# INCLUSION, DIVERSITY, EQUITY, AND ACCESSIBILITY (IDEA) STRATEGIC PLAN 2024-2026





Larimer County Emergency
Management
4872 Endeavor Drive
Johnstown, CO 80534

www.larimer.org/emergency

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### Introduction

Larimer OEM has adopted the motto of "Doing the Most Good for Those that Need it Most" to create an emergency management program that meets the needs of those who may be disproportionately impacted by disasters in Larimer County. Larimer County Office of Emergency Management (LCOEM) finds it important to emphasize the word *all* in the office mission statement. This statement means that each member of our community, regardless of background, socioeconomic status, culture, language, or ethnicity must have equitable access to needed resources throughout the entire duration of the disaster cycle - from preparedness through recovery. There is a delicate, but intricate interconnection between the institutional system of a community, including the Emergency Management Agency, and the individual community members they serve. While it is important to recognize that every individual in a community has a responsibility for their own preparedness planning, it is also important to stress that if the system creates barriers that impact one's accessibility to resources or information to ensure an individual's ability to be prepared, the system will fail.

LCOEM has a responsibility to build sustainable, resilient, and prepared communities better equipped to overcome the hazards they face by trying to minimize barriers where feasible. This Plan was developed to outline activities, partnerships, and action items required to ensure a more equitable and inclusive emergency management program that better serves the entirety of Larimer County.

# **Purpose of this Plan**

This plan is created with the intent of outlining goals, roles, and responsibilities for LCOEM and its respective partners for addressing equity and inclusion in programmatic efforts for the next 3 - 5 years. This plan addresses five (5) key areas of focus to address gaps in inclusive efforts along with subsequent initiatives and action items to achieve the overall goals of the focus areas.

# **Background**

"Because we have not experienced an equitable world, the goal we are aiming for is harder to describe or imagine. It becomes much more important to have additional voices and perspectives to describe the small pieces of the equity puzzle that must be included, even if it's hard to know how they all come to form one big picture."

- Aimee Voth Siebert, Disaster Behavioral Health and Inclusion Program Manager, Colorado Department of Public Health and Environment

Historically, many members of our community have been marginalized based on barriers to equal access of opportunity. It is this marginalization that has resulted in additional trauma when a disaster impacts a community. The majority of deaths that have occurred in recent disasters have been individuals impacted by access and functional needs; this includes 75% of the deaths in Hurricane Katrina, and 70% of the deaths that occurred during the Paradise Fire in 2017<sup>1</sup>.

<sup>&</sup>lt;sup>1</sup> Stats from Sadie Martinez, Access and Functional Needs Coordinator, State of Colorado Department of Homeland Security & Emergency Management.

Additionally, lack of cultural understanding or awareness by emergency responders and public safety personnel and agencies has led to the increased trauma, or failure of action in critical situations, for people experiencing a disaster. For example, failure to acknowledge important cultural or religious values in a sheltering situation has resulted in many forgoing the option of a shelter. Additionally, fear surrounding persons of authority has resulted in many refusing to evacuate their homes despite being in imminent danger.

Disregarding an individual's cultural need or concern and not considering it to be of value or important in emergency operations can not only lead to a significant lack of trust between community members and the institution that serves them, but can also result in increased trauma, or risk of injury and/or death in an emergency or disaster situation. It is for this reason that Larimer County Office of Emergency Management seeks to expand its capacity for inclusion, diversity, equity, and accessibility in its programmatic efforts.

## **Emergency Management Scope**

The mission of the Larimer County Office of Emergency Management is to create sustainable communities and to protect life and property by empowering all who live, work, and visit the County to prevent, mitigate, prepare for, respond to, and recover from all types of emergencies and disasters.

The Office of Emergency Management holds the responsibility for meeting the needs of the community in all phases of disaster. This means that LCOEM has a responsibility, to the extent possible, to minimize barriers and make it easier to access resources an individual may require, outside of their own individual preparedness. To achieve these goals and to better serve the community, LCOEM is highly dependent upon partnerships and collaboration with other agencies and community organizations that also work with marginalized members of our community. The importance of development of partnerships in this effort is emphasized and addressed multiple times throughout the entirety of this document.

## **Definitions**

To ensure equal understanding among all parties involved in this plan, the following definitions are utilized throughout the document.

**Accessibility:** The design, construction, development and maintenance of facilities, information and communication technology, programs and services so that all people, including people with disabilities, can fully and independently use them<sup>2</sup>.

**Access and Functional Needs:** The resources or accommodations that must be in place to ensure inclusive and equitable ability to sustain life and agency for all in a disaster.

<sup>&</sup>lt;sup>2</sup> Federal Emergency Management Agency. Inclusion, Diversity, Equity, and Accessibility in Exercises. Considerations and Best Practices Guide. May 2023.

**Cultural Humility:** The process of learning the needs of culturally diverse groups. Cultural humility focuses on the identification of needs within culturally diverse groups<sup>3</sup>.

**Diversity:** The many ways that people differ, including the variation of social and cultural identities as well as race, religion, gender, gender identity or expression, sexual orientation, age, disability, immigration status, color, ethnicity, national origin, ancestry, socioeconomic status, income, neighborhood of residence, rural or urban residence, spoken language, or other personal characteristics among our community members<sup>4</sup>.

**Emergency Management:** The discipline of dealing with and avoiding risks, particularly those that have catastrophic consequences for communities, regions, or entire countries. It is the dynamic process of preparing for, mitigating against, responding to and recovering from an emergency<sup>5</sup>.

**Equity:** Ensuring fair treatment, equality of opportunity, and fairness in access to information and resources for all.

**Inclusion**: Building a culture of belonging in which any individual or group can feel welcomed, respected, supported, and valued to participate fully.

**Marginalized Community:** A group that is confined to the lower or peripheral edge of society. Such a group is denied involvement in mainstream economic, political, cultural, and social activities. Marginalization or social exclusion deprives a group of its rightful share of reach to productive resources and ways to utilize its maximum potential for prosperity. It's directed at groups who are seen to differ from perceived norms<sup>6</sup>.

**Person with a Disability:** The legal definition of a person with a disability is a physical or mental impairment that substantially limits one or more major life activities<sup>7</sup>. While a social model of disability suggests that a disability is not a result of an impairment, but rather the result of a non-supportive environment.

**Resilience:** The ability of communities to rebound, positively adapt to, or thrive amidst changing conditions or challenges- including human cause and natural disasters-and to maintain quality of life, healthy growth, durable systems, economic vitality, and conservation of resources for present and future generations<sup>8</sup>.

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<sup>&</sup>lt;sup>3</sup> Centers for Disease Control and Prevention. "Principle 1: Embrace cultural humility and community engagement." *Global Health*. August 2022. https://www.cdc.gov/globalhealth/equity/guide/cultural-humility.html

<sup>&</sup>lt;sup>4</sup> Larimer County Equity, Diversity, and Inclusion Advisory Board Bylaws. Signed October, 2021. https://www.larimer.gov/boards/equity-diversity-and-inclusion-advisory-board

<sup>&</sup>lt;sup>5</sup> The Urban Assembly School for Emergency Management. "What is Emergency Management?" 2019.

<sup>&</sup>lt;sup>6</sup> Reference. "What is a Marginalized Community?" Ask Media Group, LLC. 2019.

<sup>&</sup>lt;sup>7</sup> U.S. Department of Justice Civil Rights Division. Introduction to the Americans with Disability Act. 2024. https://www.ada.gov/topics/intro-to-ada/

<sup>&</sup>lt;sup>8</sup> Colorado Resiliency Framework. 2020.

**Vulnerable**: those communities that may be more susceptible to a risk or hazard, such as high vulnerability to wildfires or floods based upon geography, topography, hydrology, and weather.

