Community Engagement Action Guide

Strengthening disaster preparedness and community resilience by planning for — and with — vulnerable populations

LESSONS LEARNED IN THE KANSAS CITY REGION
This initiative was conducted under the guidance of the Metropolitan Emergency Managers Committee with funding from the Margaret A. Cargill Foundation.
In 2013, the Mid-America Regional Council (MARC), working in concert with local emergency services, non-governmental organizations, human service agencies and community service provider organizations, instituted a collaborative “Community Disaster Resiliency” engagement initiative to increase the disaster preparedness and resiliency of vulnerable populations in the Greater Kansas City metropolitan area.

MARC is a nonprofit association of city and county governments and the metropolitan planning organization for the bistate Kansas City region. Governed by a Board of Directors made up of local elected officials, MARC serves nine counties and 119 cities. Its mission is to provide a forum for the Kansas City region to work together to advance social, economic and environmental progress across a diverse urban, suburban and rural population. In all of its work areas, MARC seeks to instill community resilience. MARC’s Emergency Services program works with local governments and community agencies to develop strategies to prevent, protect, mitigate, respond to and recover from terrorism and other disasters by maximizing resource sharing and developing regional protocols, systems and capabilities.

The Community Disaster Resiliency planning initiative aimed to strengthen emergency planning and preparedness for and with the region’s most vulnerable populations — those who have disabilities, those who are economically disadvantaged, children, older adults, people with limited English proficiency, and culturally/geographically isolated individuals — through community engagement. The initiative built on a number of studies and projects previously completed in the region and implemented many of their associated recommendations. The most fundamental aspect of the initiative was to locate agencies that serve vulnerable populations, engage them in preparedness dialogue, and create linkages between them and local emergency services agencies. We hoped to uncover networks of like agencies organized to support a common mission or population group, then work through these networks to establish contacts with their member organizations, learn from them, and infuse preparedness messages.

Goals for the initiative included:

- Identifying organizations that routinely serve vulnerable populations.
- Helping these organizations build preparedness capabilities.
Identifying challenges and developing strategies to minimize them.

Highlighting and sharing best practices.

Increasing coordination between service providers and emergency service personnel.

Developing a scalable, replicable community engagement model.

The project’s three-year life cycle included three phases, each with several associated activities designed to meet specific objectives and achieve project goals. The sections of this Community Engagement Guide are organized by the following phases and activities:

**Phase I: Understanding the Challenge, Establishing a Baseline and Building a Work Plan**

- **Activity 1:** Establish a Steering Committee to provide oversight and guidance on the initiative and shape and approve a work plan.
- **Activity 2:** Conduct research to inform the initiative with relevant studies and recommendations; gather demographic data and collect contact information for service provider organizations.
- **Activity 3:** Administer baseline surveys for community service provider organizations (to understand current levels of organizational preparedness) and emergency management (to gather information on the status of existing engagement programs for vulnerable populations). Use the results to guide engagement strategies.

**Phase II: Implementation**

- **Activity 1:** Increase organizational preparedness.
  1.1: Conduct a series of workshops to give service providers a basic knowledge of emergency planning concepts and principles, uncover existing networks and discuss expectations of emergency services agencies and community service providers in disaster.

  1.2: Establish and sustain a network to address gaps and barriers, creating a forum for community service providers to discuss best practices, common goals, emergency planning and training, and ways to share resources in order to increase agency and client resiliency before, during and after disasters.

- **Activity 2:** Increase individual preparedness.
  2.1: Develop a personal preparedness tool for individuals to inventory their own levels of preparedness and to serve as a conversation starter in preparedness discussions with their service providers.

  2.2: Evaluate emergency preparedness messaging to ensure information is relevant and accessible to all.

**Phase III: Assessment**

- **Activity 1:** Select performance indicators as a means to measure progress in achieving project goals.

This Community Engagement Action Guide documents the initiative’s planning process — what approaches were used, what went well, what could be improved, what advice can be offered and some tools to assist in executing a similar endeavor. This document is not intended to be a step-by-step instruction manual on how to accomplish community engagement. Rather, it is a candid analysis of our successes and shortcomings. We hope the information provided will allow other communities to replicate our achievements, avoid our failings and launch a culture of preparedness for all.
Figure 1: Timeline of Major Activities

- **2014**
  - Research and development of initial work plan
  - Recruitment of and kickoff for Steering Committee, finalization of work plan
  - Design and distribution of baseline survey for community service providers and emergency management
  - Selection of a workshop planning team; design of workshop

- **December 9, 2014: Pilot Community Disaster Resiliency Workshop**

- **2015**
  - Formation of planning team, development of scope for second Community Disaster Resiliency Workshop

- **June 2, 2015: Community Disaster Resiliency Workshop**

- **2016**
  - Development of Community Service Provider Network
  - Development of “Your Personal Preparedness Inventory” and planning for Community Disaster Resiliency Summit

- **June 2, 2016: Community Disaster Resiliency Summit**

- Media campaign and beginning of quarterly Network meetings
- Development of Community Engagement Action Guide
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We can rarely predict when and where disasters will happen or the impact they will have on our lives. Some disaster survivors are able to pick up the pieces and move on; others are broken by their loss.

Unfortunately, the history of disasters in this country shows that individuals with disabilities or other access or functional needs are often disproportionately impacted by disasters compared to the general population. Many of these individuals rely on support networks or services on a daily basis, and when these supports are interrupted or severed by disasters the consequences can be catastrophic.

But there is good news. Individuals and agencies can take steps to minimize the effects of disaster, and there is no shortage of useful tools and templates to help them prepare.

Planning done in a vacuum or based on faulty assumptions does not result in much of a plan. Disaster preparedness is most successful when the community participates in the process and trusted messengers continually reinforce its benefits. This level of community engagement requires a focused effort, with a shared understanding of the challenges and opportunities and a common vision for success. While it is not easy work, inclusive planning is both vitally important and immensely rewarding.

Introduction and Overview

For nearly 15 years, emergency services officials, non-governmental agencies and a variety of human services partners in the bistate Kansas City region have worked together to build and improve this concept for our communities. We are pleased to offer this guide as a compilation of ideas, lessons learned and tips on how to get started for other communities embarking on their own inclusive preparedness planning journeys.

The Community Engagement Action Guide is the result of a three-year Community Disaster Resiliency planning initiative undertaken by the Mid-America Regional Council (MARC), working in concert with local emergency services, non-governmental organizations, human service agencies and community service provider organizations in the Kansas City metropolitan area. MARC is a nonprofit association of city and county governments and the metropolitan planning organization for the bistate Kansas City region. Governed by a Board of Directors made up of local elected officials, MARC serves nine counties and 119 cities. Its mission is to

Good preparations today can decrease fear, reduce losses, and speed recovery in a time of disaster or emergency.

— Federal Emergency Management Agency
provide a forum for the Kansas City region to work together to advance social, economic and environmental progress across a diverse urban, suburban and rural population. In all of its work areas, MARC seeks to instill community resilience. MARC’s Emergency Services program works with local governments and community agencies to develop strategies to prevent, protect, mitigate, respond to and recover from terrorism and other disasters by maximizing resource sharing and developing regional protocols, systems and capabilities.

Our Community Disaster Resiliency planning initiative aimed to strengthen emergency planning and preparedness for and with vulnerable populations by engaging agencies and organizations within the community that routinely provide services or support for these groups. It built on a number of previous studies and projects and implemented many of their recommendations. It was a deliberately methodical and collaborative process.

We wanted to engage agencies, organizations and individuals that typically viewed disaster preparedness and emergency management as outside their realm of expertise or might not envision their essential role in community preparedness and recovery. We also wanted to connect social service providers with their local emergency services agencies in order to raise awareness of local government capabilities, manage expectations for response during large-scale disasters and build partnerships to allow for the sharing of resources. In short, we wanted to use the “Whole Community” to build a stronger, more resilient region.

This guide documents our planning process — what approaches we used, what went well, what could be improved, what advice we can offer and some tools to assist in executing a similar endeavor.

Planning in each community is different, with unique circumstances and abilities to take into account. What works well in one community may present a challenge in another. That is why this document is not a step-by-step instruction manual on how to accomplish community engagement. Rather, it is a candid analysis of our successes and shortcomings.

We hope the information provided will allow other communities to replicate our achievements, avoid our failings and launch a culture of preparedness for all.

**Organization of the Guide**

The guide is organized into six sections, beginning with a brief background discussion on our Community Disaster Resiliency strategy and its intended outcomes. We then discuss three phases the project steering committee developed as part of the overall work plan: Phase I — Understanding the challenge, establishing a baseline and building a work plan; Phase II — Implementation; and Phase III — Assessment. Within each phase, we conducted several activities to meet our objectives.

For ease of reference, each activity section follows an identical format and consists of five elements:

- **Overview and Process Approach** — Defines the activity and how we went about accomplishing it.
- **Promising Practices** — Explains what worked well in this process.
- **Opportunities for Improvement** — Explains what didn’t work as well.
- **Analysis** — Examines what we learned and offers recommendations for replication.
- **Resources** — Summarizes tools developed by the project team to help support this effort.
Most people are not prepared for disasters, a finding substantiated in various national and local surveys. Many businesses and organizations — including community service providers that routinely support vulnerable populations — are just as unprepared. Most are not connected to local government preparedness efforts, which can cause them to have unrealistic expectations of first responders.

After all, unless you’ve been through a disaster, it is difficult to imagine that when you call 9-1-1, help may not be on the way immediately. But this may well be the case during a large-scale emergency.

Likewise, local emergency management agencies may be unaware of the provider organizations in their communities and the varied needs of their clients. This limited awareness of how service provider agencies operate could mean emergency plans are developed using ungrounded assumptions, which could lead to a misapplication of resources, or worse, a failure to recognize the basic needs of vulnerable segments of the population.

**Project Background**

The Community Disaster Resiliency initiative was built on a foundation of real-world events and prior planning initiatives that helped shape our efforts to better understand and serve the community.

Unless you’ve been through a disaster, it is difficult to imagine that when you call 9-1-1 help will not be on the way immediately. But this may well be the case during a large-scale emergency.

Two earlier initiatives, a 2006 “Planning to Address the Needs of Special Populations in Emergencies and Disasters” research project and a 2010 “State of Preparedness for Oxygen Dependent Persons in the Greater Kansas City Area” pilot project, were especially important foundations for the Community Disaster Resiliency Initiative.

The 2006 project was an initial study to identify the needs of vulnerable populations in the metro and ways to improve communications with these populations — via trusted sources — before and during emergencies. One outcome was the creation of a database of information sources, agencies and media trusted by these groups. The database served as the beginning of an information network that emergency managers could use to reach community service providers across the region prior to and during an emergency.

The 2010 project examined a specific subset of vulnerable residents: oxygen-dependent individuals. This specific group was chosen
because in disasters they usually present first, with immediate, life-safety needs. We hoped to use the information learned from this study to establish a baseline measurement that would (1) identify the magnitude, potential resource needs and locations of oxygen-dependent individuals and their suppliers; (2) provide insight into the support networks for oxygen-dependent individuals; and (3) create a replicable study methodology that could be applied to other population groups.

As a result of the 2010 project, the existing Mental Health Committee was expanded into the Mental Health and Functional Access Needs Committee (MHFAN). The Mental Health Committee was established in 2003 as a mechanism for local, state and nongovernmental mental health agencies to share staff and resources to support psychological first aid and mental health needs in the community following large-scale disasters. One of MHFAN’s early products was a Functional Needs Resource Directory for emergency managers and planners.

**Charting a Way Forward**

Both the 2006 and 2010 initiatives were important first steps that resulted in several recommendations to continue to increase the region’s capacity to plan for the needs of vulnerable populations:

- Engage special populations and their service providers and advocates in emergency planning and education prior to emergencies.
- Develop a regular communication process with provider organizations and supplier businesses, including creating and updating a complete resource inventory.
- Expand existing databases of trusted information sources to include more direct contacts with the special populations.
- Enlist service providers to serve as conduits of information, liaisons and/or primary contacts with special population groups in the event of an emergency.
- Work with provider/supplier organizations to find ways for location and vulnerability information to be made available for disaster readiness and response purposes.
- Provide training and planning support materials to provider staff who work with vulnerable populations so they can work with clients and their families to institute regular disaster readiness habits (such as practicing communications and planning for evacuations).
- Identify simple, inexpensive improvement steps for emergency plans that can be shared with clients and suppliers.
- Make emergency information available in alternative formats.

We were able to implement some of these recommendations at the local and regional levels; others proved more difficult. There continued to be limited awareness among emergency managers of community service provider organizations, their levels of preparedness, and the resources they could contribute during and after a disaster.

The Community Disaster Resiliency initiative provided an opportunity to address earlier recommendations by fostering links among community service provider organizations, as well as links between provider organizations and local governments. It allowed us to identify conduits through which emergency preparedness information could be shared with vulnerable populations. These same conduits could be used to gather and share important information about the capabilities and needs of the community’s most vulnerable members.

