The Curb Cut Effect:

Building Strong Plans Through Equity





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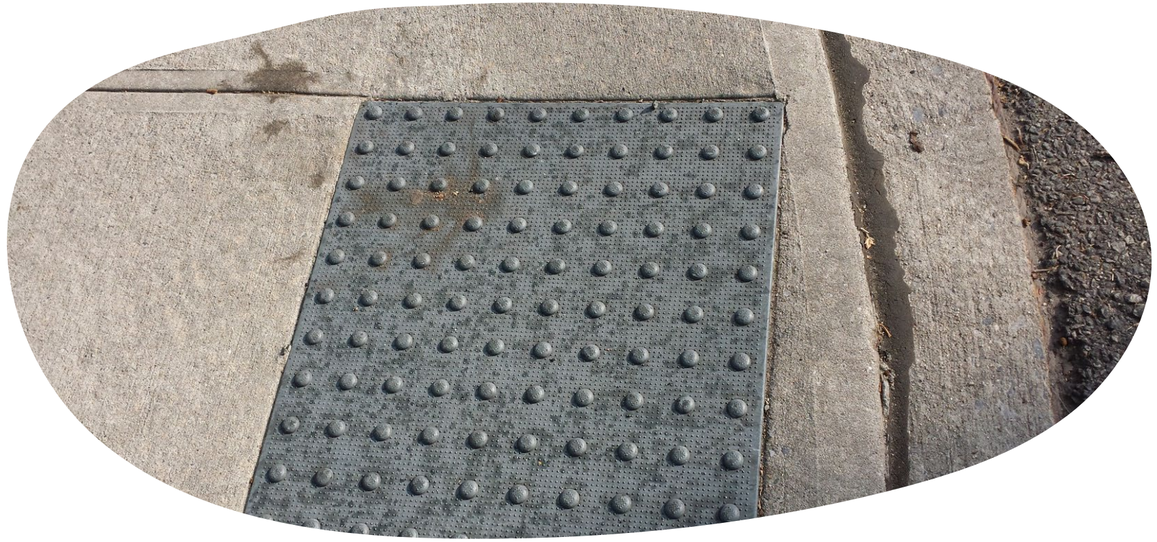
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What is the Curb Cut Effect?







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Universal Design

design that can be accessed and used by the widest range of people possible

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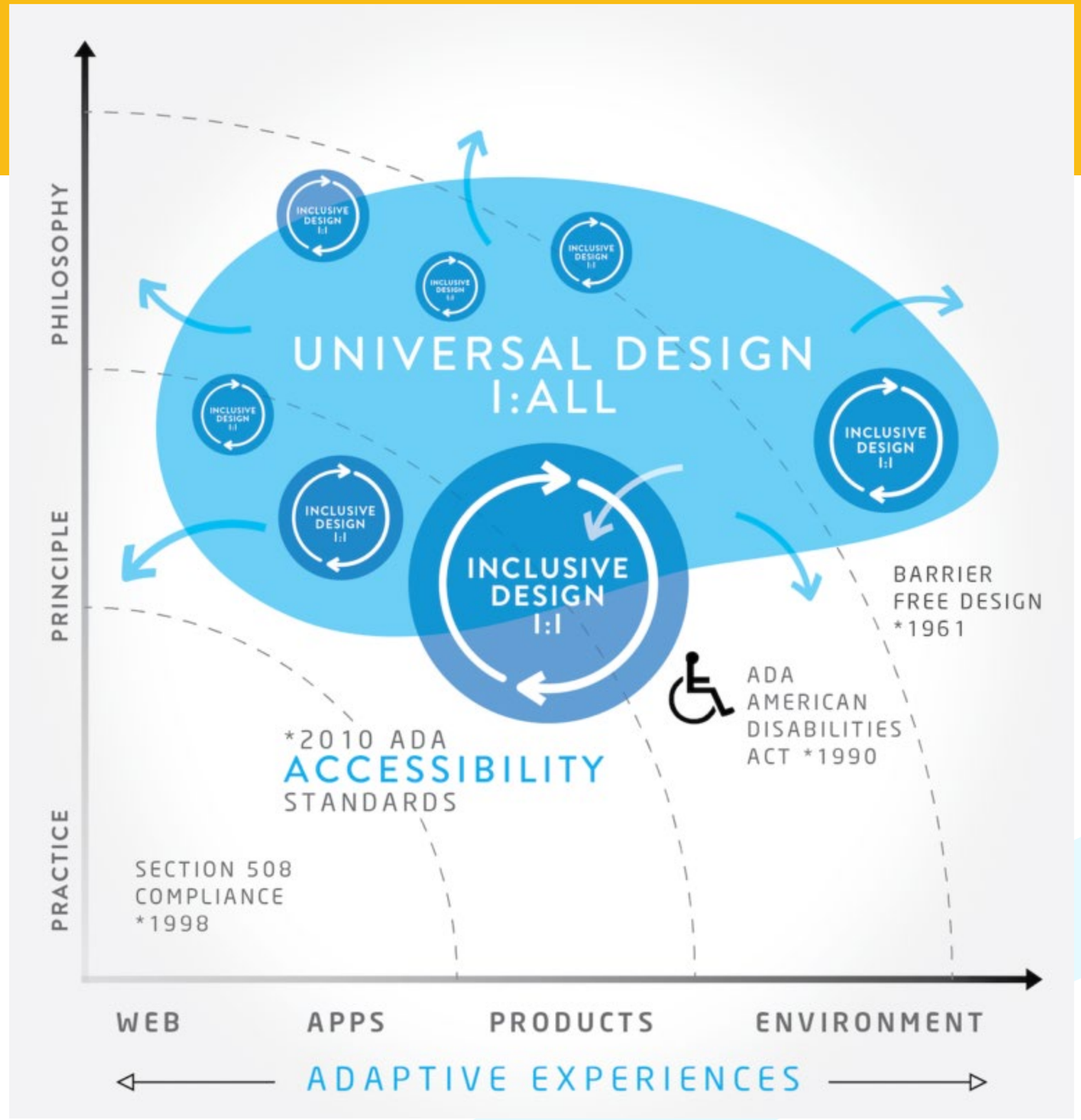