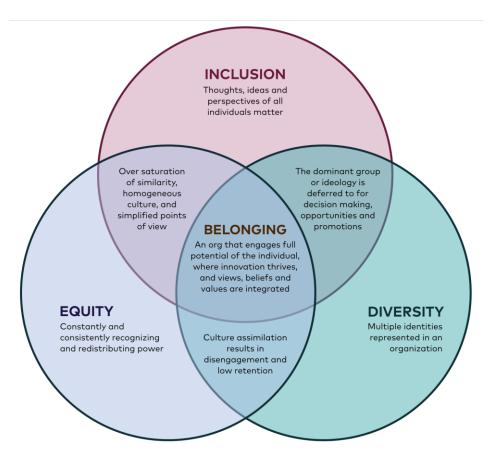


Photo Credit: Burnette, Krys. Belonging: A Conversation about Equity, Diversity, and Inclusion. 21 January, 2019. https://medium.com/@krysburnette/its-2019-and-we-are-still-talking-about-equity-diversity-and-inclusion-dd00c9a66113

## Inclusion, Diversity, Equity, and Accessibility (IDEA)

As an expansion from the previous LCOEM Equity & Inclusion Plan, this update has added diversity and accessibility. The terms Inclusion, Diversity, Equity, and Accessibility (IDEA) are referred to throughout the entirety of this document. State and local governments must comply with Title II of the Americans with Disabilities Act (ADA) in all programs, services, and activities. Accommodation and modification are tools to enable accessibility. Accommodations have specific individuals in mind and are tailored accordingly.

In addition to the goals and objectives outlined in this plan, LCOEM will work to improve inclusion, diversity, equity, and accessibility of emergency management resources and information by:

• Planning with community members and not for them in plans and initiatives.

- Identifying and removing barriers to resources and information and incorporating feedback throughout the process.
- Providing resources and information that are easy for the community to access.
- Keep asking who's not that at the table that needs to be during planning meetings.
- Practice humility and intentionality when working with community members. Being receptive to productive feedback on how to improve programs.

Practices that are inclusive, equitable, accessible and demonstrate diversity in the process are active in nature and are aligned with the concept of planning with members of our community versus planning for them.

#### **Access and Functional Needs**

Another term we use in this plan is Access and Functional Needs (AFN). This term refers to individuals who need access to resources to function during an emergency. This term refers to the resources or accommodations that must be in place to ensure inclusive and equitable ability to sustain life and agency for all in a disaster and may take action in the following ways:

- an individual's plan to escape to [safety] and/or from an emergency or disaster,
- access to either refuge and/or safety in an emergency or disaster,
- other assistance, accommodations, or modifications in an emergency or disaster through preplanning by emergency management, first response agencies, and other stakeholders,
- accommodations in sheltering, or other situations from notification and evacuation, to sheltering, to return to pre-disaster level of independence<sup>9</sup>.

It is important to acknowledge that almost everyone experiences an access or functional need at any given point in their life. What can be considered an access or functional need can be best understood using the C-MIST Framework<sup>10</sup>. The C-MIST Framework is an acronym that defines at-risk individuals and is used to address a broad set of common access and functional needs irrespective of specific diagnoses, status, or labels (such as pregnant or elderly)<sup>11</sup>. Examples of instances in which a person could be considered in need of resources due to an access or functional need include:

<sup>&</sup>lt;sup>9</sup> Disability Leadership. "DHS Access and Functional Needs Approved Definition.

<sup>&</sup>quot;DisabilityLeadership.org. 2019. http://www.disabilityleadership.org/wpcontent/uploads/2016/07/Access-and-Functional-Needs-Definition-7-2015.pdf

<sup>&</sup>lt;sup>10</sup> C-MIST definitions and examples sourced from Colorado Division of Homeland Security and Emergency

Management at the "Getting it Right Conference" - Colorado Springs, November 2019. Original Source: Kailes, June Issacson. "Defining Functional Needs - Updating CMIST." *Partnership for Inclusive Disaster Strategies*. 20 August 2017. <a href="https://bit.ly/JKailesCMIST">https://bit.ly/JKailesCMIST</a>

<sup>&</sup>lt;sup>11</sup> U.S. Department of Health & Human Services. "Access and Functional Needs." *Public Health Emergency: Public Health and Medical Support for a Nation Prepared.* 2020. https://www.phe.gov/Preparedness/planning/abc/Pages/afn-quidance.aspx



Photo Credit: Martinez, Sadie. DHSEM Access and Functional Needs. 2024. https://dhsem.colorado.gov/emergency-management/plans/access-and-functional-needs

- **C Communication**: During an emergency, people with communications needs may not be able to hear announcements, see signs, understand messages, or verbalize their concerns. These are people who have limited or no ability to speak, see, hear, or understand.
- **M Maintain Health**: People may require assistance in managing activities of daily living such as eating, dressing, grooming, transferring and going to the toilet. It includes managing chronic, terminal, or contagious health (such as ongoing treatment and administration of medications, IV therapy, catheters, tube feeding, dialysis, oxygen, operating life sustaining equipment, etc.). Early identification of these needs and intervention can avoid decline of health.
- **I Independence**: People who are able to function independently by having assistive devices and/or equipment. Items consist of mobility aids (wheelchairs, walkers, canes, crutches, etc.), communication aids, medical equipment (catheters, oxygen, syringes, medications, etc.), and service animals. Individuals may be separated from their assistive equipment and/or animals in an emergency. Those at risk whose needs are recognized and restored early are able to maintain their independence and manage in mass shelters. Effectively meeting their functional needs prevents secondary complications.
- **S Safety, Support Services, Self-Determination**: Some people require safety and support services including those who have psychiatric conditions (such as dementia, Alzheimer's disease, Schizophrenia, depression, or severe mental illness), addiction problems, brain injury, or become anxious due to transfer trauma. During an emergency some people with mental illness may be able to function well while others require a more protected and supervised setting.
- **T Transportation**: Emergency response requires mobility, and this category includes people who are unable to drive because of disability, age, temporary injury, poverty, addiction, legal restriction, or have no access to a vehicle. Wheelchair accessible transportation may be necessary. Pre-planning evacuation needs helps prevent chaos during an emergency and many people can function independently once evacuated to safety.

Through use of the C-MIST Framework, LCOEM can better identify and anticipate needs and create a more robust planning effort proactively.

# **Personal Responsibility**

Every member of the community has a personal responsibility for their own safety and security. This includes adequate planning and preparedness for the hazards and risks within each specific community. LCOEM is responsible for providing services and resources, as available, to all members of our community, but can only be successful with the help of every prepared individual. Self-reliance is a primary component in training and education programs in Larimer County to give community members the tools to help themselves and others in the event of a disaster. The more that LCOEM can provide these services with equity and inclusion in mind, the better prepared and able our communities will be to move through disasters and ultimately thrive following these events.

# **Guiding Principles**

LCOEM utilizes the principles outlined by the National Association for the Advancement of Colored People (NAACP) in our programmatic efforts to improve equity and inclusion in disaster management. The NAACP's Principles on Equity in Emergency Management<sup>12</sup> are as follows:

- 1. Ensure that principles of equity, justice, inclusion, transparency, and accountability govern all aspects of emergency management.
- 2. Measures must be taken to ensure that human rights and civil protections are safeguarded and prioritized during times of disaster, including using international human rights law to shape policy on the federal, state, and local levels.
- 3. People have a right to resources required to create productive, dignified, and ecologically sustainable livelihoods. Emergency Management should uphold people's rights to land, clean water, food, and other resources needed to survive and live well.
- 4. All phases of emergency management must be built on principles of deep democracy, participatory decision-making, and self-governance.
- Measures to mitigate and prevent emergencies and disasters must be prioritized even while all other phases of the emergency management continuum are taken seriously and adequately funded.
- 6. Climate justice demands doing everything possible to prevent climate disasters from happening. This includes incorporating climate change projections into risk assessments and mitigation.
- 7. Emergency management practices should embody a spirit of care, cooperation, and collectivism among peoples and communities. This is embodied by practices such as knowledge and resource sharing and mutual aid.
- 8. Community leadership should inform every aspect of the emergency management continuum, including community-designed planning, response, and recovery.

These principles outline the core values from which LCOEM will operate and drive programmatic decisions. These principles are utilized to identify future goals and priority areas.

<sup>&</sup>lt;sup>12</sup> The NAACP Principles in Emergency Management can be found at https://naacp.org/resources/core-principles-equity-and-emergency-management

#### **Larimer OEM Work to Date**

Efforts to increase inclusion, diversity, equity, and accessibility have been initiated within LCOEM prior to the development of this document. This section outlines work to date to provide a better understanding of the prior efforts that led to the current strategic initiatives outlined later in this document.

