank you to everyone. As someone who has been involved in the project from the beginning, it is just wonderful to hear the different ways that the pieces of the project are being used.

What struck me was that all the partnerships seem simple, flawless, and easy. Of course, I realize there is a lot of hard work behind it. So I was trying to piece a couple of things that seem to be shared: one, I noticed was sharing resources. But only is it the nice thing to do, and not only is it the right thing to do, but it is a strategy for building partnership.

It is an obvious thing to do, but I do not think that we always think of it as a strategy. The other, and it was mentioned in one of the slides of the playbook – it is about this connecting with the partners using their mission.

That has been evident and pretty much everything everybody has said. Yet, it seems obvious. But yet, too often, I have seen it not happen.

The third thing I wanted to say at this point, which is something I can on myself, do not think of enough his personal reflection, not just move reflection. Then that pause piece, I think is also very important. So I will stop here and listen to my colleagues.

LEX OWEN:
Thanks, Sue. That is really helpful. Adriane, do you want us anything?

ADRIANE GRIFFEN:
Yes, thanks, Lex. This is Adriane. I think we could do another forum on what we just heard. I love, love, love all of the examples that all you just shared. I was reflecting differently about the incentives piece that you shared, Rosanne, engaging streetcar 82.

I was wondering if other thoughts how you can utilize incentives and partnerships to really help strengthen this vaccine access and confidence that we are in. Yes, I also love the fork overlay that you juxtaposed with your model. Gosh, this is us thinking about how we are strong. Than it revolted back into the your question, Sue. So I guess my question is how do you think everything is with all of this?

ROSANNE RUSHING:
I will step in. As Sue said, and my personal opinion, (Laughs) Having worked in the field in low-income countries, a kind of vacillate between the idea of incentives.

I eventually prefer coming without behaviour change model, and informed – making informed decisions about your health. So, it has been a little bit interesting partnering with organizations whose first spot is to incentivize.
Again, it goes back to Sue really looking at what that organization's mission is, and how I can take with the mission is and where they are at in order to meet the needs of our community.

So, while I personally might not approach that as my first layer, and incentive program, it was important for me to be able to work with that organization and that community, who was already incentivizing to say, "OK, how can we take your incentive and reach a broader community? Also, encouraging more information and behaviour change?"

Through that, I offered to say, "We could have some of our team at Gallaudet provide the news on ASL, what is the vaccine? Really, education materials in ASL to complement what you are doing with their incentivizing program." So, that is the way I approached it from a kind of personal perspective.

ADRIANE GRIFFEN:
Things for that, Rosanne. I think that does go along with whatever was saying. Thank you for that.

LYDIA OCASIO-STOUTENBURG:
If I can just piggyback on that, I think we need to meet people with where they are. Meet them where they are and knowing what their needs are. Even with our intention, sometimes we can be very (indiscernible by captioner) and sometimes we can even ignore the ways in which it might be easier or digestible for that community and their point of view.

So we do what we can, and in doing so I think we are building partnerships that are effective today. I think that is the key point. Making it authentic and consistent. This is because the last thing you want to do is to come and then disappeared. The efforts are done and everyone is vaccinated.

But if you can't sustain that relationship for your community and your organization's the nothing you can really, really have a lot of buy-in from them.

ADRIANE GRIFFEN:
Well said. Thank you for adding that Lydia I really appreciate that there was my main additional comment, Lex back to you.

SPEAKER:
Also, normally when I took part in something, I joined the calls for what I am doing to help traumatic brain service (?). This time around, I did not. Yes it was L TBS – not really. I took it because of my past experiences on emergency management and mainly as a substitute teacher for the last 12 years, and the fact that students here in town have came to know me as more or less their mama bear.

They are really just a confidant, and they want to… They really come to trust me. When they want to know something, they do not really trust the teachers, but they know that I am going to give them the facts straight because they know I am not going to give them my opinion.
I am going to go, "OK, this is how it stands: there is this opinion and this." They know I am not going to give them my opinion, and I was going to lay it up straight. They hated that. They hated I do not let them know my opinion. So they let me know that.

So I took away from this so I could get it, and I have been letting the superintendent and the school board know that I have been taking these trainings, and I let the administrative assistant no right before the call that I was going to be taking this training and I have been taking the trainings – I said "This is what I'm doing. I have been taking these training so I can help you guys out. Let me know if the school of the nurses want more information, if they want somewhere trainings on the help, disabilities, I am going to have these trainings. I will have access to it."

The nurses at the junior high will usually get in touch with me about stuff, or the teachers. They will let me know. So, they have been using me as access and resource in everything. So, it is great.

LEX OWEN:
That's awesome. I am so glad you're taking the trainings and it really sounds like you have the students best (Laughs) Best interest at heart. It is really where it is coming from and the motivation to work.

SPEAKER:
I have been using the same on the disability Council development as well.

LEX OWEN:
That is awesome! All the networking and the partnership. That is so cool! We have two minute left. I want to see if there are any other folks who have questions for the panelists. Then I will let you...

The other thing a wanted to say while Anna is getting the set up, we have been thinking about how you have heard a ton of great stuff, and a ton of great examples. So you are thinking, "How can I do this work in medical community?" Like Adriane mentioned at the top of the webinar, we have several opportunities for getting involved.

Anna, thank you for putting the slides. So, you can access these links on the slides. I just wanted to say as well that I was thinking about the idea of relate. I loved how Lydia, your focus was really on teasing at the nuances of this idea of relate, and a lot of our discussion afterwards kinda focused on that too.

It made me think on Jae Jin's focus, for instance, realizing, "Oh, we need to do a webinar specifically..." Much as her partners but also folks like constituents who we are observing, and looking alongside, and really thinking about the potential for that.

We are at time, I don't want to be respectful of folks time and give a reminder that this is being recorded. It will be archived and available on AUCD's website. We are happy to send out a link to all of the attendees see could have all of this good stuff.
I am really appreciative of all of your time here, all the folks were attending, and of course our panelists. We are grateful for you. Keep up the good work is all I have to say (Laughs) Lead on, and we will hopefully see you at our next Town Hall. Thank you all for coming!

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