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Seven Principles of Universal Design

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1. Equitable Use
2. Flexibility in Use
3. Simple and Intuitive Use
4. Perceptible Information
5. Tolerance for Error
6. Low Physical Effort
7. Size and Space for Approach and Use



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Whole Community Inclusion

(WCI)

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Why WCI Matters

- Emergencies impact populations unevenly
- Barriers drive unequal outcomes
- WCI ensures equitable access to preparedness, response, and recovery
- Cannot build trust during an emergency
- Consider:
    - Historical trauma and institutionalized harm must be accepted as truth in a WCI approach.

Core Principles of Whole Community Approach

- Government response alone is not sufficient
- Engages community partners and residents
- Inclusive planning strengthens buy-in/builds trust
- Diversity in planning makes plans more equitable

Elements of Equity in Planning

- Whole Community Approach
- Social Determinants of Health (SDOH)
- Social Vulnerability Index (SVI)
- Intersectionality
- “Data Driven”

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Who Gets Left Out:

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- Underserved Socioeconomic Status
- Veterans
- LGBTQIA+
- Individuals with Disabilities
  - Hearing and Vision Disabilities
  - Individuals with Limited Mobility
  - Individuals with Invisible Disabilities
- Pregnant Persons
- Children
- Older Adults
- Limited English Proficiency (LEP)
- Undocumented Individuals
- Incarcerated Persons
- Pets & Service Animals
- Other Access & Functional Needs (AFNs)

Aggregated vs Disaggregated Data

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- **Aggregated:** Fast, high-level scalable, but hides disparities
- **Disaggregated:** Detailed, targeted, equity-driven, but more complex

Both aggregated and disaggregated data are useful and important. But how and when we choose to aggregate or not has to be meaningful, useful, and reflective of real circumstances.

Population Data



Identify Disparities: Who experiences different health outcomes or risks?

- Income Disparities → Worse Health Outcomes

Understand Needs: Who faces greater risks or barriers?

- Disability Data

Guide Resources: Where are services and support most needed?

- Michigan Substance Use Vulnerability Index → Naloxone

Tailor Interventions: How can programs and communication better meet population needs?

- Low English Proficiency Prevalence → Translation needs

Please note:
More data does not mean better data. However, taking a look at what is all availabl might give you ideas as to where you might want to focus.

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Where Can I Find the Data I Want?

censusreporter.org/topics/table-codes/

data.census.gov/table

There are thousands of surveys captured on the Census Tables. Knowing the survey codes can really help you find what you are looking for.

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A Small Reminder

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Challenge Assumptions

*When analyzing data we **do not** look for data proving what we think we already know.*

Geography Matters

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- Vulnerability is not evenly distributed
- Location shapes access to services
- Some communities face higher structural barriers

Where Data Can Fail Us: Invisible Populations

- If not in the data → not in the plan
- If not in the plan → not served
- Missing data = hidden risk
- If populations are not visible in data sets, they are often unintentionally excluded from planning and response.

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Data Strategy:
When & How

Who is missing from
your plans?
Would your data show it?
How will you fill that gap?