Similar community engagement approaches have been successful in past regional endeavors.
One notable example is the development of the Regional Homeland Security Coordinating Committee’s Hospital Committee. The Hospital Committee provides a forum for area hospitals to build relationships with each other and other health care planning partners; share information; coordinate planning and ongoing needs assessments; train, exercise and implement lessons learned; and assist emergency management and health and medical partners in emergency preparedness, response and recovery. The Hospital Committee provided a model for what we hoped to achieve with agencies that support vulnerable populations.

**Intended Outcomes**

Disasters often interrupt or destroy the support networks and services vulnerable populations rely on, which can lead to a multitude of negative impacts. We believed that if we could support increased organizational preparedness among community service providers, these organizations would be more resilient and better equipped to weather disasters and quicker to continue or restore client services. This could be one substantial mechanism to minimize impacts on vulnerable populations.

Based on previous work, we knew that community service providers were uniquely positioned to act as trusted advisors to help their clients increase their own personal preparedness. However, many lacked confidence in their disaster preparedness expertise and may have been apprehensive about offering advice on how to prepare. If we could bolster their confidence through a training program or other instruction, maybe they would be more willing to engage in preparedness planning with their clients. These strategies became the basis of a two-pronged approach for our Community Disaster Resiliency initiative: (1) strengthen and support the organizational preparedness of service providers; and (2) work through service providers to encourage greater personal preparedness for individuals.

With this general approach in mind, we established four specific outcomes for this initiative:

- Conduct a comprehensive, inclusive planning process that engages the community in minimizing the impacts of disaster on vulnerable populations by identifying and understanding their needs; evaluating effective emergency preparedness practices; and helping to ensure emergency preparedness, response and recovery programs are accessible to all people.
- Help service providers increase their capacity to continue to serve their clients following a disaster.
- Increase the ability of vulnerable individuals to get involved in disaster preparedness and take appropriate recommended actions to increase their own preparedness.
- Develop a model community engagement planning process replicable in other communities.

To achieve these outcomes, we identified objectives and activities that are discussed in more detail in the next section.
Be Inclusive: The work should be shaped and informed by the agencies and individuals it is intended to serve. A diverse range of expertise, life experiences and opinions enhance the outcomes.

Let Community Organizations Lead: Supporting a project is very different from owning it. With ownership comes action and a greater likelihood of long-term success. Community organizations must be invested in and see the value of the preparedness initiatives. Local emergency services and MARC will support the effort, but it should be led by service provider organizations.

Be Research-Based: Community engagement is very much a human endeavor and assuming that intuition and experience will lead to success can be a mistake. Social scientists have studied and developed actionable strategies for greater success in building relationships, making sure messages are heard and acted upon, and sustaining long-term partnerships. There is also a large body of research around planning for vulnerable populations in disaster. Examine this research, learn from it and apply it where feasible.

Avoid Duplication: Be careful to avoid duplicating what already exists. There is no shortage of tools, templates and mobile applications, all designed to help businesses and organizations prepare. Avoid recreating these tools and instead focus on how to leverage and illuminate these resources.

Add Value: Nobody likes to meet just for the sake of meeting, especially with extremely limited time and staff. Structure meeting agendas so that participants are either making decisions to guide the project or receiving tools/information to benefit their organizations.
Activity 1. Establishing a Steering Committee

Following our guiding principles of inclusivity and letting community organizations lead, we recruited Steering Committee members with a diverse range of experience regarding the specialized needs and capabilities of vulnerable populations.

Prior to establishing the Steering Committee, we hosted meetings at MARC with staff from other departments and programs who routinely work with service providers to discuss what agencies we should include in this effort and any other projects currently underway that this initiative could complement. From this meeting, we were able to identify not only organizations that should be invited to participate, but specific individuals within those organizations.

We also enlisted the help of the Mental Health and Functional and Access Needs Committee...
Agencies Invited to the Steering Committee Kickoff

The Whole Person (Center for Independent Living)
Johnson County Mental Health
American Red Cross
Kansas City, Missouri, Fire Department
Johnson County Human Services
Catholic Charities of Missouri
Kansas City, Missouri, Emergency Management
Mid-America Head Start
United Way 2-1-1 Board
Latino Civic Engagement Project
Westside Housing Organization
Housing Authority of Kansas City
Nonprofit Advisor/Share-A-Fare
Mayor’s Council for Disability
Johnson County Emergency Management
Rehabilitation Services for the Blind
St. Luke’s Health System
Salvation Army
ReDiscover (Mental Health Center)
Wyandotte Center (Mental Health Center)
Kansas City Power and Light
Kansas State School for the Deaf and Blind
EITAS (Sheltering Workshop)
Mayor’s Committee for People with Disabilities
The Family Conservancy
Kim Wilson Housing
Health Care Foundation of Greater Kansas City
Communities Creating Opportunities
Somali Bantu Foundation of Kansas
Community Assistance Council

(MHFAN), using contact databases from prior planning projects and information gathered during development of the Functional Needs Resource Directory.

One of the challenges encountered when forming the steering committee was reaching consensus on the number of agencies that should be invited to participate — enough to achieve broad representation from agencies serving an array of needs, yet not so many that the size of the group would become unmanageable. We decided to limit the Steering Committee to about 30 individuals and recruit those who had ties or provided services to multiple different types of vulnerable populations.

We wanted to ensure key subject matter expertise while expanding the conversation beyond agencies we already worked with. The agencies invited to send representatives to the Steering Committee kickoff are listed above.

When the project began, the chair and vice-chair of the Metropolitan Emergency Management Committee (MEMC) — representing Johnson County, Kansas, and the city of Kansas City, Missouri — were invited to represent emergency management agencies in the region. The MEMC serves as a collaborative forum for local emergency managers to routinely meet to share information, discuss and resolve regional issues, and implement projects and activities related to all-hazards emergency management.

We also included a senior official from the Kansas City, Missouri, fire department who had been involved with these efforts dating back to the formation of the Mental Health Committee in 2003 and was instrumental in the design of the 2010 Oxygen Dependency Pilot Project. His historical knowledge greatly enriched the project.

During the first few Steering Committee meetings we made a point to frequently ask if
anyone was missing who should be a part of this community effort.

At the kickoff meeting, we discussed the intended outcomes of the project, reviewed objectives and proposed milestones, established the role of the Steering Committee, set the project’s scope and approved a work plan.

To highlight the importance of this initiative, we overlaid the path of the tornado that struck Joplin, Missouri, in May 2011 over a map of downtown Kansas City (Figure 2, following page) to illustrate the impact such an incident could have on the region.

The Steering Committee’s first decision point was to define the project’s scope: who are our vulnerable populations? It is important to note here that the terminology has shifted over the last 20 years. At various times, differing plans and agencies have used terms like ‘special’ or ‘vulnerable’ populations, or people with ‘access and functional needs’ to describe individuals within our project scope.

The current definition of access and functional needs, according to the Department of Homeland Security/FEMA, may include (but is not limited to) people with disabilities, older adults and people with limited English proficiency, limited access to transportation, or limited financial resources to prepare for, respond to and recover from an emergency. The term access and functional needs originally applied to emergency shelter situations, but has since expanded to include all aspects of disaster response.

These shifts have occurred for various reasons, but mostly as an attempt to move toward greater clarity over their predecessor terms. For our project, we decided to use the term “vulnerable populations” to describe our focus because it was the term most commonly used by human services agency partners on the Steering Committee and the foundations helping to make this work possible.

After discussion, the Steering Committee determined that, for the purposes of this project only, vulnerable populations would include:

- People with disabilities.
- Those who are economically disadvantaged.
- Children.
- Older adults.
- People with limited English proficiency.
- Those who are culturally or geographically isolated.

Before meeting with the Steering Committee, MARC staff drafted a proposed work plan based on recommendations from past work and known areas of emphasis for the project. The Steering Committee reviewed the proposed work plan, made minor changes and approved it along with a regular meeting schedule (initially meeting monthly, then quarterly).

Copies of the work plan and initial meeting agendas and presentations can be found in Appendix A.
Figure 2: Potential Impacts of a Tornado Similar to Joplin's in the Kansas City Region

To highlight the importance of inclusive community planning, the Steering Committee used this map, which overlays the path of the 2011 Joplin tornado (green outline) over downtown Kansas City.
Figure 2, Continued

RESULTING COMMUNITY IMPACTS:

- Entire impact area loses power.
- Those with functional and access needs are unable to rely on traditional support networks. (See list on following page.)
- Three interstates, four highways, one rail yard and two bridges are destroyed or impassable.
- 3,000–5,000 people need transportation assistance.
- 514 fatalities and 5,140 casualties
- 5,140 persons seek shelter, along with 765 dogs, 666 cats and 80 birds.
- One mega shelter or 20 standard shelters needed.
- 1,287,468 cubic yards of debris generated.
- 24,310 housing units destroyed.

The tornado path through Kansas City’s downtown area used in the workshop scenario would impact more than 40 community service provider organizations, including:

- Advocates For Families
- American Cancer Society — High Plains Division
- Bishop Sullivan Center
- Bloch Cancer Hotline
- Blue Springs Family Literacy Center
- Bridging The Gap
- Camp Fire Heartland
- Cathedral of the Immaculate Conception
- Catholic Charities KCSJ
- City Union Mission
- CommCare — ACI Hotline
- Della Lamb Community Services
- Della Lamb Elementary Charter School
- Don Bosco English-as-a-Second Language School
- Don Bosco Senior Center
- Drumm Center for Children
- Guadalupe Educational System — Alta Vista Charter Middle School
- Jackson County Detention Center
- Jackson County Office Of Human Relations/Citizen Complaints
- JDRF Diabetes Foundation
- Jerusalem Farm
- Jewish Vocational Service
- Kansas City Community Kitchen
- Kansas City Public Schools District Office
- Kansas City Regional Office for Developmental Disabilities
- Kansas City Rescue Mission — Men’s Center
- Kansas City Rescue Mission — Women’s Center
- Komen Breast Health Coordinator Program
- Lazarus Ministries at Grand Avenue Temple
- Legal Aid of Western Missouri
- Mattie Rhodes Center
- Missouri Vocational Rehabilitation
- reStart, Inc.
- Salvation Army — Bellefontaine Food Pantry
- Salvation Army Adult Rehabilitation Center
- Salvation Army Blue Valley
- Samuel U. Rodgers Downtown Campus
- Sheffield Place
- The Carousel Adult Day Center
- The Family Conservancy
- United Inner City Services
- Whatsoever Community Center
- YMCA Quality Hill
Activity 2. Conducting Research

As part of our planning, we conducted a research review of more than 125 articles — about community service providers, vulnerable populations, networking, current preparedness information, resiliency and vulnerability, communications, and social sciences disaster research — to help understand and direct our work. The central ideas from this research were useful to the steering committee and development of the Community Service Provider Network discussed later in this guide.

Highlights from these articles are summarized below in four key categories: (1) networking; (2) communications; (3) current emergency preparedness of vulnerable populations and community service provider agencies; and (4) resiliency and vulnerability in social science disaster research.

Research Highlights: Networking

- Identify barriers that reduce collaboration and motivate coordination among organizations to strengthen member engagement.
- Understand the structural and relational differences of partnerships, collaborations and coalitions.
- Measure a network’s effectiveness by testing agreed-upon parameters of success and confirm with credible member testimony.
- Move from bridging (sharing information) to bonding (developing trusted/known relationships) to improve resiliency of organizations in the network.

Research Questions

**Networking**

- What are the barriers that reduce collaboration?
- What motivates coordination among service provider organizations and with government agencies?
- How do we build effective networks?
- What leadership styles are most effective?

**Communications**

- How do vulnerable populations receive information?
- What information sources are most influential?
- How can messages motivate people to act?

**Current Preparedness Levels**

**For Service Providers:**

- How can disasters impact routine operations for provider agencies?
- Do community service provider have realistic expectations and understanding of what may happen in disasters?
- Do providers have the expertise needed to develop and test emergency plans?

**For Vulnerable Populations:**

- How do people with daily challenges prepare for and react to emergency situations?
- Who do they turn to for advice and assistance?
- What decision-making processes precede taking action?

**Resiliency and Vulnerability**

- What does social science research tell us about resiliency and vulnerability?
- How is resiliency defined?
- What capacities and coping mechanisms can increase resilience?
- What disaster planning models and approaches can help increase resiliency and reduce vulnerability?

See Appendix A for a detailed summary of research findings and links to articles reviewed.
• Recognize effective leadership styles.

**Research Highlights: Communications**

• Family and friends are a primary source of information.
• Individuals without a social network are more vulnerable.
• The development and use of a safety net of people can serve as a trusted resource of information and assistance.
• Feelings of helplessness among vulnerable populations may result in coping mechanisms that lead to inaction.
• People perceive preparedness and risk information through social and cultural factors rather than science or facts.
• Peer-to-peer communications and social media can be more effective than traditional media outlets.
• Leveraging social media is a useful communication tool to reach vulnerable populations.