#### Larimer Connects Program<sup>13</sup>

• In 2017, LCOEM implemented the Larimer Connects Program. This program was developed based on extensive foundational research that identified social capital as the primary indicator of a resilient community. The Larimer Connects Program seeks to build resilient and sustainable communities through the encouragement and subsequent development of strong social ties, trust between community members and institutions, and through the building of networks in and between communities. Equity and Inclusion will be pillars of this program moving forward, as these principles align with the program's mission to address resilience at the most grassroots, individual level.

#### **Community Assessment Partnership with Colorado State University**

- In 2018, LCOEM worked with two Master of Public Health (MPH) students from Colorado State University to conduct community assessments identifying needs and gaps regarding cultural equity. Additionally, an assessment of the current LCOEM program was conducted to determine where improvements and priority areas could be established for future initiatives regarding equity and inclusion in emergency management. During this time, community leaders and representatives of organizations working with marginalized groups in Larimer County were identified and interviewed as part of the community needs assessment.
- Both students focused on three marginalized communities to conduct their initial assessment
  including the Latinx community, the unhoused population, and the aging/elderly community.
  Both developed reports and logic models outlining strategies for engaging with these
  communities, priority areas, and methods in which to increase cultural intelligence for LCOEM.
  These reports were utilized to identify the action items for the previous version of this strategic
  plan.
- Part of this work also resulted in the "Cultural Competency during Emergency Events Checklist"
  that is now incorporated into Larimer County's Comprehensive Emergency Management Plan
  (CEMP) to provide reminders and important tasks that should be acted upon when working with
  marginalized groups during disaster.

<sup>&</sup>lt;sup>13</sup> More information about the Larimer Connects Program can be found by visiting this website: https://www.larimer.org/emergency/larimer-connects

#### **Larimer Emergency Management Summits**

- In 2018, LCOEM hosted two summits to engage with and receive feedback and guidance from a stakeholder group comprised of community leaders, community advocacy organizations, experts, and community representatives.
- In August 2018, LCOEM hosted the Larimer OEM Cultural Connections Summit. This summit was
  focused on identifying gaps in LCOEM programs around cultural inclusion and understanding.
  This Summit initiated conversations and assisted in building relationships to further develop
  equity and inclusion planning into the LCOEM program. Throughout the year, LCOEM provided
  progress reports to this group on activities and actions as a result of this summit.
- In September of 2019, Larimer OEM hosted the Equity and Inclusion in Emergency Management Summit. This summit reconvened many of the same stakeholders as the previous summit, however the intent of this summit was to expand LCOEM's efforts beyond just cultural comprehension to include all instances of access and functional needs in our population as a whole. Therefore, the Summit had several new participants, and the input from this summit was utilized to identify the key areas for strategic action as outlined in this plan.

#### Larimer Recovery Collaborative, Community Support & Equity Advisory Board

- In 2020, LCOEM created the Larimer Recovery Collaborative Community Support & Equity
  Advisory Board (CS & EAB) to help guide equitable recovery efforts for both the COVID-19
  Pandemic and the Cameron Peak Fire. This Community Support & Equity Advisory Board
  comprised of non-profit leaders, non-government, and government partners, advised recovery
  efforts on identification of equity needs and concerns as it pertained to communication and
  engagement.
- In March 2021, LCOEM hired a bilingual COVID-19 Larimer Recovery Collaborative
  Communications & Engagement Coordinator on a two-year grant funded position to
  communicate recovery resources to the public in English and Spanish and create relationships to
  identify needs in the community to decision makers to guide recovery efforts.
- As part of the COVID-19 Recovery, LCOEM led a regional outreach to hear needs from the
  community and help direct where federal recovery funds should be allocated to help the
  community. The regional outreach included a unified approach to hear from the community and
  target efforts towards the communities that we do not typically hear from and that were
  disproportionately impacted by COVID-19. It also included the creation of an interactive
  dashboard to display the public participation.

A team of County and municipal communications professionals executed the survey in English and Spanish, in-person at outreach events throughout the County. Specialized Spanish Community Conversations with Commissioners for Spanish-speaking communities as well as a Community Conversation with Commissioners for the Youth were performed. Additionally, online surveys were shared throughout the Larimer County cross-county communications team, Public Health & Environment, Human Services, and Economic & Workforce Development. Municipal communications professionals, and community organizations also promoted the

survey. Populations targeted for the outreach were the Spanish-speaking community, BIPOC, LGBTQ+, youth, and aging adults.

The impact of this COVID-19 Recovery Outreach Dashboard resulted in a valuable resource for jurisdictions to continue the conversation and engagement with local communities. Larimer County departments and leadership were better able to understand the community's impacts from COVID-19 to guide recovery priorities. Data distinguished specific factors between Spanish-speaking communities and English responses. Overall, the cross-sector and multi-jurisdictional collaboration and the development of relationships with community organizations assisted in ensuring COVID-19 funding served the community equitably.

 In October 2021, LCOEM assisted in the development of the Bylaws for the Larimer County Equity, Diversity, and Inclusion Advisory Board to advise the Board of County Commissioners, and County departments as guided by strategic planning put forth by the Board of Commissioners and the advisory board, in order to ensure that equity, diversity, and inclusion are central in the ways the County structures services, infrastructure, governance, and management of resources.

#### **Larimer OEM, Community Resilience Assessment**

- In 2022, LCOEM conducted a baseline Community Resilience Assessment to gauge the level of community resilience in Larimer County. From the survey responses Larimer OEM recognized themes to advance social connectivity and community preparedness for increased resilience and disaster outcomes. In that survey, 66% of respondents indicated that they do not believe there are adequate systems in place for people with disabilities or those who are unable to self-evacuate in an emergency. Because of this data, LCOEM has re-focused our efforts on building relationships with community organizations that serve people with disabilities to be able to improve accessibility of emergency information and resources. LCOEM will conduct the Community Resilience Assessment yearly to inform programs and continue to improve our efforts to serve the Larimer community.
- In 2023, LCOEM hired an Inclusion & Engagement Emergency Management Coordinator to provide bilingual emergency-related public information for Larimer County and strengthen relationships with under-served communities in Larimer County.
- In 2023, LCOEM worked with an intern from Colorado State University working on their master's
  in public health concentrating on health disparities to conduct research and created a report on
  the work being done around Larimer County to improve health and preparedness outcomes.
  The report "Cultural Responsiveness within Larimer County Office of Emergency Management"
  was used to develop the initiatives in this strategic plan and can be found at the end of this
  strategic plan.

# Strategic Goals and Key Priority Areas to Increase Inclusion, Diversity, Equity, and Accessibility in OEM Programmatic Efforts

# Goal 1: Revise the <u>larimer.gov/emergency</u> website to meet the accessibility standards by 2024.

<u>Objective 1a</u>: Utilize an automated accessibility checker available to Larimer County web editors to identify accessibility changes and maintain accessibility standards of new content added to the larimer.gov/emergency website.

<u>Larimer County IT Website Editing Help and Accessible Web Pages guidance</u>

Objective 1b: Update the website to meet the accessibility requirements by 2024.

Action Item: Reduce the use of PDFs, use HTML when possible

Action Item: Provide alternate text for images

Action Item: Emphasize key phrases/information in bold/italics

Action Item: Ensure there is appropriate color contrast

Action Item: Include closed captioning for videos

Action Item: Use plain language where possible (makes it easier to translate/read for

most people with an 8th grade reading level)

Action Item: Monitor for broken links

Action Item: Utilize a heading structure on web pages and documents with titles as titles

<u>Objective 1c</u>: Utilize tools, information, and guidance provided to Larimer County web editors to main accessibility standards.

# Goal 2: Create an Access & Functional Needs support team to support emergency management needs in Larimer County by 2025.

Objective 2a: Work with the Colorado Department of Homeland Security and Emergency Management (DHSEM) Access & Functional Needs team to provide Access & Functional Needs training to emergency management partners in Larimer County.

Objective 2b: Identify partners interested in improving access and functional needs resources in Larimer County.

Objective 2c: Work with DHSEM and Larimer County partners to develop the Access & Functional Needs team in Larimer County.

Objective 2d: Develop ongoing structure to support the long-term development and operation of the Access & Functional Needs team in Larimer County.

# Goal 3: Continue to incorporate people with access and functional needs in Larimer County Office of Emergency Management exercises by 2025.

