



County Level Disaster Preparedness and Response for Persons with Mobility Impairments: Results From the University of Kansas, Nobody Left Behind Study

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Scope of the Problem

According to Glen W. White, PhD, Director of the Research and Training Center on Independent Living at the University of Kansas, "A common theme emerging from 9/11 is there are virtually no empirical data on the safe and efficient evacuation of persons with disabilities in disaster planning." The media heightened our awareness of this problem from the reports of many individuals with disabilities trapped in the World Trade Center Towers during the 9/11 disasters. While such acts of terrorism are rare, other catastrophic events, such as floods, tornados, hurricanes, and fires are more frequently experienced across this nation and can lead to tragic results.

This deficit in the literature reflects a deeper chasm of emergency services agencies that are under-prepared to assist people with physical disabilities during the potentially devastating natural and technological disasters that regularly occur in this nation. According to the Federal Emergency Management Agency (FEMA), over the past 5 years there have been disasters declared in over 3,000 counties across the United States.

According to a January 2004 Harris Poll commissioned by the National Organization on Disability: 66% of people with disabilities do not know whom to contact about emergency plans in their community; 61% of person with disabilities have not made plans to quickly and safely evacuate their homes; and Among those people with disabilities employed full or part time, 32% say no plans have been made to safely evacuate their workplace.

Past Lessons Learned

9/11 disaster

"Emergency response and recovery measures did not accommodate people with disabilities." This included inadequate warning systems, people being left behind in evacuating buildings, non-accessible shelters, lack of transportation to sites for relief services, and so on.

There was a lack of relief workers and other service personnel, including mental health professionals experienced in working with persons with disabilities and knowledge of benefits to help them.

After the event, "many vital services remained disrupted or disallowed, even when it became clear that doing so place people with disabilities at risk."

Source: *Lessons Learned from the World Trade Center Disaster: Emergency Preparedness for People with Disabilities in New York*, September 9, 2004, The Center For Independence of the Disabled, NY

Hurricane Katrina 2005

Of the 61% who did not evacuate before the hurricane hit, 38% said they were either physically unable to leave or had to care for someone who was physically unable to leave.

41% report chronic health conditions (e.g., heart disease, hypertension, diabetes and asthma).

43% say they on prescription medications, and of those, 29% report having problems getting these medications while being in the shelter.

Source: Survey of evacuees in Houston shelters sponsored by *The Washington Post*, Kaiser Family Foundation and Harvard School of Public Health www.kff.org

Nobody Left Behind Study

Focus Area 1: County Programs, Policy, and Practice

Objective: To determine whether counties that have experienced a disaster in the past five years have systems of workplace, home, and community disaster preparedness and emergency response in place for residents with mobility impairments.

Focus Area 2: Assessing Risk

Objective To evaluate surveillance systems in place at the county level that can identify morbidity and mortality frequency and prevalence for persons with mobility impairments exposed to a disaster.

Focus Area 3: Assurance and Policy Development

Objective To recommend modifications to county disaster coordinating agencies to address the health, safety, and survival needs of people with mobility impairments.

Methods

- Identify FEMA declared disasters between 1989-2003
- Select a random sample of 30 counties or equivalent units (boroughs, parishes, cities) across each of the 10 federal regions
- Interview these county emergency managers
- Evaluate their disaster plans in place at time of occurrence and more recently for actions targeting persons with mobility disabilities
- With assistance of national advisory panel, identify best practices
- Administer an on-line consumer survey

Research Results

- The FEMA Emergency Planning and Special Needs Course (G-197) pertaining to people with disabilities, appears to be useful in increasing county awareness, although only 27% of county emergency managers reported having taken it
- People with disabilities either were not represented or had minimal representation in the emergency planning process
- Surveillance efforts to identify persons with mobility impairments are weak
 - 57% of county managers did not know how many persons with mobility impairments lived within their jurisdictions
 - Of those who claimed to know, most gave broad estimates based on unreliable sources
 - Counties who were able to report this figure primarily used the data for planning purposes: shelter, education, evacuation, etc.
 - 20% of emergency managers reported having specific guidelines in place to assist people with mobility impairments during emergencies
 - Among those who **did not** have specific guidelines, they reported transportation accommodations that they have in place and accessible shelters and educational programs focused on persons with disabilities
- The following are quotations taken from interviews with emergency managers whose jurisdictions **did not** have specific details or guidelines in place for people with mobility impairments:

"Every person's life is important..."

"I have never seen a publication that would address many of these impairments..."

28% of jurisdictions without specific guidelines in place told us they were planning to develop them, however 67% told us they were not because:

"We are trying to focus on special needs as a whole..."

"We don't need to be any more specific than we already are..."

"We are overwhelmed with the demands of Homeland Security..."

"My office is only staffed by one volunteer..."