**Research Highlights: Current emergency preparedness levels**

**For community service provider agencies:**

• Community service providers seek to duplicate best practices and successful ideas or programs.
• Unrealistic expectations of emergency management agencies and community service providers may put vulnerable populations at greater risk during disasters.
• Community service providers often have overlapping service areas and cross jurisdictional and state boundaries.
• Disasters can cause the collapse of social service capabilities of community service providers; locating vulnerable populations then becomes imperative.

• Disasters create a new norm of how providers work with clients and other organizations; adaptation is needed.
• New norms caused by disasters may change daily routines or require providers to modify existing partnerships or seek new ones.
• Community service providers often do not have emergency preparedness plans or use general template plans to meet requirements; these may not address unique operational functions.
• Emergency preparedness efforts are not a priority when daily work exceeds the capacity of staff and resources.
• High turnover and a lack of staff training can present challenges to an organization in updating plans and testing emergency procedures.
• Providers and staff often need to be educated about their own emergency preparedness needs in order to be available to assist the community service provider in times of disaster.

**For vulnerable populations:**

• The more a vulnerable individual uses a trusted, known relationship, the stronger the bond and influence in emergency situations.
• Bonding can be direct or indirect depending on the person’s association to trusted relationships. Examples include individual relationships (with caregiver) or group associations (social media or network).
• People can become vulnerable at any time; those with the fewest resources to take care of their basic needs during emergencies or disasters should be considered vulnerable populations.
• Vulnerable populations may base the decision to react during an emergency on the reality of their individual situation and not on the threat.
Lack of transportation can be a major barrier to preparedness and actions during disasters for many who rely on public transportation.

Emergency preparedness messages must be practical, so that vulnerable populations view preparation tasks as doable.

Peer-to-peer connections may help to demonstrate how to be resourceful during a disaster through relatable examples.

**Research Highlights: Resiliency and vulnerability**

- Resiliency and vulnerability are interconnected.
- Resiliency includes both cultural, social and faith-based factors in addition to material, technological and economic concerns.
- More input from social scientists is needed to understand why people may or may not prepare and the psychological factors that influence their decisions.
- More research and understanding of social vulnerabilities is needed; the current emphasis is on physical vulnerability.
- Resiliency has become a catch-all phrase; variations in definitions make it difficult to make a definitive determination of how it applies to individuals and communities.
- People who feel they can be proactive about changing what happens in their lives are more apt to prepare and build social structures; those who simply react to individual life circumstances are less apt to prepare.
- People use coping skills to prepare, respond and recover in emergency situations; past experiences and coping skills can increase or decrease one’s ability to adapt in disaster situations.
- Use an individual’s adaptive capacity as a building block to achieve resiliency, instead of a diminishing resource.

Understanding the differences between chronological time (linear) and social time (perceived) is essential to understanding how people, emergency management agencies, and communities react to and understand disasters.

The disjoint and conjoint models of human agency — an individual’s capacity for independence or interdependence in decision making — help explain why people take certain actions during disaster situations.

Appendix A contains a detailed research review summary and list of literature.

**Activity 3. Administering Baseline Surveys**

To establish a baseline of current levels of preparedness and better understand barriers to achieving preparedness, two separate surveys were conducted: one for community agencies and organizations that serve vulnerable populations, and another for emergency management agencies.

**Community agencies and organization survey:**

In 2008, emergency managers in the Kansas City region commissioned a survey to gauge the level of disaster preparedness for individuals and families in the area. The results were used to shape a citizen readiness and community education program.

Using a similar approach, we developed a survey that would serve as a baseline measurement for understanding the preparedness level of agencies and organizations that work with vulnerable populations were and begin to identify any barriers to preparedness. A copy of the survey can be found in Appendix A.

A few key takeaways from 106 responses to the survey:

- Tornadoes and winter storms were the top two hazards of concern to respondents.
Chemical spill was the lowest rated hazard, even though there is an abundance of chemical manufacturing facilities within the region. This led us to believe there is a lack of awareness of and concern about chemical risks in the community.

For agencies that had experienced a disaster, severe winter weather was the most common.

Those that experienced disasters revised or created plans and protocols, invested in backup infrastructure, and increased training for staff after the disaster.

While most organizations have disaster plans in place and regularly train on them, almost one-third of respondents do not have such plans.

Most organizations do not have regulatory requirements to conduct disaster planning.

50 percent of the organizations that responded expect to be notified directly by first responders in the event of a disaster.

17 respondents indicated they are “fully prepared.” However, only four of these 17 had ever experienced a disaster.

All 17 “fully prepared” respondents have a written disaster plan.

34 respondents rated their organizations’ preparedness as being mid-level, that is: “aware of most risks and actions to take, staff does not train clients.” Of these, 14 indicated they do not have written emergency plans.

Respondents were also asked to share best practices for preparedness programs or initiatives for vulnerable populations and identify the three most important needs of vulnerable populations in their jurisdiction.

Over 156 people viewed the survey; 52 respondents started the survey but did not answer all questions; 20 people (representing a total of eight agencies) completed the entire survey. Respondents were a representative cross-section of agencies serving local and county emergency management and preparedness agencies. The individuals who completed the survey included police and fire chiefs and agency directors, planners and coordinators.
A few key takeaways from the responses:

- 55 percent of responding agencies indicated regular ongoing coordination efforts with agencies that serve vulnerable populations.
- 65 percent indicated they included community service agencies in their training activities.
- 52 percent had included agencies serving vulnerable populations in training activities.
- 78 percent indicated that agencies serving vulnerable populations were included in planning activities.
- 32 percent had written agreements with community service providers.
- 20 percent of emergency management agencies had conducted surveys to determine the needs of vulnerable populations in their jurisdiction.
- 59 percent of responding agencies assessed their ability to address the needs of vulnerable populations during an emergency or disaster situation as average or below average.
- The top five challenges related to starting or maintaining a preparedness program for and with vulnerable populations were (1) time to meet with agencies, (2) getting agencies to engage, (3) maintaining current contact information, (4) communication methods, and (5) shifting demographics.

Promising Practices

Convene through a trusted entity

Using MARC and its established committees to convene participants increased the enthusiasm and support for the effort. MARC is a known and trusted agency, serving the Kansas City region for more than 40 years. By recruiting Steering Committee members who were already in some way connected to the MARC’s efforts in other arenas, we were able to quickly establish credibility and demonstrate the merits of the proposed project. Some Steering Committee members were also familiar with other regional projects, which allowed us to move beyond single-jurisdiction concerns and take a broad look at systemic issues across the metro. This was necessary because many vulnerable populations rely on multiple services. As the project matured and scope became better defined, we added additional Steering Committee members when it made sense, trying to always maintain a core membership of around 20-30 individuals.

Include people with vulnerabilities

In keeping with our inclusivity principle, it was extremely important to have representatives from vulnerable populations serve on the Steering Committee, in addition to advocates speaking on their behalf. We were fortunate that two people with disabilities were willing and extremely enthusiastic to participate. Their perspective underscored the importance of our work and helped shed light on the daily challenges people with disabilities often face. It is one thing to hear about transportation needs of people with disabilities and quite another to listen to a story about how a person who uses a wheelchair may take hours to get ready in the morning, wait for an hour and a half for accessible transportation to pick them up, and, when they arrive at their destination, have difficulty entering a building that is not completely accessible. If this is daily life, how much more will someone in a similar circumstance struggle during a disaster?

Empower committee members

The Steering Committee was intimately involved in determining the scope of the project, ultimately deciding which vulnerable populations this project would include. Empowering them to make deliberate decisions on how to define and categorize target populations created a high-level of buy in and allowed committee members to see where their organizations (by virtue of the clients they support) fit into this effort.
Steering Committee was able to use past work — specifically, the 2006 Special Populations Planning Project — as a foundation, crafting something wholly their own without the laborious process of starting from scratch.

**Develop deeper partnerships**

Through the process of establishing the Steering Committee, we developed a deeper partnership with one of the area Centers for Independent Living and a county “Senate Bill 40” Board. In Missouri, Senate Bill 40 boards are legal entities empowered to establish and/or operate sheltered workshops, residence facilities and related services for the care and employment of people with disabilities. Both of these agencies provide vital services to members of the community who have disabilities. Having them involved in the effort not only increased our connections to their clients, but also connected their organizations with local emergency services.

**Share research and encourage comments**

Steering Committee members had the opportunity to review and discuss project research. All of the articles reviewed were placed on a project coordination website — Teamwork — so all members could read and comment on the articles. This website was also used as a central repository for agendas, meeting summaries and a list of project milestones and tasks.

**Take advantage of partner agency resources**

One of the fundamental purposes of this project was to identify and engage a variety of provider organizations that support vulnerable populations in the community. But we didn’t know who they all were. We had about 130 contacts from our prior work, but knew there were many more. Through a partnership with United Way 2-1-1, one of the Steering Committee members and the region’s referral service, we were able to reach more than 600 agencies. United Way 2-1-1 also agreed to send out the baseline survey on our behalf, since not all the agencies were familiar with MARC but they were accustomed to hearing from United Way. We believe this contributed to a survey response rate of about 13 percent. While not extraordinary, it surpassed our typical survey response rate of about 5-7 percent. In total, we received 106 survey responses, a good place to start.

**Opportunities for Improvement**

**Seek representation from all vulnerable groups**

While we had great diversity on our Steering Committee, not all of our vulnerable populations were well-represented, particularly those with limited English proficiency, the economically disadvantaged, and culturally/geographically isolated populations. During our initial recruitment for Steering Committee members, we made efforts to reach advocates for these groups but were unsuccessful. As the pace of the project picked up, we were not able to devote additional time or resources to follow up.

**Appoint local leadership to champion the effort**

Because of the bistate nature of our work, MARC committees are typically co-chaired by representatives from participating agencies — one each from Kansas and Missouri. For this project, we did not establish a similar leadership structure for the Steering Committee because we wanted it to be flat and collaborative, with each member having an equal voice. The downside was that meeting agendas were largely developed by staff and there was not always clear leadership to champion the effort.

**Find a meeting schedule that works**

Our chosen meeting schedule proved to be problematic. We began the project by meeting monthly, but quickly shifted to a quarterly meeting schedule. The advantage of this schedule was that it allowed for more time to work on project deliverables, rather than meeting preparations. The disadvantage was
that some members disengaged and significant portions of each meeting had to be devoted to recapping previous meetings.

**Focus on service agencies with life-safety missions**

A lack of concrete data on the full spectrum of agencies and organizations in the Kansas City metro that serve vulnerable populations hindered our efforts. There are more than 3,000 registered nonprofit organizations in the region with a variety of missions. While not all of these organizations serve vulnerable populations, a large percentage of them do. Many of these serve wide (often overlapping) geographic areas and provide a broad range of services. Not all provide direct or life-necessity services; some act as referral or information services. While these are important, they aren’t critical to the safety and well-being of individuals during disasters, and increasing their organizational preparedness will not necessarily increase the resiliency of vulnerable populations. Developing a screening protocol or tiered system to identify those organizations with a life-safety mission would have allowed us to concentrate our efforts and focus on developing specific strategies to ensure these organizations are able to sustain operations or return services quickly if interrupted. We could then look at organizations that provide other levels of service and train them to become conduits for promoting preparedness to their clients.

**Analysis**

**Organizational structure**

We highly recommend using existing structures or networks to assist with the formation and administration of similar projects. Regional planning commissions, such as MARC, are ideally suited to perform this role, as they are politically neutral identities that can leverage expertise and management systems to help drive the project. Other organizations with planning experience, such as established non-governmental organizations (American Red Cross, The Salvation Army or Catholic Charities, supported by other Voluntary Organizations Active in Disasters [VOAD]) or health care coalitions could also serve as catalysts to get the project off the ground. An effort of this magnitude works best when there are dedicated staff to manage the day-to-day aspects of the project. For the majority of our project’s lifespan, we had three primary staff involved, with at least 50 percent of one staff member’s time committed to the project. Ideally, a full-time project manager would be recommended. Projects like this take time, energy and constant follow up, or members will lose interest and progress will halt.

**Funding and sustainment**

It is important to realize that planning and community engagement come with costs in both time and resources. Agencies serious about pursuing these activities should allocate existing resources or identify supplemental resources to support their efforts. In our experience, more resources are required in the design and startup of a project than in its implementation and sustainment. To implement and sustain their efforts, communities may be able to rely on existing planning mechanisms such as the local emergency operations plan (LEOP), a local emergency planning committee (LEPC), VOAD or health care coalitions. Regular LEOP review processes or LEPC business meetings are excellent opportunities to engage and incorporate community service providers and vulnerable populations into emergency planning.

**Narrowing the scope**

When launching a similar initiative, the most important step we recommend is to have a clear scope with defined project limits. We were overly ambitious in our project scope and would have benefited from a more narrowly defined set of vulnerable populations. Starting small and establishing a proof of concept will allow
your group to celebrate a definitive success. A demonstrable, scalable model will also be attractive to future funders.