Objective 3a: Utilize the Inclusion, Diversity, Equity, and Accessibility in Exercises: Considerations and Best Practices Guide by FEMA to recognize and include multiple distinct stakeholder perspectives, concerns, and characteristics in Mass Care and Community Evacuation exercises.

<u>Action Item:</u> Reach out to community partners mentioned throughout this plan to gauge interest in participating in emergency exercises

<u>FEMA's Inclusion, Diversity, Equity, and Accessibility in Exercises: Considerations and Best Practices Guide components to consider for exercises:</u>

- 1. Purpose
- 2. Approach
  - o 2.1 Accessibility Concepts
  - o 2.2 Inclusion Concepts
- 3. Exercise Program Management
  - 3.1 Using Community Profiles
  - 3.2 Identifying Community Challenges and Cultural Sensitivities
- 4. Individual Exercise Considerations
  - o 4.1 Considerations for All Phases of the Exercise Cycle
  - 4.2 Pre-Conduct Considerations
  - 4.3 Exercise Conduct
  - 4.4 Post-Conduct Activity

Goal 4: By 2026, increase accessibility and utilization of emergency preparedness resources and social connections for, but not limited to, people with disabilities, non-English speaking or known written languages, older adults, people of color, economically disadvantaged people, LGBTQ+ community, and youth.

Objective 4a: Work with partners that serve people with disabilities to provide accessible emergency information and resources to people who have disabilities.

Action Item: Partner with Disabled Resource Services and other organizations serving people with disabilities to provide preparedness workshops and presentations to people with disabilities that are culturally appropriate.

Action Item: Continue to participate in the Fort Collins Interfaith Council Disability Team to provide support for needs.

Objective 4b: Work with the Immigrant & Refugee Center of Northern Colorado to find solutions for providing emergency preparedness information for non-English speakers.

Objective 4c: Work with partners that serve older adults to provide accessible emergency information and resources to older adults.

Action Item: Partner with the Office on Aging and other partners to provide preparedness workshops and presentations to older adults that are culturally appropriate.

Objective 4d: Work with partners that serve people of color to provide accessible emergency preparedness information and resources to people of color.

Action Item: Partner with Heart & Sol of Loveland, La Familia, and other community organizations that serve people of color to provide preparedness workshops and presentations that are culturally appropriate.

Objective 4e: Work with partners who are economically disadvantaged people to provide emergency preparedness information and resources to economically disadvantaged people.

Action Item: Partner with Food Bank of Larimer County, Homeward Alliance, and Rescue Mission of Fort Collins to provide preparedness workshops, presentations, and resources to economically disadvantaged people that are culturally appropriate.

Objective 4f: Increase awareness of emergency preparedness resources and information for LGBTQ+ organizations and community members in Larimer County.

Objective 4g: Increase awareness of emergency preparedness resources and information for youth in Larimer County.

# Goal 5: Participate and collaborate with groups already focusing on Inclusion, Diversity, Equity, and Accessibility work happening in Larimer County (Ongoing).

Objective 5a: Provide the Larimer County Equity, Diversity, and Inclusion Board with a yearly update on LCOEM programs and Equity & Inclusion plan progress and make improvements based on feedback from EDI Board.

Objective 5b: Learn from local groups working on equity and inclusion and explore collaboration opportunities.

- o Larimer County Health Department and the CHIP Plan 2024-2029
- o Healthy Larimer Committee
- City of Fort Collins Equity and Inclusion Office
- Continue collaborating with Poudre School District, Thompson School District, and Estes Park School District to enhance awareness of known languages spoken in Larimer County.
- o Fort Collins Interfaith Council
- Other groups working on equity and inclusion in Larimer County.

# **Method for Implementation**

The following processes will be used to manage the implementation and monitoring of this strategic plan:

- The Larimer County Office of Emergency Management will serve in the coordinating role to facilitate the effective achievement of strategic plan objectives.
- The representative stakeholder group will be heavily utilized and relied upon for collaboration. Membership based on key initiative areas will be assigned based on interest area and on a voluntary basis immediately following the finalization of this plan.
- Stakeholders will meet quarterly to determine the progress of goals, and provide overall status of the Strategic Plan to the stakeholder group and the larger interested community.
- Budget adjustments, grant applications, and other fiscal requests will be made with the strategic planning goals and objectives in mind.
- Documentation will be maintained to ensure accountability and effective implementation.

## Method and Schedule for Evaluation

LCOEM will review the plan and will evaluate the status of goals and objectives at least annually.

#### Plan Maintenance and Revision

LCOEM will review the plan on a regular basis, at least annually, and make revisions as needed to accomplish the goals and objectives of the inclusion, diversity, equity, and accessibility program.

# Legal Authorities, Compliance, and Guidance

#### Local

- Larimer County Comprehensive Emergency Management Plan, as amended.
- Larimer County adoption of the Americans with Disabilities Act Policy, within the Larimer CEMP, as amended.
- Larimer County resolution adopting the National Incident Management System, signed 2022.
- Larimer County resolution establishing the Larimer County Office of Emergency Management, signed 2014.

#### State

 Colorado Revised Statutes, Title 24, Article 33.5, Part 701, Colorado Disaster Emergency Act, as amended.

#### **Federal**

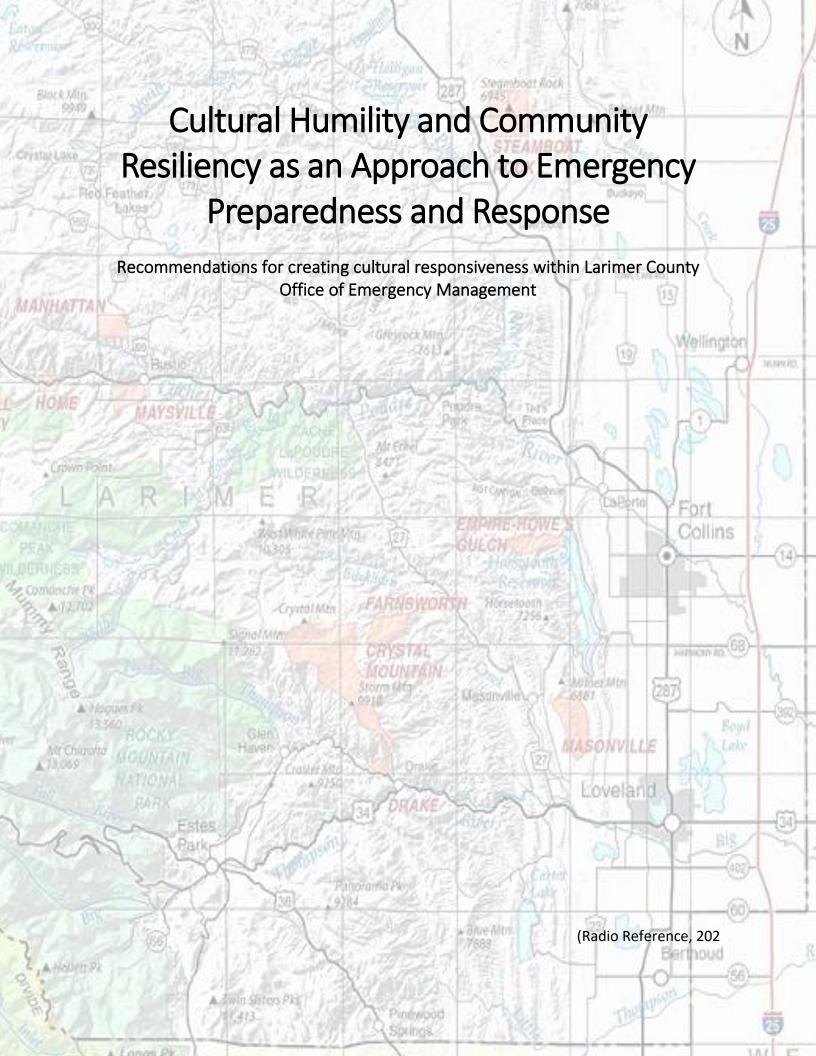
- P.L. 100-707, Robert T. Stafford Disaster Relief and Emergency Assistance Act and Amendments, as amended.
- Title VI of the Civil Rights Act of 1964
- Americans with Disabilities Act of 1990, Title II Regulations for Nondiscrimination on the Basis of Disability in State and Local Government Services
- Rehabilitation Act of 1973, including Section 504 of the Act
- The Post Katrina-Emergency Management Reform Act of 2006
- Pets Evacuation and Transportation Standards Act, amending Section 403 of the
- Stafford Act, authorizing FEMA to provide rescue, care, shelter, and essential needs for individuals with household pets and service animals, and to the household pets

# **Signatures**

This Inclusion, Diversity, Equity, and Accessibility Plan has been hereby reviewed and approved by the Larimer County Director of Emergency Management and is hereby added to the Larimer County Comprehensive Emergency Management Plan.