- Collect more detailed data when precision is needed
- Prioritize when disparities or risks are high
- Pair data collection with community engagement
  - “Nothing about us without us.”

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Filling in Data Gaps

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Identify who is missing

Identify who is advocating

Do outreach mindfully

Build a partnership

Building Partnerships

Share local knowledge

Identify resource gaps

Develop solutions together

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What have we done with this?

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WCI Planning Guidance

Vulnerable Populations

Vulnerable populations are groups of people who are at a higher risk of experiencing adverse health and wellness outcomes due to factors such as social, economic, environmental, or health-related conditions that make certain individuals or communities more susceptible to the impacts of a public health incident. Vulnerable populations may face challenges in accessing healthcare, following preventive measures, and recovering after a crisis.

This document brings up considerations for many vulnerable populations in umbrella terms. This document is not exhaustive in identifying which populations are vulnerable. For example, this guidance will address:

- LGBTQI+ populations, not individual sexual identities.
- Racial, ethnic, and cultural minorities, not specific minority groups.
- Individuals with accessibility needs.

The purpose of using umbrella terms is *not* to imply that populations are monolithic, however, planning guidance must be useful. If this document were to address every possible vulnerable population, it would be prohibitively too long for use and in the time to write such a thorough document the understanding of what makes a group vulnerable would have evolved and this document would have to be re-written. For these reasons this document uses populations most frequently highlighted as vulnerable in the field of public health.

Biases

Bias in emergency preparedness planning refers to the presence of systemic and unfair preferences, prejudices, or discrimination that may influence the development, implementation, or outcomes of planning[9]. Bias can take many forms and impact different groups within a community disproportionately. It is important to note that these biases may be held subconsciously due to pervasive stereotyping in a society or be an unintended outcome of infrastructure or policy designed before equity was a goal of all public servants.

Demographic Narratives

Belleville

Belleville has a population of approximately 4,000. Belleville is also the only municipality where sex assigned at birth is not evenly split. 55.6% people were assigned female at birth while 44.4% were assigned male. The population is 72.3% White, 15.8% Black or African American, and 6.2% Hispanic. Less than 1% of the population speak Spanish with no other languages having enough data to be measured. Less than 1% has LEP. Only 53.3% of homes are owned compared to out-Wayne with 74.8% owned. Disability statistics are higher as noted below:

	Belleville	Out-Wayne
With a disability, under 65	15.8%	9.6%
Hearing Difficulty	4.2%	3.8%
Vision Difficulty	2.9%	2.8%
Cognitive Difficulty	9.1%	6.7%
Ambulatory Difficulty	9%	7.5%
Self-Care Difficulty	1.8%	2.9%
Independent Living Difficulty	12.3%	6.8%

Belleville's SVI is .6234, ranking 13 out of 42 for the county's ranked SVI scores.

Brownstown Township

Brownstown Township has a population of approximately 32,600. The city is predominantly White (76.8%). Brownstown Township has tone of the more diverse populations. The population is 8.4% Black or African American, 6.2% Asian, and 5.1% Hispanic. Spanish and Panjabi are the most common languages other than English; 3.3% of the population has LEP. Most data pieces are close to the out-Wayne data, however Brownstown's median household income is higher ($91,803, $63,864)

Brownstown Township's SVI is .4238, ranking 22 out of 42 for the county's ranked SVI scores.

Cultural Consideration Annexes

Purpose

The purpose of this annex is to ensure that emergency response efforts during mass casualty events are inclusive, respectful, and effective by incorporating religious and cultural considerations into planning, response, and recovery operations. Diverse religious and cultural groups often have distinct beliefs, practices, and sensitivities related to diet, dress, physical contact, death customs, and medical treatment that may significantly affect their interaction with emergency personnel and services. By being aware of other's beliefs, response workers can improve communication and reduce barriers to care or shelter.

Religious Landscape Study - Michigan

The Religious Landscape Study is a survey conducted by the Pew Research Center that provides a portrait of religious affiliation, beliefs, and practices across the United States. As the Center's largest single survey, it offers valuable insights into the religious composition and trends within Michigan.

In the event of a mass casualty incident, recognizing the general religious and cultural background of individuals or communities can be essential to providing compassionate, and appropriate care. Culturally informed responses support community recovery and acknowledge that spiritual well-being is a vital aspect of overall health. Wayne County, which represents approximately 10% of Michigan's population, is home to a rich mix of faith traditions. The following data summarizes the major religious groups in the state. It is important to note that even faiths representing just one percent (1%) of the population are significant. One percent (1%) of Wayne County is equal to more than 11,000 individuals.

Discussion





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