**Grouping by type of service, not by vulnerability**

Through this project we’ve learned that grouping individuals into vulnerable population categories is not necessarily helpful when trying to identify agencies that support these populations and the preparedness needs of both the agencies and their clients. An individual can fall into multiple categories or the categories themselves can be multi-faceted. For example, people with disabilities can also be economically disadvantaged or socially/geographically isolated. In fact, “people with disabilities” is a hugely varied classification with incredibly different and distinct needs. We would have been better served had we grouped agencies by types of services provided (for example, direct, life-sustaining services such as residential care) and focused on specific subsets of vulnerable populations such as persons with chronic medical needs.

**Agency connections — and disconnections**

When we started this project, we assumed networks of provider organizations existed — networks that promoted formal or informal relationship building, information and resource sharing, and issue advocacy among community service provider members. However, we were only able to uncover a few networks, and these were typically professional associations or loose affiliations. We learned that many nonprofit agencies compete for the same limited resources, or focus almost exclusively on their current client care, making participation in community capacity building activities difficult. The takeaway from all this is there is no single or even a few “go to” places to be able to connect with provider organizations. Community engagement requires getting to know the community and there are few easy ways to do it other than continually trying to bring new agencies to the table. In our work, we did find a number of touch points that we could rely on to reach out to multiple organizations. Similar agencies should exist in other parts of the nation (though naming may be different) and we recommend starting with these:

- Area Agencies on Aging
- State Departments of Disability and/or Senior Services
- Centers for Independent Living
- American Red Cross
- Visiting Nurses Association
- State Schools for the Blind and Deaf

**Project management tools**

Establishing a central repository for project management can contribute to greater coordination and continued project visibility. There are a variety of these types of platforms such as Teambox, Apollo and Basecamp, to name a few. Most have minimal or no cost to maintain (see [http://1stwebdesigner.com/online-project-management-tools/](http://1stwebdesigner.com/online-project-management-tools/) for a review of several of these). Like all technology, if members don’t routinely use the platform in the course of their normal duties, they will likely not frequent it or use it to the fullest potential. If a similar tool is chosen, we recommend making it as easy as possible for the members to use. Register them for the site and set up their log-ins. Include links to the site in all communications and make it the primary way for them to get information.

**Surveys and survey results**

Surveys are a good, albeit often imperfect, tool for collecting information. Though the results of our survey weren’t entirely unexpected, they did reveal a few interesting facts. For instance, approximately 50 percent of survey respondents indicated they are governed by an accrediting body; of these, approximately 50 percent responded that their accrediting body has no disaster preparedness requirements.
With additional analysis, we could uncover what types of organizations these are and whether there is a long-term opportunity to work with accrediting bodies to institute disaster preparedness requirements. Conversely, some organizations may not realize they have disaster preparedness requirements and there may be opportunities to educate them about these requirements. Either way, these are two new avenues of increasing disaster preparedness we might not have known about without the survey. We also learned that a large percentage of service providers (nearly one-third of respondents) stated they had no emergency plans in place. This indicates that we need to start emergency preparedness education at a very basic level and, through this project, attempt to raise participants to some minimal standard of organizational planning.

For the emergency management survey, the lack of data was more telling than the actual responses received. We inferred that this was due to few emergency management agencies maintaining an engagement program with community services providers, leaving them unsure how to answer the questions. We used the survey outcomes as a springboard to emphasize the benefits of the community engagement effort in supporting emergency management goals.

Developing effective surveys to gather worthwhile data is an art. We highly encourage engaging academic institutions to help develop surveys, something we should have done but did not. Research experts can help ensure the questions asked will result in meaningful data that can lead to solutions to your problem areas. Given enough lead time, they may also be willing to assign it as a class project at no cost. One of the important benefits for conducting our survey was that it served as an introduction to agencies we hadn’t yet interacted with and got them interested in the project. For this reason, it is important the survey be addressed to an individual or individuals within an organization (director level or above) who not only have a thorough understanding of their agency’s capabilities, but also have enough authority to commit to participation in the project. Efforts should be made to limit each agency to a single response. We ran into a problem with a few agencies when three or four different people from the same organization responded to the survey and all provided vastly different answers, which confused our results and compromised the validity of the data.

Resources

The following resources can be found in Appendix A at www.marc.org/CEAG:

- A-1: 2006 Special Populations Planning Project
- A-2: 2010 Oxygen Dependency Pilot Study
- A-3: Research Review Summary
- A-4: List of Research Literature
- A-5: Baseline Survey for Community Service Providers
- A-7: Steering Committee Invitation Letter
- A-8: Steering Committee Kickoff Agenda
- A-9: Steering Committee Kickoff Slide Presentation
- A-10: Project Work Plan
Phase 2: Implementation

This phase involved implementation activities to increase both organizational and individual preparedness. Activity 1, increasing organizational preparedness, was broken down into two subsections — conducting a series of workshops, and creating and sustaining a Community Service Provider Network.

The workshops were designed to identify existing community service provider networks and systems (if any), identify gaps in current organizational preparedness, and gain a better understanding of the expectations of service providers and emergency service agencies in terms of disaster response and recovery capabilities. The Community Service Provider Network would be an outgrowth of the workshops, serving to bring together providers committed to engaging with their consumers and with each other regarding tools, training and best practices in disaster preparedness.

Activity 2, increasing individual preparedness, was also divided into two subsections — developing a personal preparedness tool and evaluating emergency preparedness messages.

Activity 1: Increasing Organizational Preparedness

Activity 1.1: Conducting a Series of Workshops

Overview and Process Approach

The Steering Committee decided to conduct a series of Community Disaster Resiliency Workshops in different locations across the metro, as an engagement strategy to learn from and share information with service providers. We needed to understand the motivations and challenges of service providers before we could hope that our disaster preparedness message would be understood.

We experimented with different formats, venues and audiences for each workshop. We took this approach for two reasons: first, to demonstrate how the community could be involved in the effort; and second, to be able to compare and contrast approaches and make recommendations for easier replication.

We conducted three total workshops, one each in December 2014, June 2015 and June 2016. The first workshop was held at a county administration building; the second in a church; and the third at a private foundation’s public meeting space. The structure for each workshop is briefly described below, with the objectives and agenda summarized in Table 1. The full Facilitation Guides, along with other handouts for each workshop, are included in Appendix B.

Workshop Structure

Disaster Resiliency Workshop 1

We designed the first workshop as a small pilot to allow us to measure its effectiveness before expanding metro-wide. We chose to limit attendance to 40 participants and only included agencies located in Johnson County, Kansas.

The four-hour workshop was co-hosted by Johnson County Emergency Management and Johnson County Human Services at the county administration building. A small planning team including emergency management, human services, mental health and disability services representatives developed the content and helped facilitate the workshop.

The workshop was divided into four modules designed to encourage disaster preparedness conversations among participants. Each participant received a flash drive with planning resource documents to help increase their organizational preparedness, including Continuity of Operations Planning (COOP)
templates, sample memorandums of agreement (MOA) for services during disasters, the Mental Health and Functional Needs Resource Directory, an emergency kit supply checklist; tips on how to communicate and plan with clients for disasters, and a worksheet containing website links to emergency preparedness sources. We selected these tools based on preparedness gaps identified in the initial survey.

Disaster Resiliency Workshop 2
For the second workshop, we expanded our scope and scale. We extended invitations to agencies across the entire metro and 83 participants representing 66 organizations attended. We also increased the time of the workshop to five hours and provided lunch.

This workshop involved three activities:
- A “speed meeting” ice-breaker and networking exercise.
- Breakout sessions to discuss actions, gaps and problems encountered in a large-scale disaster, using a tornado scenario. This was a facilitator-led discussion similar to the first workshop. It differed in that discussion questions were crafted to collect information on five topics: (1) organizational best practices; (2) organizational challenges; (3) client-related challenges; (4) community collaboration challenges; and (5) resources that could be shared.
- A closing plenary session to discuss potential ongoing processes on how diverse public and private agencies could coordinate to increase community preparedness and resiliency for vulnerable populations.

We closed the workshop by asking participants to complete an evaluation of what went well with the workshop, what could be improved and how it benefited organizational preparedness.

Community Service Provider Emergency Preparedness Summit
Feedback from the first two workshops suggested that participants were eager to get more “how-to” training on specific aspects of emergency preparedness. We also heard there was not enough time allotted for discussion. For our third workshop, we sought to provide a more instructional learning environment, and tried a different workshop structure.

The Community Service Provider Emergency Preparedness Summit was a seven-and-a-half hour learning session intended to impart a basic understanding of emergency preparedness. It was developed largely by a planning team from the Community Service Provider Network (see Activity 1.2 below for a discussion of this network) and presenters were community service provider members and local emergency management professionals. Eighty-three people from 55 organizations attended the Summit.

The format included both information sharing sessions and small breakout group discussions. Each participant received a handout, “Emergency Preparedness Task List for Community Service Providers.” The Task List was compiled using feedback from the previous workshops and from meetings with service providers, with input from a regional Citizen Preparedness subcommittee. The list can be used by organizations to report to their boards or supervisors and track progress. Throughout the Summit, presenters referred to the list to see how their discussion applied to a particular task. A copy of the task list can be found in Appendix B.

The summit was organized to follow the cycles of disaster: pre-disaster preparedness, response and recovery. Plenary presentations kicked off each section, followed by scenario-based, small group discussions. Similar to the June 2015 workshop, the Planning Team selected a tornado scenario to drive small group discussion.
In the first session, pre-disaster preparedness, speakers discussed hazards in the Kansas City region, disaster terminology and creating a culture of preparedness. After these presentations, participants were divided into three different breakout rooms, with facilitators and scribes, to discuss one of three topics: (1) planning, (2) kits and resources, and (3) communications and networks needed for pre-disaster preparedness. After 10 to 15 minutes of discussion, the facilitator/scribe teams rotated to the next room and commenced discussion of their assigned topic with the new group. This rotating facilitator model was an experiment intended to break from traditional models of group discussion. Unfortunately, the experiment was not as successful as we hoped, as the discussions became duplicative. For the third cycle, recovery, we scrapped the rotating facilitator idea and just assigned each facilitator to remain in the same room and discuss the three topics.

After lunch, before beginning recovery breakout discussions, we conducted a business card exchange activity. The activity was designed to help attendees get a sense of how it might feel if a large portion of the Kansas City region were hit by a major disaster. The activity highlighted the reality that agencies and organizations may end up competing for scarce resources following a significant disaster, but also demonstrated how organizations might be able to assist each other. Most importantly, it allowed attendees to network and learn more about the resources and expertise available in the region.

The summit concluded with a presentation on the importance of Continuity of Operations Planning and resources and supplies that
organizations should have in office go-kits to help resume operations.

Promising Practices

Networking activities

The networking activities conducted at the second workshop and summit were extremely well-received and helped foster links among community service providers and local emergency services agencies.

The “speed meeting” activity worked much like speed dating, giving participants the opportunity to meet five other attendees and learn about their organizations. Participants were divided into two groups and sat at tables. Participants on one side of the table remained stationary while those on the other side rotated every five minutes. Participants were asked to fill out a form as they exchanged names, shared information about their agencies, and described what they hoped to get out of the workshop.

Conducting this activity as a kickoff for the workshop was a risk, as it could go really well or really poorly, which could impact the participants’ view of the rest of the workshop. Fortunately, most participants really enjoyed the activity, rating it as one of the best aspects of the workshop. For the project team, the forms provided a quick mechanism to gather rich data about how agencies supported vulnerable populations in the community.

The business card exchange activity at the summit was based on the often-quoted emergency management saying that “disasters are not the time to exchange business cards.” It was designed to gather information about how organizations support vulnerable populations, what resources agencies may need during disasters and what agencies might provide to others to help close gaps in immediate needs and speed recovery. Each attendee was given either a red or green “impact” card, which indicated whether their organization was affected during the hypothetical disaster.

Several resource cards were attached to the impact cards. Those impacted by the disaster (red cards) were encouraged to think of missing resources they would need to get their organization running again, and write these on their resource cards. Those not impacted (green card) were asked to think about resources that their organization might have to share, such as office space, staff, vehicles, etc., and list them on their resource cards.

Participants then walked around the room to see if they could match needs to resources. When a match was found, attendees were asked to share business cards. The activity was designed to encourage collaboration and resource sharing, while allowing attendees to network. We hoped these brief interactions would lead to more formal relationships and encouraged them to continue the conversation outside the summit. We also hoped the activity would ground expectations about what other organizations can actually provide, especially when plans call for several agencies to rely on the same organization for assistance.

Pre- and post-workshop assessments

Another promising practice that came out of the June 2016 Summit was the use of pre- and post-Summit assessments to gauge participants’ familiarity with the subject matter before we began and re-evaluate awareness at the close of summit to see if their knowledge base increased.

Almost universally, the assessments indicated that the summit helped increase understanding of disaster preparedness and provided information that could advance organizations’ planning efforts.

Design team

Another key to success was using members of the Steering Committee and Community Service Provider Network as workshop design team members to leverage their expertise. It also created a sense of ownership and ensured the
topics covered would be of most value to other providers. This was particularly true for the summit, which was designed by the network, for the network.