Don Rox	June 3, 2024
Lori R. Hodges	Date
Director of Emergency Management	

# Appendix A: Cultural Responsiveness within LCOEM



Connection and Responsiveness within LCOEM
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2

# **Cultural Responsiveness within Larimer County Office of Emergency Management**

Celastine Howell

Colorado State University

Larimer County Office of Emergency Management

#### Abstract

Since 2020 Colorado has gained over ten million residents, many of which have chosen to reside within the front range region of Larimer County (World Population Review, 2023). With this new growth there has been an increase in diverse identities present across the area. This factor in combination with many disruptions and disasters across Larimer County such as the 2020 Cameron Peak Fire and the COVID-19 Pandemic has exposed the disproportionate impacts effecting historically marginalized communities. Within the Larimer County Office of Emergency Management (LCOEM), the goal is to help those who will be impacted the most in the case of an emergency. These identified groups within the county include people with disabilities, aging adults, people who do not speak English as their primary language, and economically under-resourced communities. To best serve these groups the previous Larimer County Equity and Inclusion plan was revised to become the Larimer County Diversity, Equity, Access, and Inclusion (IDEA) Plan where initiatives were established on how best practices can be applied to create beneficial outcomes before, during, and after an emergency.

#### **Cultural Responsiveness within LCOEM**

The purpose of this report and the adaptation of the previous LCOEM Equity and Inclusion plan is to promote community connection and cultural responsiveness to best equip all community members to access LCOEM resources in alignment with the Larimer County Comprehensive Emergency Management Plan. As many other municipal, county, and state level emergency management providers have fallen short in meeting the needs of their diverse communities, LCOEM and the Colorado Division of Homeland Security and Emergency

Management (CSHSEM) have made it a priority to meet those needs and help those who will be most effected in the case of a disruption or disaster.

Over the last ten years these disruptions have been large and prevalent across Larimer County which provided learning opportunities for LCOEM and other organizations involved. Some of the more recent disasters include the 2012 High Park Wildfire, 2013 flood, 2020 Cameron Peak Wildfire, and the 2020 COVID-19 Pandemic. These events have created a growth opportunity with LCOEM department expanding from two to six employees, as well as drawing additional attention to health inequities present among Larimer County residents. With more health disparities becoming exposed from these disasters several departments across Larimer County have banded together to determine what the needs are and how these needs can be met by county government.

For LCOEM, a community resiliency survey was piloted in 2022 to see the level of community resiliency present and how it can be improved upon in the future. In addition to this, LCOEM formed rural community hubs to increase human capital, with hopes for urban locations to be created in partnership with municipal OEMs. These disasters also prompted modification and implementations of Larimer County Community Health, Well-Being, and Resilience Dashboard, 2022 Community Health Assessment, the Community Assessment Survey for Older Adults, the Larimer County Office of Aging Report on Community Conversations, and many other reports and surveys to learn about diverse demographic needs. These departments working in collaboration with each other, and community organizations have allowed for a more equitable Larimer County that is better able to serve their community.

Through the studying of these reports and survey results, meeting with community organizations, and collaborating with other departments the goal was to improve community connection and cultural responsiveness across Larimer County for improved health outcomes regarding emergency management. The IDEA Plan set goals with one-to-five-year deadlines to first establish and improve connection with marginalized communities through internal work at LCOEM, work with four targeted demographics to improve resource accessibility, and then determine how to disseminate lessons learned and best practices to other county organizations and external emergency management organizations. Through this work many of the tasks were determined to be ongoing with a start/stop/continue/change method while other more tangible action items had pass/fail metrics, touchpoints, or percentage of change as metrics to determine success or completion.

#### Methods

As Inclusion, Diversity, Equity, and Access, (IDEA) work within emergency management is newer within this field, much of the efforts completed at LCOEM have been educated trial and error based on larger county and state OEMs. In the creation of the revised IDEA Plan, the focus has been an interdisciplinary approach, utilizing methods from public health, emergency management, and social work practices to decrease the risk of adverse outcomes for clients. This has included working with community partners with lived experience helping marginalized communities, municipalities, other counties, the state of Colorado, and utilizing input and feedback from community members.

#### Theoretical Frameworks

#### Access and Functional Needs and CMIST.

The concept of Access and Functional Needs (AFN) is defined by the ADA Amendments Act of 2008 as, "the actions, services, accommodations, and programmatic, architectural, and communication modifications that a covered entity must undertake or provide to afford individuals with disabilities a full and equal opportunity to use and enjoy programs, services, activities, goods, facilities, privileges, advantages, and accommodations in the most integrated setting, in light of the exigent circumstances of the emergency and the legal obligation to undertake advance planning and prepare to meet the disability-related needs of individuals who have disabilities" (2008). This has created great resources for people with disabilities receive equal access to services and increasing visibility of how ability level and other diverse identities can impact accessibility in relation to emergency management.

One of the main frameworks utilized in both emergency management and public health is the mnemonic device CMIST which stands for communication, maintaining health, independence, support and safety, and transportation (ASPR, 2021). While similar to the idea behind Access and Function Needs it goes a step beyond people with disabilities and focuses on how people who hold diverse identities may require modifications to create an equal opportunity to access public health and emergency management resources. This is particularly important to consider when in the preparation and response stages of an emergency management when working with groups that may need assistive technology, have language barriers, or health considerations (energy dependency, medication requirements, paratransit, etc.).



(ASPR, 2021)

### **Cultural Humility/Responsiveness**

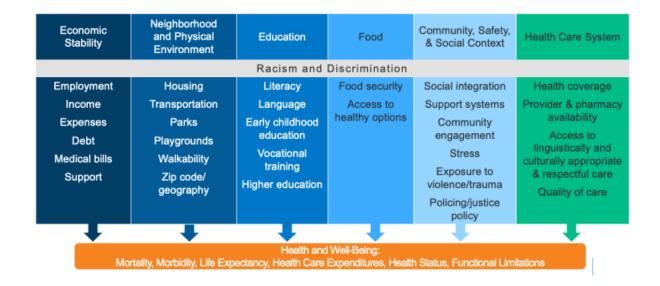
Another framework utilized in the creation of the IDEA plan was the concept of transforming cultural humility into cultural responsiveness within LCOEM. While cultural humility focuses on the identification of need within culturally diverse groups, cultural responsiveness aims to meet those diverse needs in a fitting manner (Barsky, 2018). LCOEM has done a great job in the past at identifying demographics that may need additional assistance in alignment with the CMIST framework and working to meet the needs where it is appropriate. As COVID and Cameron Peak have shown, the needs of the community are constantly changing which requires these needs to be reevaluated almost constantly. It also involves being extremely involved with the targeted communities which makes partnership with community organizations crucial when creating cultural responsiveness.

Other approaches to help become culturally responsive as an organization include viewing people as having many diverse intersecting identities. Some of these identities may make it easier to access LCOEM resources while other identities may hinder doing so. People may be directly hindered by their identity such as a physical disability preventing adequate

transportation options while others may have historical context like people of color having mistrust of the government, law enforcement, or organizations that work closely with them.

#### **Social Determinants of Health**

As shown in the chart below many factors go into determining a person's health and well-being. These factors with the added layer of racism and discrimination directly impact how well a person can access resources and if they feel safe or supported to do so. In terms of emergency management Larimer County has diverse geographical area, a diverse population, diverse languages, a wide variety of transportation options, a range of salary, and varied education levels (KFF, 2023). This makes it difficult to determine how each person holding all these identities in diverse environments can be impacted in a disaster.