**Documentation**

Investing in dedicated scribes and note-takers (either paid consultants or volunteers) to listen and record conversations proved immeasurably valuable to after-action reports. For the first two workshops, we relied on volunteers and MARC staff to assist with documentation. For the summit, we contracted with a consulting firm for a relatively modest fee. The consultant’s scope of work is available in Appendix B.

**Opportunities for Improvement**

**Include more emergency services personnel**

One of the areas that we could have improved for each workshop was greater inclusion of public safety and emergency services representatives. While the primary audience of each workshop was provider organizations, we hoped that emergency services personnel

<table>
<thead>
<tr>
<th>Workshop Feedback</th>
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</thead>
<tbody>
<tr>
<td>Will your organization begin/review/modify emergency preparedness programs as a result of any information learned? If so, what do you intend to do?</td>
</tr>
<tr>
<td>“Add personal preparedness training to orientation, modify our training to child care providers, add Red Cross App to phone.”</td>
</tr>
<tr>
<td>“Yes, I hope so — as support staff encouraged to attend today, my hope is administration will move forward with suggested recommendations.”</td>
</tr>
<tr>
<td>“Active shooter training, do more staff/volunteer training, add to emergency kit, create contact list of frail seniors, track those in building with an improved attendance list.”</td>
</tr>
<tr>
<td>“Begin! Our current ‘plans’ only consist of where to take shelter in case of tornado and head outside in case of fire, along with the occasional snow day. Lots to do!”</td>
</tr>
<tr>
<td>“Definitely — we were already looking to review our procedures, but this will enhance what we do and give us tons of resources.”</td>
</tr>
<tr>
<td>“Yes — more local training with staff, personal preparedness.”</td>
</tr>
<tr>
<td>“Yes — I intend to ask/implement an emergency preparedness class with the president of my building for the tenants in a working space. Will also implement a MOU with a nearby church or school for a place my residents/clients can go to in case of an emergency.”</td>
</tr>
<tr>
<td>“Definitely review current programs and enhance as needed.”</td>
</tr>
<tr>
<td>“Provide a PrepareMetroKC.org bag for each employee.”</td>
</tr>
<tr>
<td>“Yes, I am in the process of updating my EOP now. I would like to add to the recovery section VOADs and structural engineer inspections. I would also like to look into our employees volunteering as VOADs. Will add 2-1-1 United Way. It makes me think more about staff recovery; maybe include one or two more steps in our pre-disaster plan.”</td>
</tr>
<tr>
<td>“Will be planning another push on personal/family/pet preparedness.”</td>
</tr>
<tr>
<td>“Yes — we have to revisit our emergency preparedness program.”</td>
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<tr>
<td>“Yes, review and more networking.”</td>
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<tr>
<td>“Review and modify, make sure all is currently up-to-date, train all staff of changes.”</td>
</tr>
<tr>
<td>“Yes — set up a plan.”</td>
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<tr>
<td>“Yes — we need a plan for our admin team.”</td>
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<tr>
<td>“Begin having drills as well as begin the conversation.”</td>
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<tr>
<td>“Yes — order supplies to send to my clients, also go to websites to develop written plans for business.”</td>
</tr>
<tr>
<td>“Will concentrate on business continuity plans.”</td>
</tr>
<tr>
<td>“Yes — look at our levels of preparedness. Tweak or implement different plans.”</td>
</tr>
<tr>
<td>“Review and modify — build on and expand current plan.”</td>
</tr>
<tr>
<td>“We will modify our plans, develop a go-kit.”</td>
</tr>
<tr>
<td>“Yes — we have to revisit our emergency preparedness program.”</td>
</tr>
<tr>
<td>“Do more planning in case a disaster destroys our facility — how will we provide services?”</td>
</tr>
<tr>
<td>“Yes — update COOP, strengthen plans for AFN populations.”</td>
</tr>
</tbody>
</table>
would see the value of this unique opportunity to connect with these organizations. We did have some representation, but not as much as desired. In retrospect, the planning team could have conducted better and more focused outreach to emergency service agencies to solicit their participation.

Neutral facilitation
It is imperative to select experienced facilitators who are able to draw out information and keep the conversation focused. A common mistake can be to use subject matter experts in this role, but often their focus is on sharing information and educating rather than listening and facilitating.

Reduce duplication
When conducting a series of similar workshops, there is some overlap. Participants’ evaluation forms suggested we could have done a better job of organizing presentations to reduce repetition.

The full after-action reports for each workshop can be found in Appendix B.

Analysis

Workshop format
The summit format, which combined instruction and discussion, seemed to be the most well-received, although the rotating facilitator plan was not a success. Participants generally rated interactive activities (such as the networking activities) highly and valued the opportunity to discuss preparedness plans and practices with other organizations.

Food and beverages were provided at each workshop, which added to the cost but was well received by participants. One noted that good food and hospitality helped people feel welcome and stay engaged.

Workshop content
The biggest difficulty in planning all three workshops was determining what topics to cover and how advanced to make the presentations, keeping in mind that the level of capability of organizations varies greatly. From the feedback we received, it appears that more advanced discussion on specific topics is probably warranted and would be well attended. Below are just a few of the requests for future workshop content submitted by participants:

- Samples of other agencies’ COOP and emergency plans and procedures.
- Details on how to develop home/office disaster kits.
- Information about adaptive equipment (ramps, slides) for people with physical disabilities for evacuations.
- A review of funding available for training, database management, awareness programs and plans for all community members.
- Better resource guides to use with clients.
- A resource list of volunteer nonprofit organizations and agencies.
- Training on working with linguistically and culturally diverse populations.
- Additional seminars and discussions on specific disasters such as radiation, chemical, etc.
- Ideas on how to help the medically fragile community, specifically youth who live with their parents.
- More discussion of the expectations of social service provider agencies for public safety agencies.
- More opportunities for networking.

Assessing the impact
The workshops yielded mostly positive results in terms of meeting the objectives outlined above — identifying networks and systems, identifying gaps in organizational preparedness, and better understanding the disaster response and recovery expectations of provider
organizations and emergency service agencies.

The workshops did not help us identify many service provider networks or systems, likely because few exist. By including emergency services personnel in small group discussions at each workshop, we were able to partially meet the objective related to expectations of community service providers. Had more emergency services agencies participated in the workshops, this objective would have been more fully achieved.

The most successfully achieved objective for all three workshops was identifying gaps in current community service provider organizational preparedness. On the evaluation forms distributed after the summit, we asked, “Will your organization begin/review/modify emergency preparedness programs as a result of any information learned? If so, what do you intend to do?” The responses on the following page show how participants were critically examining their most pressing gaps and planning to use the strategies learned at the summit to fill those gaps.

### Resources

The following resources can be found in Appendix B at www.marc.org/CEAG.

- B-1: Exercise Plan — Workshop 1
- B-2: After Action Report — Workshop 1
- B-3: Exercise Plan — Workshop 2
- B-4: After Action Plan — Workshop 2
- B-5: Exercise Plan — Summit
- B-6: After Action Report — Summit
- B-7: Slide Presentation — Workshop 1
- B-8: Slide Presentation — Summit
- B-9: Workshop Evaluation Forms
- B-10: Networking Activity Cards
- B-11: Summit Task List
- B-12: Summit Contractor Scope of Work

### Activity 1.2: Creating and Sustaining a Network to Address Gaps and Barriers

#### Overview and Process Approach

During the first two workshops, community service agencies identified a major gap — the need for a coordination network to connect provider agencies, particularly those with similar clients, services and missions. Some agencies already engaged in coordination activities with other service providers, but this seemed to be more the exception than the rule.

Many workshop attendees and Steering Committee members indicated that increased coordination not only among their organizations but also with emergency service agencies would be one of the most effective ways to increase resiliency for the agencies and their clients. A coordination network could be used as a forum for provider agencies to:

- Learn from each other to identify organizational strengths and build capacity.
- Get help developing and updating emergency and Continuity of Operation Plans. Community Service agencies indicated they needed plan guidance from public safety agencies.
- Conduct training opportunities with both public and private agencies.
- Clarify roles and expectations of both public and private agencies serving vulnerable...
populations during disaster situations. Workshop discussions highlighted some unrealistic response and support expectations.

- Share resources, especially trained staff and personnel.

Another workshop finding was the need for more effective emergency preparedness messaging for clients, affirming one of the project’s initial assumptions. Many participants indicated current preparedness programs were not as useful as they had hoped for vulnerable populations and recommended establishing a regional preparedness program that would help determine how to increase the effectiveness of preparedness messages. Community service providers understood and agreed that they could play an important role by providing disaster preparedness information to their clients and consumers and by helping to ensure the information is clearly and appropriately communicated.

Marrying these two findings together — the idea of creating a coordination network and working with provider organizations to create/improve preparedness messaging for vulnerable populations — led to the “Community Engagement and Resiliency System.”

Our initial vision for the Community Engagement and Resiliency System comprised three core elements: (1) individuals in vulnerable populations groups; (2) a network of community service provider organizations; and (3) a Core Advisory Group of organizations whose mission is already inclusive of emergency

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**Figure 3: Community Engagement and Resiliency System Diagram (First Draft)**

Core Elements of the Community Engagement/Community Resilience System | Draft — 07/15/15

- **TOOLS**
  - Preparedness Guides
  - Technical Expertise
  - Best Practices

- **TRAINING**
  - Train-the-Trainer Program
  - Multiple Modules
  - Feedback Loop for Continuous Improvement

- **SUPPORT**
  - Peer Support
  - Emergency Managers
  - CERT/MRCKC Volunteers
  - Community Organizations

- **ORGANIZATIONAL CAPACITY**
  - Increased Resiliency
  - Access to Resources
  - Economies of Scale

**CORE ADVISORY GROUP** | Building on and strengthening existing system institutions such as United Way, CAP and Red Cross
planning and/or response activities. Together, these system component groups would work to develop tools, training, support structures and organizational capacity to further disaster preparedness. MARC and local emergency management agencies would serve as resource support and facilitators in the system’s development, but it would be led by service provider organizations. Figure 3 (on the previous page) was an early attempt to graphically depict the system.

The Community Service Provider Network was intended to connect community service providers to allow members to discuss best practices, common goals, emergency planning and training, sharing resources, etc., in order to increase agency and client resiliency before, during and after disasters.

The Core Advisory Group was proposed, recognizing the system would need to be underpinned by key community agencies with complementary missions. To be successful, these agencies would need to see the enduring value of the system and possess some ability to provide resources for its sustainment. (It is important to note that the Core Advisory Committee has not yet been implemented, as the Steering Committee is still active and working to develop the program.) Once we had a general concept in place for what the Community Engagement and Resiliency System could be, we moved on to further define the Community Service Provider Network.

We found we were still asking ourselves the same questions as when we first started the project: Who are the community service provider organizations, and how do they need to be involved with the network? We chose to make a distinction between “Direct Support Community Service Providers” — those agencies whose core mission was to provide daily assistive services to one of our defined vulnerable population groups — and “Voluntary Disaster Response Organizations” such as the American Red Cross, the Salvation Army and United Way 2-1-1, which are primarily organized to support disaster survivors in response and recovery (although some services are provided on a routine basis).

This distinction was important because it allowed agencies to “see” themselves as part of the whole community and understand how everyone has a role to play in preparedness, response and recovery. It was also important to help us define how the network could be used to support agencies.

For example, the American Red Cross likely doesn’t need tools and resources to help develop emergency preparedness plans, but by engaging in this effort Red Cross strengthens its ability to get important preparedness messages to the public, build community partnerships in advance of disasters, and manage expectations of its disaster response capabilities prior to an event — so that organizations aren’t relying on Red Cross to provide services or resources beyond its mission.

To this end, we tweaked our initial diagram to showcase the Community Service Provider Network and how we conceptualized it functioning. Figure 4 (on the following page) is the final version of the diagram.

Now that we had a common framework, we set out to forge the Community Service Provider Network. An effort like this would not succeed without the proper buy-in and support. We were fortunate to find a number of champions within community service provider organizations, disability self-advocacy and emergency management agencies to drive the Network’s formation. Each of these champions brought unique viewpoints and strengths to the Network that were particularly useful in its formative stages. One of the community service provider representatives had a background in emergency management and served as a board member for one of the centers for independent living. She
was able to speak emergency management lingo, translate it into language understood by service providers, and act as a force for change at the center for independent living. The disability self-advocacy champion daily lived with many of the challenges that vulnerable populations face. She helped identify overlooked areas for the Network to focus on, grounded or countered our planning assumptions, and field-tested our new tools and resources from a perspective that only a person with a disability can bring. Several emergency management champions contributed their planning expertise and strategic vision for how the Network could operate, which allowed the group to think about the big picture and not limit the Network’s potential.

Invitations to the first Community Service Provider Network meeting were extended to agencies that participated in the first two workshops and indicated they wanted to be involved in future efforts. Our first meeting was focused on providing background information and really hearing from the participants what direction they wanted to take, because the network would only be successful if members were vested in and received value from participating in it. Agenda topics included:

- Background on the community disaster resiliency project.
- Understanding of existing networks.
- A discussion of mission and vision — how would this network be different and what gaps could it address without duplicating existing efforts?
- Discussion of what would motivate agencies to participate and who else should be invited.
Meeting frequency and schedule.

At the first meeting, members agreed that the benefits of the network would be more than worth the effort. The group decided to meet monthly for 90 minutes during the initial startup phase, then evaluate meeting frequency once the Network was more established.

When we asked “What would motivate you and your agency to participate in the network?” the responses let us know we were on the right track. Some of the ideas presented were:

- Ways to link to other service providers with similar clients, services, missions that are often facing the same problems and challenges. The ability to create and connect a subset of care givers would be unique, beneficial and a powerful tool that currently does not exist.
- Many service providers have anxieties regarding disaster, planning and preparedness issues. This network could reduce these anxieties, with no cost to agencies other than time.
- More effective use of resources and increased situational awareness both for day-to-day and disaster situations.
- Improving client service and safety.
- Increasing agency and client self-reliance, allowing the service agency to increase capacity and reduce demands for service during emergency situations.
- Building important relationships that will help agencies both large and small.

The first several meetings were dedicated to developing a strategic plan for the network and reaching consensus on its structure, vision, mission and objectives. We recruited three individuals from community service provider organizations to serve as co-chairs, helping with agenda planning, leading the meetings and carrying forward the vision of the network. The co-chairs represented a good cross section of

Community Service Provider Network

Vision

To enable all people to practice emergency preparedness and increase their resiliency during disaster events through education, with inclusive and accessible materials delivered by trusted service providers.

Mission

To develop a network of Community Service Providers committed to engaging with their consumers and with each other regarding tools, training, and best practices in disaster preparedness and response targeting the populations they serve.

Goals

Develop a Community Service Provider Network that:

- Has self-sustaining leadership and engagement.
- Is committed to moving from reaction to planning.
- Is able to identify capability levels in its organizations and their consumers.
- Helps build strategic relationships among service providers.
- Promotes learning about basic emergency management principles and practices.
- Has members that are willing to share and collaborate.

Objectives

- Foster ongoing participation in monthly meetings to develop CSPN structure and capabilities.
- Develop and execute ongoing action items to support network goals.
- Develop and implement preparedness and response tools and/or practices to increase awareness by consumers of:
  - Resources available to them for assistance.
  - Dependencies on service providers who may or may not be available to them in times of disaster.
- Engage with emergency management professionals to educate and build awareness of people with functional and access needs.
- Participate in a summit event for high-level training.
- Recruit other service providers to become involved.
agencies in the network, representing a county mental health department, an SB40 Board and a center for independent living. Having three co-chairs allowed for flexibility of schedules and spread out the work load.

Developing a vision and mission for the network was a deliberately methodical and measured process, as it was important for everyone to provide input and contribute to shaping the network. We developed several visuals to help guide the process and create a common understanding.

One co-chair, an early champion described above, drafted a Community Service Provider Network Roadmap (Figure 5) that outlined four aspects the group needed to agree on, along with some introspective questions to help them get there. A white paper was written that summarized the basic tenets of the network and outlined (1) where we are going; (2) how we will know when we get there; (3) what our current action steps are; (4) how we will measure outcomes; and (5) how we will define success. The white paper, available in Appendix C, proved invaluable both as an introduction for new members and a guiding reference document to keep the network on course.

After about four months, network members had agreed on a strategic framework that documented the group’s vision, mission, goals, and objectives. Once this strategic framework was in place, the immediate work of the network revolved around four objectives from the Steering Committee’s work plan:

- Expanding Network membership
- Increasing service provider client resiliency through the development of a preparedness tool (discussed further in Activity 2.1).
- Conducting a Community Service Provider Emergency Preparedness Summit (discussed in Activity 1.1 above).
- Holding focus groups to evaluate current messaging on our regional citizen preparedness Website (discussed in Activity 2.2).

The last three objectives were largely completed by June 2016, following the conclusion of the summit. After that, the network took a brief hiatus for the summer, reconvening in September. The Network now meets on a
quarterly basis, with meetings held at the offices of Empowering Individuals Through Advocacy and Support (EITAS). EITAS is the Jackson County Developmental Disabilities Services agency (Missouri SB40 Board). Leadership planning meetings are scheduled prior to the full quarterly meetings and held at the Center for Independent Living. These changes reflect the network’s strength and maturity, as it has moved beyond the formative stage and into the implementation phase, poised for long-term sustainment.

Promising Practices

**Letting service providers lead**

While the network evolved differently from our initial vision, we believe this to be a strength and strong practice. The variety of agencies in the network provided an opportunity for all to learn and share across cultures and organizations and helped close the planning gap between emergency services and community service providers. We had to be careful, though, to maintain the primary function of the network — to be a resource for service providers, run by service providers. Putting emergency services personnel in leadership roles would have been easy, but would potentially limit the opportunity for community service providers to champion and take ownership of the initiative. Finding leaders from community service providers with the skills and willingness to champion the network — working between meetings to be prepared and to build an effective leadership structure — lent credibility to the Network and resulted in a higher degree of certainty for success and long-term sustainability.

**Engaging emergency planning professionals**

The original concept of the network was to provide a forum for community service providers to meet and discuss among themselves issues of importance around disaster preparedness. As the network was established, more agencies saw the benefits of being involved and police, fire and emergency management representatives joined the ranks, providing technical emergency management expertise. While the intent was to allow community service providers to drive the agenda and lead the conversations, having emergency services agencies participate enriched and informed the Network’s consideration of goals, objectives and actions. These relationships resulted in network members working together on specific projects outside of the network at a local level to improve and develop plans (such as emergency plans, continuity of operations plans and evacuation plans), training and exercise. This allowed us to better understand the gaps and identify unrealistic expectations on both sides of the equation.

**Network participation by Steering Committee members**

The participation of several of the Steering Committee members in the Network helped establish continuity between the Steering Committee efforts and what we hoped to achieve with the Network. When we began the Community Disaster Resiliency initiative, we did not set out to establish the Network, but it became an important end result. Without the participation of Steering Committee members, the Network may have struggled more to establish its purpose and identity.

**Community Disaster Resiliency Brochure**

The Network developed a brochure used by members to promote the Network and recruit new members. The brochure describes the Network’s purpose and mission and how to get involved. Copies were...
distributed to all agencies identified in the community service provider database as a means to expand the Network following the Summit. Network members were also encouraged to use the brochure to spread the word about the Network and invite other agencies to participate.

Opportunities for Improvement

Establish a leadership structure early

At the first several network meetings it was a challenge to establish the Network’s identity and membership, while continually moving forward. Essentially, we were “building the airplane while flying it.” Members wanted to meet monthly and keep the meetings to 90 minutes, which seemed like more than enough time, but we were constructing something from the ground up with agencies that were not used to working with each other. Discussions often ran longer than two hours, which led to some frustration. We could have avoided some of these drawbacks had we first established a clear leadership structure and let leaders hash out some of the preliminary details before inviting more network members. This would also have helped coalesce leadership around a common vision they could champion in a uniform voice. It would also have helped achieve a higher level of commitment and firmly instilled expectations of leadership roles. Instead, we found ourselves continually relying on the same few individuals to complete tasks, which caused some burnout and strained relationships. We corrected these deficiencies by refocusing expectations of the network and reducing demands on time and talent.

Analysis

Engaging the Center for Independent Living

When we started this project we assumed that existing networks of community service providers would emerge. When we discovered that few of these actually existed, it caused us to recalibrate our planning approach. In conversations with colleagues from other parts of the country, we do not believe this lack of community service provider networks is uncommon for the majority of the country. We learned through the workshops that having a network of community service providers in place would be a valuable resource; so, if we could not find existing networks, we would have to build them. An outstanding partner in our quest to build the network was the area’s Center for Independent Living (CIL). We discovered that in Missouri’s State Emergency Management Agency has a memorandum of understanding with CILs across the state to engage in disaster preparedness. We would absolutely recommend partnering with a CIL early, as this type of effort complements its mission and it is typically a recognized and trusted agency, which will help with recruitment of other organizations.

Starting small with plans for expansion

Determining the list of initial invitees to the Network was a hot topic of debate among the planning team. We were split into two different camps of “Let’s invite everyone!” and “Let’s keep the size manageable,” initially targeting agencies with direct service missions. The second school of thought won out, with the caveat that we would try to grow the network as it became more established. Then we ran into issues of capacity. To keep the size of the network manageable we proposed a long-term vision where subgroups can be formed, like spokes of a wheel. Each spoke represents a specific specialized category, organized either by population served or functions performed. Figures 6 and 7 depict these two organizational structures.

The network has not yet grown enough to warrant the establishment of subnetworks, but we used these two diagrams in meeting activities, asking participants to identify where their organization fell in each, as well as where other agencies they commonly interact with would fall. This activity helped members think
Figure 6: Network Wheel-and-Spoke Organization by Function

Figure 7: Network Wheel-and-Spoke Organization by Vulnerable Population
about the types of agencies that should be involved in the network and how their own organizations could support the community. We would encourage a similar type of exercise to help determine the membership of a comparable network.

**Connecting to COADs/VOADs**

Many communities have existing collaborative frameworks such as Community Organizations Active in Disasters (COAD) or Voluntary Organizations Active in Disaster (VOAD). The state of Missouri defines COADs as stakeholder agencies and organizations that include, but are not limited to, local emergency management, other local governmental agencies, non-governmental organizations, faith-based organizations, land grant extension programs, and public, private, or nonprofit organizations with a common interest in addressing a community’s needs as a result of an emergency or disaster.

A VOAD is defined as a network that provides the venue for voluntary organizations with disaster response and recovery operations to collaborate, coordinate, cooperate and communicate. State VOADs work in non-disaster times to promote training and preparedness; they work in times of disaster to facilitate coordination of response and recovery efforts. VOADs are present at national, state and sub-state levels. At the state level, the VOAD may include local member agencies that do not have a national program.

Over the last several years, the missions of COADs and VOADs have expanded to a broader whole community approach that includes identifying and sharing best practices and collaborating with all sectors to identify and promote innovative ways to enhance community preparedness. Where COADs and VOADs exist, incorporating community engagement of service providers into these programs and using them to promote preparedness makes sense and provides a ready framework from which to start.

Where COAD/VOADs don’t exist, the Community Service Provider Network could be used as a precursor to establishing a VOAD or COAD — if that is a community goal.

**Resources**

The following resources can be found in Appendix C at www.marc.org/CEAG.

- C-1: Community Service Provider Network Diagram
- C-2: Strategic Vision Roadmap
- C-3: Project White Paper
- C-4: Network Meeting Agendas
- C-5: Network Recruitment Brochure
- C-6: Network Invitation Letter

**Activity 2: Increasing Individual Preparedness**

**Activity 2.1: Developing a Personal Preparedness Tool**

**Overview and Process Approach**

The Community Service Provider Network was formed in response to observations from community service providers about barriers to current preparedness efforts and their desire for greater collaboration with other providers to help address these barriers. As a peer-support mechanism, the Network aimed to advance organizational preparedness and achieve one of our primary objectives — to increase the ability for vulnerable individuals to be involved in disaster preparedness and take the appropriate recommended actions to increase their own preparedness. Network members understood the distinctive role their organizations could play in promoting preparedness for their clients. But, as we learned from the survey and workshops, many were unsure how to proceed.
To this end, the Steering Committee — with support from the Network — wanted to find a meaningful way to initiate preparedness conversations between service providers and their clients. The Personal Preparedness Inventory tool was developed to meet this need.

We were aware that a number of excellent emergency preparedness guides already exist, with agencies from the American Red Cross to FEMA to the Federal Reserve and many others providing their own “how to” takes on disaster preparedness. We did not want to duplicate these materials, but to build on them and customize them for vulnerable populations, using advice from community service providers.

The Steering Committee and network members provided their priorities to make the personal preparedness tool effective:

- It must be perceived by community service providers as a way to help their clients.
- It can’t reinvent the wheel, but must reinforce current emergency preparedness practices.
- It must be easy for agencies to use and present within staff time constraints.
- It must be supplemented by staff training to help clients get the most out of the process and information.
- Its resources must be kept up-to-date to be effective.

A planning team was formed to develop the tool. The team started by reviewing existing preparedness materials, both general and specific to vulnerable populations. Members of the planning team discussed their observations and perceptions about why their clients were not as prepared as they could be, and synthesized these into themes the tool should address. A few of the most prominent themes were:

- Lack of awareness of hazards and threats; no recent experience with disasters; the idea that disasters happen “somewhere else.”
- Few resources to prepare.
- Information overload — the plethora of information available can make it all seem like white noise.
- Not knowing how to begin to prepare or an inability to comprehend the information.
- The idea that preparedness is someone else’s responsibility.