(KFF, 2023)

## **Guiding Principles**

With these frameworks integrated while updating the IDEA plan to meet the needs of those who will be impacted the most in a disaster in alignment with Larimer County's Guiding

Principles: being good stewards of public resources, promoting innovation, adaptability, and committing to continuous improvement, providing consistent quality customer service, empowering people to take responsibility, cultivating inclusive and collaborative partnerships, being a fulfilling, enjoyable, and inclusive place to work, and building relationship with the community and organizations that serve them. The creation of the IDEA plan also relied heavily on the autonomy of people and that while LCOEM is responsible for creating equitable opportunity of access, it is also the individual's responsibility to seek assistance or follow guidance as appropriate with their needs.

#### **Integration of Framework**

While each of these frameworks alone is not very telling of how disasters may impact the community or how to act in an equitable manner, when integrated they show broader options of outcomes and approaches. CMIST and the social determinants of health allowed for a strong base of who has historically been impacted the most by a disaster. This created a great foundation of the IDEA plan when picking the target demographics that LCOEM wants to improve connections with. Then the concept of transforming cultural humility into cultural responsiveness then allowed for more intentional goal setting in alignment with the CMIST framework. Again, none of these say what to do or how exactly to do it but give concrete populations with loose ideas so the plan can be proctored towards individual communities.

## **Findings**

There were a variety of findings in the work done within LCOEM. Through the utilization of CICO Maps, American Community Survey, school district, and US Census data quantitative data was found and focused primarily on demographics across the region that may impact

ability to receive or interact with LCOEM resources and events in accordance with CMIST which are highlighted in Figure 1 (US Census Bureau, 2020; CDPHE, 2017). Other important data not presented in the chart is that: 400 to 700 people utilize braille as an effective way to receive information, Larimer County issues approximately 1,500 Section 8 housing vouchers each year, and specific language data provided by the school districts shown in Figure 2 and Figure 3.

**Larimer County Demographics** 

Total population	Indicator	Characteristics	% of Population	Count
Age	Total population	#		362,533
Moman   Man   Ma	Age	<18	17.50%	63,443
Man   Transgender Woman   Transgender Woman   Transgender Man   Non-binary   American Sign Language   Language Other Than English Spoken at Home   9.90%   35,891		>65	11.10%	40,241
Transgender Woman   Transgender Man   Non-binary   American Sign Language   Language   Language Other Than English Spoken at Home   9.90%   35,891   African-American / Black   1.30%   4.712   American Indian / Alaska Native   1.10%   3.988   Asian Pacific   2.50%   9.063   1.240%   44,954   1.24mix / Spanish Origin   12.40%   44,954   1.24mix / Spanish Origin   12.40%   44,954   1.554   1.24mix / Spanish Origin   1.240%   44,954   1.554   1.24mix / Spanish Origin   1.240%   44,954   1.554   1.24mix / Spanish Origin   1.240%   1.513   1.513   1.24mix / Spanish Origin   1.240%   1.513   1.24mix / Spanish Origin   1.24mix / Spanish Ori		Woman		
Transgender Man   Non-binary   American Sign Language   Language   Language   Canguages Other Than English Spoken at Home   9.99%   35,891   35,891   3,988   African-American / Black   1.30%   4,712   American Indian / Alaska Native   1.10%   3,988   Asian Pacific   2.50%   9,063   4,894   4,954   Middle Eastern   N/A   N/A   Midle Eastern   N/A   N/A   Midle Eastern   N/A   N/A   Midle Eastern   N/A   N/A   Midle Eastern   N/A   N/A   N/A   Midle Eastern   N/A   N/A		Man		
Non-binary	Gender/Identity	Transgender Woman		
Language   Language   Language   Languages Other Than English Spoken at Home   9.90%   35,891		Transgender Man		
Language         Languages Other Than English Spoken at Home         9.90%         35,891           African-American / Black American Indian / Alaska Native         1.30%         4,712           American Indian / Alaska Native         1.10%         3,988           Asian Pacific         2.50%         9,063           Race / Enthinicity         Hispanic / LatinX / Spanish Origin         12.40%         44,954           Middle Eastern         N/A         N/A           White         84,10%         304,890           Two or more races         2.90%         10,513           Below Poverty         11.80%         42,370           Socioeconomic Status         Unemployed         2.40%         8,701           Income per capita         38,949*           Ambulatory (Mobility) Difficulty         4.30%         15,589           Cognitive Difficulty         3.60%         13,051           Mearing Difficulty         3.60%         13,051           Disability         Independent Living Difficulty         3.60%         13,051           Migh School or equivalent degree         17.40%         6,163           Total Disability         10.60%         38,428           Vehicle Access         % of households without a vehicle         4.20%		Non-binary		
African-American / Black		American Sign Language		
American Indian / Alaska Native   1.10%   3,988   Asian Pacific   2.50%   9,063   9,063   12,40%   44,954   12,40%   13,41%   12,40%   13,41%   12,40%   13,41%   13,41%   14,41%   1	Language	Languages Other Than English Spoken at Home	9.90%	35,891
American Indian / Alaska Native   1.10%   3,988   Asian Pacific   2.50%   9,063   9,063   12,40%   44,954   12,40%   13,41%   12,40%   13,41%   12,40%   13,41%   13,41%   14,41%   1				
Race / Enthinicity         Asian Pacific         2.50%         9,063           Race / Enthinicity         Hispanic / LatinX / Spanish Origin         12.40%         44,954           Middle Eastern         N/A         N/A           White         84.10%         304,890           Two or more races         2.90%         10,513           Below Poverty         11.80%         42,370           Socioeconomic Status         Unemployed         2.40%         8,701           Income per capita         38,949*         4,30%         15,589           Ambulatory (Mobility) Difficulty         4,30%         15,589           Cognitive Difficulty         3.60%         13,051           Hearing Difficulty         3.60%         13,051           Disability         Independent Living Difficulty         3.70%         13,414           Self-Care Difficulty         1.20%         4,350           Vision Difficulty         1.06%         38,428           Vehicle Access         % of households without a vehicle         4,20%         5,699*           High School or equivalent degree         17,40%         63,081           Some college, no degree         20,40%         73,957           Education         Associate's degree		African-American / Black	1.30%	4,712
Race / Enthinicity         Hispanic / LatinX / Spanish Origin         12.40%         44,954           Middle Eastern         N/A         N/A           White         84.10%         304,890           Two or more races         2.90%         10,513           Below Poverty         11.80%         42,370           Socioeconomic Status         Unemployed         2.40%         8,701           Income per capita         38,949*           Ambulatory (Mobility) Difficulty         4.30%         15,589           Cognitive Difficulty         3.60%         13,051           Hearing Difficulty         3.60%         13,051           Disability         Independent Living Difficulty         3.70%         13,414           Self-Care Diffivulty         1.20%         4,350           Vision Difficulty         1.70%         6,163           Total Disability         10,60%         38,428           Vehicle Access         % of households without a vehicle         4.20%         5,699*           High School or equivalent degree         17,40%         63,081           Some college, no degree         20,40%         73,957           Education         Associate's degree         9,10%         32,991           Bache		American Indian / Alaska Native	1.10%	3,988
Middle Eastern         NVA         NVA           White         84.10%         304,890           Two or more races         2.90%         10,513           Below Poverty         11.80%         42,370           Socioeconomic Status         Unemployed         2.40%         8,701           Income per capita         38,949*           Ambulatory (Mobility) Difficulty         4.30%         15,589           Cognitive Difficulty         3.90%         14,139           Hearing Difficulty         3.60%         13,051           Independent Living Difficulty         3.70%         13,414           Self-Care Diffivulty         1.20%         4,350           Vision Difficulty         1.70%         6,163           Total Disability         10.60%         38,428           Vehicle Access         % of households without a vehicle         4.20%         5,699*           High School or equivalent degree         17.40%         63,081           Some college, no degree         20.40%         73,957           Education         Associate's degree         9.10%         32,991           Bachelor's degree         29.50%         106,947           Graduate or professional degree         19.80%         91,782		Asian Pacific	2.50%	9,063
White         84.10%         304,890           Two or more races         2.90%         10,513           Below Poverty         11.80%         42,370           Socioeconomic Status         Unemployed         2.40%         8,701           Income per capita         38,949*           Ambulatory (Mobility) Difficulty         4.30%         15,589           Cognitive Difficulty         3.90%         14,139           Hearing Difficulty         3.60%         13,051           Independent Living Difficulty         3.70%         13,414           Self-Care Diffivulty         1.20%         4,350           Vision Difficulty         1.70%         6,163           Total Disability         10.60%         38,428           Vehicle Access         % of households without a vehicle         4.20%         5,699*           High School or equivalent degree         17.40%         63,081           Some college, no degree         20.40%         73,957           Education         Associate's degree         9.10%         32,991           Bachelor's degree         29.50%         106,947           Graduate or professional degree         19.80%         91,782           Access to internet         % of households with broad	Race / Enthinicity	Hispanic / LatinX / Spanish Origin	12.40%	44,954
Disability         Independent Living Difficulty         1.20%         10,513           Vehicle Access         % of households with broadband internet         2.90%         10,513           Below Poverty         11.80%         42,370           Lonemployed         2.40%         8,701           Income per capita         38,949°           Ambulatory (Mobility) Difficulty         4.30%         15,589           Cognitive Difficulty         3.90%         14,139           Hearing Difficulty         3.60%         13,051           Independent Living Difficulty         3.60%         13,051           Self-Care Diffivulty         1.20%         4,350           Vision Difficulty         1.20%         4,350           Vision Difficulty         1.70%         6,163           Total Disability         10.60%         38,428           Vehicle Access         % of households without a vehicle         4.20%         5,699°           High School or equivalent degree         17.40%         63,081           Some college, no degree         20.40%         73,957           Education         Associate's degree         91,0%         32,991           Access to internet         % of households with broadband internet         89,30%		Middle Eastern	N/A	N/A
Socioeconomic Status         Below Poverty         11.80%         42,370           Income per capita         38,949*         38,949*           Ambulatory (Mobility) Difficulty         4.30%         15,589           Cognitive Difficulty         3.90%         14,139           Hearing Difficulty         3.60%         13,051           Disability         Independent Living Difficulty         3.70%         13,414           Self-Care Difficulty         1.20%         4,350           Vision Difficulty         1.70%         6,163           Total Disability         10.60%         38,428           Vehicle Access         % of households without a vehicle         4.20%         5,699*           High School or equivalent degree         17.40%         63,081           Some college, no degree         20.40%         73,957           Education         Associate's degree         9.10%         32,991           Bachelor's degree         29.50%         106,947           Graduate or professional degree         19.80%         91,782           Access to internet         % of households with broadband internet         89.30%           Home Ownership         Rent: 37.2%		White	84.10%	304,890
Socioeconomic Status         Unemployed         2.40%         8,701           Income per capita         38,949°           Ambulatory (Mobility) Difficulty         4.30%         15,589           Cognitive Difficulty         3.90%         14,139           Hearing Difficulty         3.60%         13,051           Independent Living Difficulty         3.70%         13,414           Self-Care Diffivulty         1.20%         4,350           Vision Difficulty         1.70%         6,163           Total Disability         10.60%         38,428           Vehicle Access         % of households without a vehicle         4.20%         5,699°           High School or equivalent degree         17.40%         63,081           Some college, no degree         20.40%         73,957           Education         Associate's degree         9.10%         32,991           Bachelor's degree         29.50%         106,947           Graduate or professional degree         19.80%         91,782           Access to internet         % of households with broadband internet         89.30%           Home Ownership         Rent vs. Own         Own: 61.4%         Rent: 37.2%		Two or more races	2.90%	10,513
Income per capita   38,949*     Ambulatory (Mobility) Difficulty   4.30%   15,589     Cognitive Difficulty   3.90%   14,139     Hearing Difficulty   3.60%   13,051     Independent Living Difficulty   3.70%   13,414     Self-Care Diffivulty   1.20%   4,350     Vision Difficulty   1.70%   6,163     Total Disability   10.60%   38,428     Vehicle Access   % of households without a vehicle   4.20%   5,699*     High School or equivalent degree   17.40%   63,081     Some college, no degree   20.40%   73,957     Education   Associate's degree   9.10%   32,991     Bachelor's degree   29.50%   106,947     Graduate or professional degree   19.80%   91,782     Access to internet   % of households with broadband internet   89.30%     Home Ownership   Rent vs. Own   Own: 61.4%   Rent: 37.2%		Below Poverty	11.80%	42,370
Ambulatory (Mobility) Difficulty 4.30% 15,589	Socioeconomic Status	Unemployed	2.40%	8,701
Cognitive Difficulty   3.90%   14,139     Hearing Difficulty   3.60%   13,051     Disability   Independent Living Difficulty   3.70%   13,414     Self-Care Diffivulty   1.20%   4,350     Vision Difficulty   1.70%   6,163     Total Disability   10.60%   38,428     Vehicle Access   % of households without a vehicle   4.20%   5,699*     High School or equivalent degree   17.40%   63,081     Some college, no degree   20.40%   73,957     Education   Associate's degree   9.10%   32,991     Bachelor's degree   29.50%   106,947     Graduate or professional degree   19.80%   91,782     Access to internet   % of households with broadband internet   89.30%     Home Ownership   Rent vs. Own   Own: 61.4%   Rent: 37.2%		Income per capita		38,949*
Hearing Difficulty   3.60%   13,051     Disability   Independent Living Difficulty   3.70%   13,414     Self-Care Diffivulty   1.20%   4,350     Vision Difficulty   1.70%   6,163     Total Disability   10.60%   38,428     Vehicle Access   % of households without a vehicle   4.20%   5,699*     High School or equivalent degree   17.40%   63,081     Some college, no degree   20.40%   73,957     Education   Associate's degree   9.10%   32,991     Bachelor's degree   29.50%   106,947     Graduate or professional degree   19.80%   91,782     Access to internet   % of households with broadband internet   89.30%     Home Ownership   Rent vs. Own   Own: 61.4%   Rent: 37.2%		Ambulatory (Mobility) Difficulty	4.30%	15,589
Disability   Independent Living Difficulty   3.70%   13,414     Self-Care Diffivulty   1.20%   4,350     Vision Difficulty   1.70%   6,163     Total Disability   10.60%   38,428     Vehicle Access   % of households without a vehicle   4.20%   5,699*     High School or equivalent degree   17.40%   63,081     Some college, no degree   20.40%   73,957     Education   Associate's degree   9.10%   32,991     Bachelor's degree   29.50%   106,947     Graduate or professional degree   19.80%   91,782     Access to internet   % of households with broadband internet   89.30%     Home Ownership   Rent vs. Own   Own: 61.4%   Rent: 37.2%	Disability	Cognitive Difficulty	3.90%	14,139
Self-Care Diffivulty		Hearing Difficulty	3.60%	13,051
Vision Difficulty         1.70%         6,163           Total Disability         10.60%         38,428           Vehicle Access         % of households without a vehicle         4.20%         5,699*           High School or equivalent degree         17.40%         63,081           Some college, no degree         20.40%         73,957           Associate's degree         9.10%         32,991           Bachelor's degree         29.50%         106,947           Graduate or professional degree         19.80%         91,782           Access to internet         % of households with broadband internet         89.30%           Home Ownership         Rent vs. Own         Own: 61.4%         Rent: 37.2%		Independent Living Difficulty	3.70%	13,414
Total Disability         10.60%         38,428           Vehicle Access         % of households without a vehicle         4.20%         5,699*           High School or equivalent degree         17.40%         63,081           Some college, no degree         20.40%         73,957           Associate's degree         9.10%         32,991           Bachelor's degree         29.50%         106,947           Graduate or professional degree         19.80%         91,782           Access to internet         % of households with broadband internet         89.30%           Home Ownership         Rent vs. Own         Own: 61.4%         Rent: 37.2%		Self-Care Diffivulty	1.20%	4,350
Vehicle Access         % of households without a vehicle         4.20%         5,699*           High School or equivalent degree         17.40%         63,081           Some college, no degree         20.40%         73,957           Associate's degree         9.10%         32,991           Bachelor's degree         29.50%         106,947           Graduate or professional degree         19.80%         91,782           Access to internet         % of households with broadband internet         89.30%           Home Ownership         Rent vs. Own         Own: 61.4%         Rent: 37.2%		Vision Difficulty	1.70%	6,163
High School or equivalent degree		Total Disability	10.60%	38,428
Some college, no degree   20.40%   73,957	Vehicle Access	% of households without a vehicle	4.20%	5,699*
Education         Associate's degree         9.10%         32,991           Bachelor's degree         29.50%         106,947           Graduate or professional degree         19.80%         91,782           Access to internet         % of households with broadband internet         89.30%           Home Ownership         Rent vs. Own         Own: 61.4%         Rent: 37.2%		High School or equivalent degree	17.40%	63,081
Bachelor's degree         29.50%         106,947           Graduate or professional degree         19.80%         91,782           Access to internet         % of households with broadband internet         89.30%           Home Ownership         Rent vs. Own         Own: 61.4%         Rent: 37.2%		Some college, no degree	20.40%	73,957
Graduate or professional degree 19.80% 91,782  Access to internet % of households with broadband internet 89.30%  Home Ownership Rent vs. Own Own: 61.4% Rent: 37.2%	Education	Associate's degree	9.10%	32,991
Access to internet % of households with broadband internet 89.30% Home Ownership Rent vs. Own Own: 61.4% Rent: 37.2%		Bachelor's degree	29.50%	106,947
Home Ownership Rent vs. Own Own: 61.4% Rent: 37.2%		Graduate or professional degree	19.80%	91,782
	Access to internet	% of households with broadband internet	89.30%	
Tourists/Visitors # of tourists/visitors	Home Ownership	Rent vs. Own	Own: 61.4%	Rent: 37.2%
	Tourists/Visitors	# of tourists/visitors		