With these themes in mind, the planning team’s concept was to create a document that invited users to think about their particular situation, their needs and vulnerabilities, and how these could put them at risk during a disaster situation. Individuals could then determine how much individual risk they were willing to accept, then gather or find preparedness actions they could realistically take to reduce risks and increase their self-reliance. The document is organized around the following 10 topics identified by community service providers and emergency management:

- People
- Communications
- Equipment
- Supplies
- Medication/Treatment
- Transportation
- Food/Diet
- Lodging
- Service Animals
- Pets

Not every topic will apply to every person, but the planning team wanted to cover as wide a range of potential needs of vulnerable populations as possible. An important facet of the tool is its emphasis on using it as a conversation starter for individuals to interact with their service providers and support systems to discuss and inventory their capabilities, resources and gaps related to each of the topics. For this reason, the planning
team dubbed the tool “Your Very Personal Preparedness Inventory.”

To generate conversation, each of the 10 topics has a series of discussion questions, such as:

- Is there a threat that I need to pay attention to because of my particular disability or situation?
- After a disaster, some caregivers may not be able to reach you for several days — how would you get by and what would you do?
- Your usual ways of getting groceries, medications and medical supplies may be disrupted —What would you do if you run low of these things?

A copy of “Your Very Personal Preparedness Inventory” is available in Appendix C.

Promising Practices

Process for development

The review of existing literature prior to the start of the project ensured the tool would not be duplicative, but would build on known resources. There was a high degree of discussion and input throughout all stages of the tool’s development, from a variety of sources. The end product reflects topics relevant to agencies, their clients and consumers, and can be used by a broad audience. Organizations that participated in its development were excited about its possibilities and had a strong sense of ownership around it, making them more likely to use it with their clients and promote it to staff.

Analysis

Training agencies to use the tool effectively

In order to maximize the potential of the inventory, community service provider staff members should be trained on how to use the guide, answer basic preparedness questions and be knowledgeable about regional resources and options for specific limitations their clients may have. Several of these topics were included at the Summit, with additional trainings scheduled for future Network meetings.

Continuing improvement

Currently, a handful of agencies are field testing the inventory. The next phase of our project will be to gather results of these initial field tests and develop a curriculum on using the inventory. Community services providers also need to continue to discuss how they use the tool, what its challenges and limitations are, and where it is most effective, so that it can be ever improving. The inventory is a great tool to use even as an initial point of discussion between service providers and their clients about disaster preparedness.

Effective distribution

For a tool to be used successfully, an intentional distribution plan is required. Originally, we planned on making the tool web-accessible to be filled in online, but service providers expressed concerns that some of their clients don’t own computers, may have difficulty navigating websites, or may be uncomfortable submitting personal information through a
web page. We then briefly explored developing a mobile application version of the tool, but quickly found this to be both cost prohibitive and subject to the same limitations as a web-based platform. Several agencies said they would prefer hard copies — a tangible resource they could hand to clients who could keep it and take it with them in the event of a disaster. The printed inventory was initially distributed to members of the network and participants in the June 2016 Summit. The guide has been reprinted to meet growing demand, and will be distributed more widely using the following strategies:

Distribution Routes:

- Delivery by community service agency staff, social workers, home health care providers, or other representatives who work with vulnerable populations.
- Delivery by other service providers (meals on wheels, cleaning services, etc.)
- Delivery by emergency managers as a means to increase connections with service providers in their jurisdictions.
- Delivery by equipment and supplier organizations (medical deliveries, etc.)
- Publicizing the inventory through newsletters, websites and mailings.
- Providing copies to community centers, health centers and health departments.
- Providing copies to public safety agencies.
- Sharing through volunteer organizations (CERT, Medical Reserve Corps, faith based organizations, etc.)

**Activity 2.2: Evaluating Emergency Preparedness Messaging**

**Overview and Process Approach**

Like others across the country, emergency managers in the Kansas City region take their responsibility to raise awareness of risks in the community and how to prepare for them seriously. But, in order for the community to take preparedness actions, they must be able to access and comprehend the messages. Understanding community demographics and the diverse ways people receive and communicate information is vitally important to designing and delivering appropriate messages. As part of the research phase of our initiative, we gathered demographic information for the Kansas City region to build a base understanding of the potential communications access needs of our community.

The region is home to about 1.95 million people. Approximately 220,893 of these people have at least one disability, with many having more than one. By disability type, there are:

- 63,557 people with a hearing disability.
- 35,698 with a vision disability.
- 84,837 with a cognitive disability.
- 113,953 with an ambulatory disability.
- 39,800 with a self-care disability.
- 75,127 with an independent living disability.

Additionally, there are 73,231 people with limited English proficiency, 242,463 living at or below the federal poverty level, and 493,440 children under the age of 18.

Like other regions across the country, Kansas City is also faced with a rapidly growing aging population. Today, about 214,000 of the region’s residents are over age 65, and that number is expected to increase to 416,000 by 2030. Most older adults prefer to age in place in their own homes. This very independent population could quickly become dependent during a disaster, but may not be connected to an organized network of community service providers.

More than 10 years ago the Metropolitan Emergency Managers Committee (MEMC) and the Mid-America Regional Council established a website, www.PrepareMetroKC.org, to serve as a central hub for emergency preparedness information in the metro. In a metropolitan
area where one media market serves numerous jurisdictions, it is important that the unified and consistent messages are provided to the public, as mixed messages can cause distrust. With oversight from the MEMC’s Citizen Education Subcommittee and area emergency management agencies, the PrepareMetroKC website provides that consistent voice, with a number of tools and resources for individuals and families.

The site is organized around three simple steps: “Make a kit, have a plan, and stay informed.” The site includes features such as Google translator for users with limited English proficiency and a Twitter Hub to share local government Twitter feeds. Local governments across the region link to the PrepareMetroKC website from their own emergency services web pages.

As part of our community engagement work with vulnerable populations, we wanted to evaluate whether our emergency preparedness communications are accessible to everyone. We chose the PrepareMetroKC website for this evaluation process because multiple emergency management agencies on both sides of the state line use and provide content for it, and its accessibility could have a broad impact on emergency preparedness across the region.

We also wanted our evaluation process to serve as a replicable methodology that other organizations could use, helping to strengthen communications about emergency preparedness and disaster assistance programs across the community. We originally intended to conduct the website evaluation using focus groups comprised of individuals with different disabilities. However, our focus group volunteers relied on very different technologies — from screen readers to dictation programs — making the logistics of conducting a group evaluation process extremely challenging.

Instead, we shifted our strategy to “Key Person Interviews,” meeting with individuals one-on-one at their job workstations and asking them targeted questions about their user experience with the website. Each interview session was allotted 90 minutes to address questions that would help us:

- Assess the accessibility, relevance and usability of emergency preparedness information by people with a variety of disabilities.
- Learn more about the reasons why people with disabilities do or do not take steps to be prepared for disasters.
- Learn about the various technologies used by people with different types of disabilities to access information at work, home and in public.

Interviews were held with 11 adults who were blind, deaf, had a speech disability, a mobility disability, or other impairment affecting their daily activities. All were full-time staff members at the Center for Independent Living. Each participant was asked to assess specific emergency preparedness information found on the www.PrepareMetroKC.org website, using questions vetted by the MEMC Citizen Education Subcommittee. Recommendations from the interviews were referred back to the Citizen Ed Subcommittee for their consideration.

We chose three specific pages on the website for interview participants to review. The first page, entitled “Be Prepared,” can be accessed directly from a navigation menu on the site’s home page. The second page reviewed, “Make a Plan,” is accessed either through a telescoping menu which appears when the mouse is hovered over the “Be Prepared” menu item, or from a link on the “Be Prepared” page. The third page the participants were asked to review, entitled “Planning Needs for People with Disabilities or other Access and Functional Needs,” was also accessible through a telescoping menu.

Feedback from each participant was summarized and reviewed to consider what
Website Evaluation

Key person interviews were held with 11 adults who were blind, deaf, had a speech disability, a mobility disability, or other impairment affecting their daily activities. Each participant was asked to assess specific information found on the www.PrepareMetroKC.org website. The website evaluation process included three sets of directions and questions:

1. **Direction:** Please go to www.preparemetrokc.org and find information on being prepared.
   - **Question 1:** How easy or hard was it to find information about being prepared on the website?
   - **Question 2:** Is the information about general preparedness clear? If not, what in particular is unclear? What would help to make the information clearer?

2. **Direction:** Please go to the page about Making a Plan.
   - **Question 1:** How easy or hard was it to find information about making a plan on the website?
   - **Question 2:** Is the information about making a plan clear? If not, what in particular is unclear? What would help to make the information clearer?

3. **Direction:** Please go to the page that is specific for People with Disabilities.
   - **Question 1:** How easy or hard was it to find information about steps that people who have functional and access disabilities can take to become better prepared?
   - **Question 2:** Is the information that is specific to functional and access needs clear? If not, what in particular is unclear? What would help to make the information clearer?

A summary of participant feedback can be found in Appendix C.

Suggestions were feasible, and what time and costs might be involved. Results were then shared with the Citizen Education Subcommittee for guidance and prioritization. Some suggestions were easy to implement quickly, such as quick changes to the navigation menu to make the page for people with disabilities easier to find, adding more images, and minor text edits. Other suggestions will take more effort or investment, such as requests to add more video content to the site.

The PrepareMetroKC site also provided an online location to make the new personal preparedness tool available to the public. In September 2016, after making some initial updates to the website, we planned a two-week paid media campaign, in conjunction with National Preparedness Month, to raise awareness of the need for people — especially those with functional and access needs — to plan ahead for emergencies. The outreach strategy targeted particular audiences through a variety of formats people turn to for information (digital, social media and print advertising), with all messages directing people to www.PrepareMetroKC.org.

- **Digital advertising:** Through digital advertising services offered by The Kansas City Star (the area’s largest newspaper with metro-wide distribution), various sizes of online ads were served to websites visited by our target audience — vulnerable populations, along with their caregivers and support networks. These ads were viewed 927,049 times.

- **Print advertising:** Newspaper ads ran in the Kansas City Star, as well as several smaller newspapers that reach minority audiences in the Kansas City region. Based on circulation and readership numbers, the six ads in the Kansas City Star, KC Hispanic News, Dos Mundos, Northeast News, the KC Call and the KC Globe were seen an estimated 700,000 times. These publications were selected
because of their reader demographics. The Kansas City Star reaches the whole metro; Dos Mundos and KC Hispanic News primarily serve the Latino population across the metro; Northeast News is distributed in the old northeast part of Kansas City, Missouri, where there are many recent immigrants from Asian and African countries; and the Call and the Globe serve African-American populations in the metro, primarily on the east side of the urban core.

- **Social media advertising**: Through Facebook, seven posts were served to our target audience, based on metro demographics, including two posts in Spanish. The ads were viewed 234,444 times with 6,446 clicks on the link to www.preparemetrokc.org, for a click-through rate of 2.75 percent. (The average Facebook click-through rate for these types of ads is 1.2 to 1.8 percent.) On Twitter, seven tweets were promoted, including two in Spanish. These ads were seen 291,989 times with 5,767 clicks on the link to www.preparemetrokc.org, a click through rate of 1.98 percent.

Combined, the ad campaign resulted in 2,153,482 impressions. Google analytics showed a significant increase in traffic on the website as a result of this campaign, with a total of 9,227 people visiting the site during the campaign, compared to 1,592 the previous month. Samples of the ads used are shown in Figure 8 on the following page.

**Promising Practices**

**Website reviews**

Using Center for Independent Living staff, organized by members of the Steering Committee, made the website evaluation interviews productive. The center provided a central meeting location (equipped with appropriate assistive technology) and a pool of willing interviewees with a cross-section of disabilities. The outreach provided a different and important lens to review the website.

**Imagery and design in media campaign**

We used images in all of our social media posts. Studies show that using images in social media greatly increases engagement compared to text-only posts. We selected imagery we thought reflected the audiences we were trying to reach, which we believe may have helped increase attention to the ads, though we cannot definitively say this was the case. We limited our digital and print ads to simple, clear messages that were in line with national messaging, with a consistent look and feel to build recognition.

While not all budgets allow for paid advertising to promote preparedness messages, even a small amount of money to target and promote posts on social media can greatly extend the reach and build greater community awareness about disaster preparedness.

**Opportunities for Improvement**

A larger sample size for the website evaluation might have resulted in additional suggestions for site improvements. The sample size (11 people) was small and the interview format led to feedback that reflected the subjective opinions of the participants.

Based on the great response to the social media campaign, in retrospect perhaps we should have used social media earlier in the process — for example, we could have engaged people this way to learn more directly from them about their needs, barriers to disaster planning, and other topics that we discussed with providers.

**Analysis**

The evaluation interviews provided good information about the accessibility of our website and embodied the concept of the importance of inclusive planning. The process also connected the staff of the Center for Independent Living to community preparedness efforts, which many were not aware even existed. There is no downside to conducting this type of evaluation of communications avenues,
Figure 8: Advertising Samples

Digital ads
Served on numerous websites in both English and Spanish.

Print ads
Published in The Kansas City Star and several smaller publications serving minority populations.