Figure 1: Larimer County Demographics

within Larimer County Census data does not give an

nts

952

26

26

13

11

8

7

3

3

3

2

2

2

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2

Data regarding Poudre School 2023 Poudre School Distict Data Frequency Language Spanish 3131 District is extensive, and Figure 2 includes Mandrin 139 Arabic 127 Vietnamese 68 the top ten languages spoken by Portuguese 41 Russian 31 prevalence among students and the total Japanese 24 Tagalog 21 Figure 2: Poudre School District ELD Program Data number of students represents the 65 # of Non-English Speakers 2592 languages spoken within the school. Figure 3 por (Portuguese) kor (Korean) ukr (Ukrainian) includes the exhaustive list of languages spoken mah (Marshallese) ceb (Cebuano) fil (Filipino) within Thompson School District. Este Park did not gcr (Guianese Creole French) hat (Haitian Creole) hin (Hindi) have specific language data available but nav (Navajo) mva (Burmese) nep (Nepali) approximately 30% of students speak Spanish as urd (Urdu) apk (Apache-Kiowa) apm (Apache-Mescalero) est (Estonian) their first language with one or two families khm (Central Khmer) lit (Lithuanian) pes (Persian) speaking Russian as their primary language. While prs (Dari, Eastern Farsi) qxi (Quechua) swa (Swahili) tam (Tamil) these results show some language data available ach (Acoli)

# of Non-English Speakers
Figure 3: Thompson School District ELD Data

exact breakdown of languages spoken. Using school district data as an indicator, projected number of people who do not speak English as their primary language is likely three to five times higher than the children shown accounting for primary caregivers, extended family that may live within the household and household that do not contain children or children of school age.

#### **Qualitative Findings**

Qualitative data was much less definitive but followed broad trends throughout all data sources including, the LCOEM Community Resiliency survey, Community Assessment Survey for

Older Adults, and the Larimer County Office of Aging Report on Community Conversations, among many others. People who do not speak English as their first language were mentioned many times throughout surveys, community reports, and in-person meetings as needing to be prioritized. This included American Sign Language (ASL), braille, and languages without written text. People with disabilities specifically those who were older were also mentioned specifically through the community resiliency survey as a population that would require additional assistance during evacuation expressing that many were unsure how to respond in the case of an emergency. Many of the community partners also suggested hosting an event for target populations to increase outreach and community connection.

#### **Program Rationale**

There were a wide range of goals creating the IDEA plan focusing on improving internal practices at LCOEM to become more equitable, increasing LCOEM resource accessibility and utilization for diverse community members, and become a source of best practices for other county departments and external organizations. To complete this it was essential to uplift community champions, increase upon existing human capital, and establish or building connections within the community which allowed for community needs and assets to be determined. In the initial determination of what groups would be impacted the most during an emergency historical data in conjunction with the demographic and qualitative data collected were considered which resulted in people who do not speak English as a first language, people with disabilities, aging adults, and economically under-resources communities being chosen. From the findings these groups have been historically impacted disproportionately in an

emergency, occur within the community at a significant rate, and have had multiple community organizations or members expressed the benefit of fostering a connection with LCOEM.

## English as a Second Language

Utilizing the data found from the county school districts and broad data within the Census almost 10% of Larimer County speak a language other than English at home. In addition to this large number both CMIST and the social determinants of health identify language as a factor which impacts health and addresses AFN. Through these efforts it was found the ReachWell app (a service to translate emergency notifications) did not have opt in rates consistent with the prevalence of languages spoken. In addition to this most resources at LCOEM are available in English and Spanish but after consulting with community partners found it would be beneficial to expand upon this into other languages when possible. Action items were created to increase utilization of the ReachWell app and other translated emergency notification services, as well as expand upon languages that electronic and physical resources are available in to remove barrier for people who do not speak English as a primary language.

#### **Older Adults**

Older adults also came up frequently in the data, with people over the age of 65 making up over 11% of the community. Many of these adults expressed being energy dependent, having mobility issues, medication dependency, or having various sensory related disabilities in a self-disclosed report to LETA911. Primary methods of communication are also less successful with this demographic as a whole due to some aging adults struggling with technology and telecommunications. With these elements combined older adults have a broad range of needs that must be met to create equal access to LCOEM resources and event. Action items were

created to increase connection with aging adults and community organizations that serve them as well as increase resource accessibility through more in-person events, utilization of the Larimer Connects Hub, potential expansion of Larimer Connects Hubs into urban areas, telecommunication assistance at events, and adaptive devices to meet expressed needs.

#### People with disabilities

Previously people with disabilities were grouped with older adults as mobility and sensory disabilities can seem consistent with aging. It felt important to keep these target populations separate as people with disabilities can be any age and many disabilities are not related to the aging process. Simply put older adults can age without a disability becoming present and people with disabilities can exist at any age. Within Larimer County mobility and sensory related disabilities are the most prevalent while people with behavioral, intellectual, or emotional disabilities are more difficult to pinpoint. Data sources utilized failed to recognized these as a broad range of individual disabilities and instead grouped them as "cognitive" disabilities which may be due to this information being self-disclosed. When consulting with the ARC of Larimer County, The Disability Resource Center, and Larimer County ADA coordinator they expressed how more work could be done between LCOEM and the disability community and how the exchange of information could be mutually beneficial. With this information some action items created to target people with disabilities were to collaborate with the ARC of Larimer County to create engagement opportunities, potentially create memorandums of understanding (MOUs) with organizations serving the community, and continue exploring resources available to increase equitable accessibility to LCOEM.

#### **Economically under-resourced communities**

Compared to the other targeted groups, initiatives regarding economically underresourced communities are based more in creating connections and finding opportunities to
expand LCOEM's knowledge about this group. As these communities can house a wide range of
people, action items were focused towards offering LCOEM events at diverse times to meet
work and childcare needs as well as focused on providing resources that may help in terms of
emergency preparedness.

#### **Limitations and Growth Opportunities**

While the IDEA Plan and the commitment of LCOEM to community connection, there is always room for growth in this work. Currently LCOEM's IDEA Plan addresses marginalized groups with the highest population within Larimer County. Of these identified groups there is still limited understanding and access to accurate data regarding non-English speaking adults and children under school age as the primary data source for languages is the school districts. There is also a diverse range of people with disabilities in the county and due to many of these being self-disclosed all of the data regarding this population is broad or self-reported. Of these disabilities most are related to mobility and sensory functions that can limit the full spectrum of understanding disabilities within Larimer County. In addition to the lack of detailed data, a flaw is lack of connection between community organizations and Larimer County departments serving the same demographic creating an overlap of work. While this is not LCOEMs responsibility it seems they may play an important role in connecting some of these organizations in the future.

The IDEA Plan also understands that it fails to recognize many important groups due to lack of full understanding of the needs present within those groups including farmers, migrant workers, and seasonal workers, people of color, and Indigenous Americans. With this being said, the plan is set to be reevaluated consistently which means as more information about these groups becomes available through community partners, connections can be created to set collaborative goals to meet the identified needs. Ultimately, IDEA work is constantly morphing as needs change which will allow for a more equitable LCOEM.

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