Social media posts
Promoted on Facebook and Twitter.

Note: ads are shown smaller than actual size.
and it will only serve to improve emergency preparedness efforts. It is important to have the capacity and will to institute recommended changes that emerge (assuming they are reasonable); otherwise, there is the possibility that participants may lose confidence in your messages.

Some general suggestions for improvement that came up frequently during the interviews could be used to evaluate similar websites. Some of these points are in keeping with Rehabilitation Act of 1973 Section 508 compliance standards and could be applied to many different types of communication modes. They are not necessarily specific to the PrepareMetroKC.org website.

- Multiple approaches to improve accessibility are needed. Approaches that work to help some may not be effective for others. For example, several people suggested videos, which would not be helpful to the visually impaired.

- Consider having a text version of the site for people with visual impairments to access using a screen reader such as Job Access With Speech (JAWS). Without an alternate text version, screen readers simply start at the top left and read all content. In our case, this meant that JAWS users had to listen to the entire navigation menu before reaching page content.

- Use alternate tags with text descriptions for all graphics and images. Without them, visually impaired individuals using JAWS or other screen readers will not know what those items are.

- Incorporate more graphics, icons and pictures for low-level readers and non-readers

- Break up large blocks of text with headings and lists to help users absorb key information more easily.

- Use larger fonts and incorporate more space between paragraphs for easier reading.

- Use design techniques that clearly indicate clickable links.

- Strongly consider adding video with a sign language interpreter, rather than closed captioning. Deaf people may not be able to read English well, as their primary language may be American Sign Language.

- Research color codes that the deaf population may be familiar with to communicate certain emergencies and consider using the same colors.

- On pages addressing disabilities, put information that applies to everyone at the top. People are particularly interested in what they should do and where they should go in emergencies.

- Organize content for different types of disabilities (mobility, sensory, developmental, etc.) so that the information is easier to find.

- Apply these design guidelines to all pages on the website, not just pages that are specifically for people with disabilities.

The website review and the feedback received propelled the MEMC’s citizen education subcommittee to plan a comprehensive update to the website as one of its major initiatives in the coming year.

**Resources**

The following resources can be found in Appendix C at www.marc.org/CEAG.

- C-7: Your Very Personal Preparedness Inventory Booklet (English)
- C-8: Your Very Personal Preparedness Inventory Booklet (Spanish)
- C-9: Key Person Interviews After Action Report
- C-10: Final Media Campaign Report
Phase III: Assessment

Activity 1: Selecting Performance Indicators

Overview and Process Approach

A community engagement initiative does not lend itself to an easy, straightforward approach for performance measurement. We chose to evaluate success of the Community Disaster Resilience qualitatively, by defining performance indicators for each objective in the work plan that could measure progress toward the intended outcomes.

The work plan’s first objective was the establishment of a regional human services provider steering committee. The performance indicators chosen for this objective were:

- Formation of the steering committee.
- Appropriate representation from the community among committee members.
- Establishment of a regular meeting schedule.
- Development of a work plan and engagement plan based on initial survey results of community service providers and emergency management.

Objective 2 was to identify the systems, networks and gaps in current organizational preparedness levels through a series of scenario-based discussion exercises; to understand expectations and identify opportunities for increased collaboration between service providers and the emergency management community; and to develop tools to help address identified gaps and opportunities for greater collaboration. Indicators of performance for this objective include:

- Subsequent development of resources and tools.
- Successful execution of discussion exercises with adequate participation.
- Documentation of the discussion exercises and lessons learned.

Objective 3 was to expand the conduits for local governments to gain information about specific needs of vulnerable populations in the region and to share preparedness messages with vulnerable populations. The selected indicators of performance were:

- Subsequent development of resources and tools.
- Documented results from the survey of emergency management on existing communications channels.
- Identification and documentation of additional channels of communication.
- Development of an outreach strategy, and identification and documentation of trusted agents within specific communities that could be enlisted to help deliver preparedness messages.
- Creation of tools and processes to routinely provide preparedness information.

Objective 4 was to document the community engagement and planning process and collate into a Regional Community Resiliency Action Guide. The indicators of performance were:

- Subsequent development of resources and tools.
- Execution of close-out surveys for community service providers and emergency management.
- Development and distribution of the guide.

Promising Practices

In addition to the formal performance indicators outlined above, there were also a number of other informal indications that suggested we were heading in the right direction and producing value for the community.

One such example was the illumination of and connection to a human services referral network known as MyResource. MyResource
was started by Johnson County, Kansas, as a secure database platform to connect case workers across different agencies in the county so they could share information about common clients. It also contains a public-facing side that lets users search for resources across the metro. MyResource has a data sharing agreement with United Way 2-1-1 that enables it to link the United Way referral database and display search results. MyResource was not well-known outside of Johnson County, but as a result of the partnerships developed on the Steering Committee, several more organizations learned about MyResource and its possible utility metro-wide. We hope in the future that MyResource, working in conjunction with United Way 2-1-1, will become a platform to sustain our original database of community service provider contact information.

Another informal indicator of progress was the invitation to and participate of a large number of individuals with disabilities or other access and functional needs in a recent National Mass Care Exercise. The exercise scenario centered on a simulated response to a 7.6 magnitude earthquake along the New Madrid Fault in southeastern Missouri. This type of event would cause major devastation to the eastern side of the state and could result in more than 200,000 people seeking shelter in the Kansas City area. It is expected a large number of these displaced individuals would have some type of functional or access needs. Exercise activities involved operating an Evacuee Reception Center (ERC), running two complex shelters, distributing 1,300 meals, operating a Point of Distribution site, using a Disaster Animal Response Team (DART), transporting evacuees between the ERC and shelters, and coordinating through a Multi-Agency Coordination Center.

In most exercises, actors portray individuals with some type of disability or access/functional need. In this exercise, people with actual disabilities or access/functional needs were included, helping us understand real-world issues. The Community Disaster Resiliency Initiative was invaluable for recruiting vulnerable populations to take part in the exercise. The research, contact database and relationships developed through the Steering Committee, workshops and networks were all used to communicate information about the exercise to community service organizations and ask for their involvement. This information was forwarded many times to other providers with similar clients and missions, leading to a high interest in participation.

Of the 800 volunteers who participated in the exercise, about 150 had functional or access needs.

**Increased inclusion in local emergency management programs**

While some local agencies already had incorporated individuals with functional and access needs in their ongoing emergency management programs, others had not. Through this process, emergency managers were able to meet community partners who opened doors to better collaboration with community service providers and vulnerable populations.

Several emergency management agencies have incorporated individuals with functional and access needs as key volunteers into their local emergency management programs since the project’s inception. Specific examples include:

- Delivered preparedness presentations at workshops for the deaf community sponsored by The Whole Person.
- For the first time, representatives from the deaf community were included in a Community Emergency Response Team (CERT) class Kansas City, Missouri.
- Delivered a personal preparedness presentation to residents of an apartment complex where one of the project participants lived.
- Participated in free conversational American Sign Language training to facilitate basic communications during emergencies.
- Developed partnerships with local service providers to distribute preparedness materials.
- Identified opportunities to improve accessibility of outreach programs, products and resources.
- Incorporated closed-captioning into videos routinely used for CERT training and community presentations.
- Obtained an accessible smoke detector for use in public presentations.
- Obtained headlamps for CERT training for individuals who need their hands free for communication purposes.

The initiative has resulted in more inclusive preparedness for all, and a better understanding of the unique needs and challenges of vulnerable populations during emergencies.

**Identifying solutions to long-standing challenges**

Through partnerships developed in this initiative, we have been able to strengthen emergency planning in the region and find solutions to some long-standing challenges.

One example is planning for unaccompanied minors during a large disaster. Because of the connections developed through the Network, key agencies were brought together to incorporate shelters for unaccompanied minors into the planning process. Under some state laws, minors separated from their guardians in disasters must be placed in the care of law enforcement; if their guardians are not located within 48 hours, they become wards of the state. Community agencies that care for children, state agencies, emergency management officials and local law enforcement learned there is a process whereby unaccompanied minors can temporarily be assigned custodial care, allowing them to stay at a shelter location instead of becoming immediate wards of the state. Each state has a form that can be signed by law enforcement, a medical doctor or juvenile court authority that will grant an entity temporary custody of a minor to allow short-term sheltering on a temporary basis.

**Analysis**

Using performance indicators clarified what success would look like for agencies involved in the effort. While the program evolved and new possibilities and ideas emerged, the performance indicators were used to keep us on track and return to our initial focus — a critical step in a collaborative effort. We knew that the initiative could not solve every issue at once, so we had to limit our definition of success. Discrete performance indicators allowed us to establish reasonable limits while also setting the stage for future work.

How a community intends to define success should be one of the very first conversations to take place in any similar project.

There is strong organizational support among both emergency management agencies and service providers for continuing to invest in this community collaboration.

**Resources**

The following resources may be found in Appendix D at www.marc.org/CAEG.

- D-1: Closeout Survey — Community Service Providers
- D-2: Closeout Survey — Emergency Management
Community engagement, just like any other relationship, takes time. After the investment is made the benefit is far greater than any of the costs. As one Network member stated, “Once started and implemented, this effort will become like a ‘breeder reactor’, building upon itself and generating even more possibilities. Starting a program like this – the things you are going to learn -- will deepen your understanding and make you and your organizations more effective.”

The opportunities for exposure to other organizations and the learning that will result cannot be understated. The key is to get started. After reading through this guide we hope that you will endeavor to implement your own unique program that meets the unique needs of your community. Below is a recap of some key elements to help you begin:

- Review your community’s demographics to determine the potential types of needs of your citizens.
- Based on these demographics, engage representatives of vulnerable populations in your community along with the agencies and organizations who serve them.
- Find ways to connect with these populations and their service providers through community emergency planning efforts (e.g., workshops, trainings.)
- Review your existing emergency preparedness messages and how they are delivered to ensure their accessibility and reliability for the whole community. Use of social media is highly encouraged.
- Look into establishing a forum for community service providers, emergency management agencies and disaster relief organizations to meet and discuss disaster preparedness topics.
- Define how you want to measure progress of your efforts.

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List of Appendices | Online at www.marc.org/CEAG

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A-2: 2010 Oxygen Dependency Pilot Study
A-3: Research Review Summary
A-4: List of Research Literature
A-5: Baseline Survey for Community Service Providers
A-6: Baseline Survey for Emergency Management
A-7: Steering Committee Invitation Letter
A-8: Steering Committee Kickoff Agenda
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A-10: Project Work Plan
B-1: Exercise Plan — Workshop 1
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B-11: Summit Task List
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C-1: Community Service Provider Network Diagram
C-2: Strategic Vision Roadmap
C-3: Project White Paper
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C-8: Your Very Personal Preparedness Inventory Booklet (Spanish)
C-9: Key Person Interviews After Action Report
C-10: Final Media Campaign Report
D-1: Closeout Survey — Community Service Providers
D-2: Closeout Survey — Emergency Management
Community Engagement Action Guide Checklist

Strengthening disaster preparedness and community resilience by planning for — and with — vulnerable populations

Getting Started
- Establish an inclusive Steering Committee for oversight and guidance.
- Establish guiding principles, goals and objectives.
- Develop a work plan.
- Conduct research to inform the initiative.
- Gather demographic data.
- Collect contact information for service provider organizations.
- Administer baseline surveys for community service provider organizations and emergency management agencies to help inform activities.

Implementation

Conduct workshops and trainings.
- Give service providers a basic knowledge of emergency planning concepts and principles.
- Identify existing networks.
- Discuss expectations of community service providers and emergency services agencies before, during and after a disaster.

Establish and sustain a community network.
- Identify and address gaps and barriers.
- Create a forum for community service providers to discuss best practices, common goals, emergency planning and training.
- Discuss ways to share resources in order to increase agency and client resiliency before, during and after disasters.

Increase individual preparedness.
- Develop or adapt a personal preparedness tool for individuals to inventory their own levels of preparedness.
- Work through trusted messengers to reach individuals and empower those messengers.
- Find and spotlight models of personal preparedness.

Conduct focus groups.
- Seek feedback on access to critical information and emergency preparedness messaging.

Strengthen connections.
- Include service provider organizations and individuals in the design, conduct and evaluation of exercises.
- Invite individuals with functional and access needs to become involved in emergency management programs.

Assessment
- Select performance indicators.
- Measure progress in achieving project goals.

FOLLOW PROMISING PRACTICES

Convene through a trusted entity.
- Include people with vulnerabilities.
- Empower committee members.
- Develop deeper partnerships.
- Share research and encourage comments.
- Take advantage of partner agency resources.

Form an inclusive workshop design team.
- Include networking activities.
- Listen intently.
- Conduct pre- and post-workshop assessments.
- Document the process.

Let service providers lead.
- Engage emergency planning professionals.
- Encourage Steering Committee members to participate.
- Recruit new members.

Don’t duplicate, but build on existing tools.
- Use clear, simple messages, and ask vulnerable people for input.

For more information:
www.marc.org/CEAG