61% of jurisdictions without plans identified what they needed to develop guidelines:

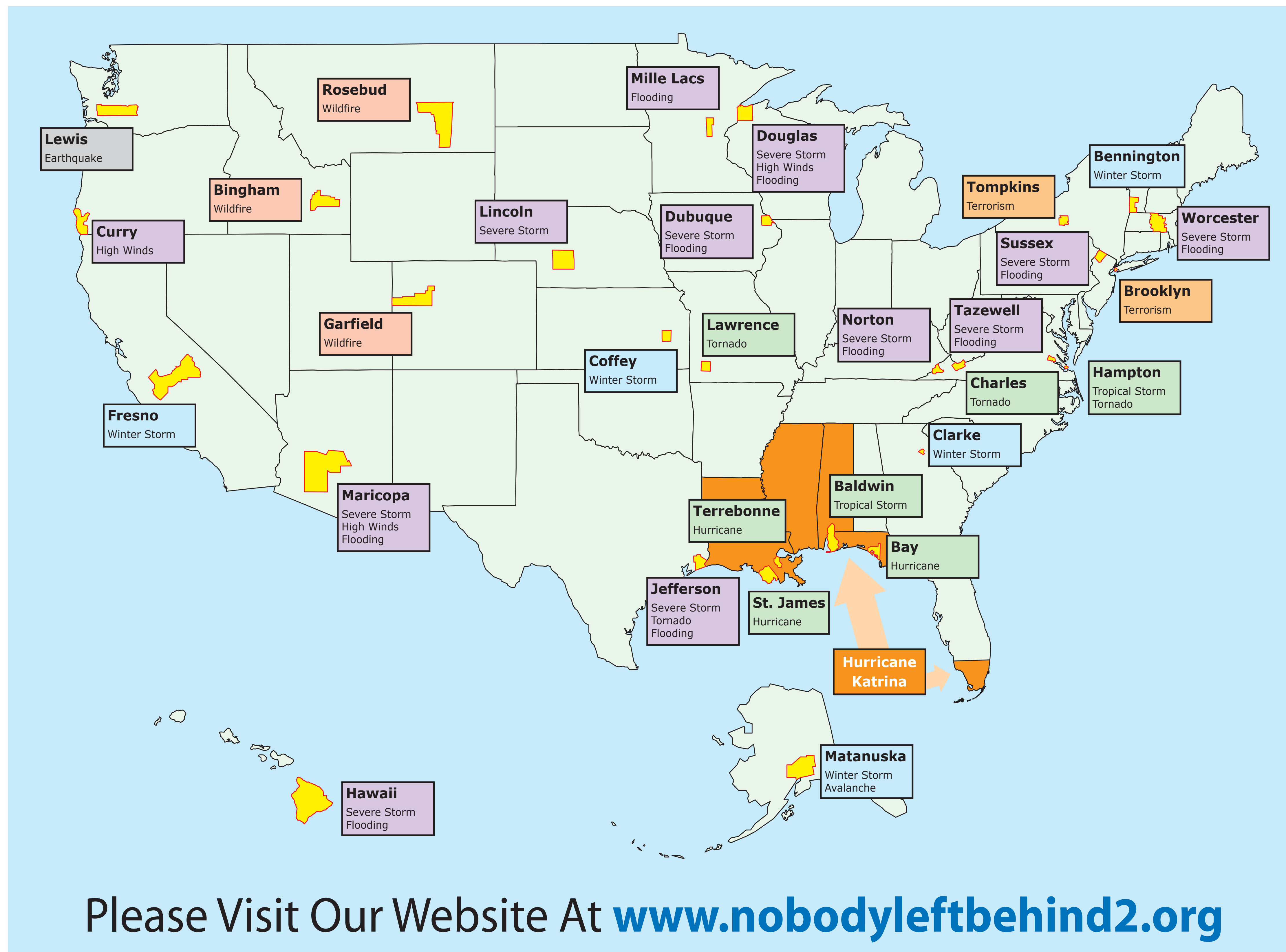
73% identified financial resources

36% needed trained personnel

27% needed greater education

27% awaited FEMA/State/or County mandates

30 Randomly Selected Locations That Have Recently Experienced a Natural or Man-made Disaster



Please Visit Our Website At www.nobodyleftbehind2.org

Recommendations

Improve Training

- Integrate the G-197 & IS-197 into the career track for emergency managers, and add test questions on the national examination.
- Take the category of people with disabilities out of the definition of "special needs" population and develop targeted information on people with disabilities into the basic course.

Develop within the two week residency course a component on persons with disabilities and introduced into the Fire Academy's career track.

Incorporate people with disabilities into the actual training scenarios for first responders.

Improve Surveillance

Develop GIS mapping to identify where people are located and where there are concentrated numbers of people with disabilities. Models are Wilson, North Carolina and Cedar Rapids, Iowa.

Explore the use of a national surveillance system that may require revising census data collection to include specific disabilities.

Work with the state health departments' Behavioral Risk Factor Surveillance System (BRFSS) survey to include disability data.

Improve Inclusion of Persons with Disabilities

Teach people with disabilities to be proactive with emergency management systems.

Utilize educational information to make a shift in attitudes of people with disabilities about stigmas for not self-identifying with registries.

Encourage the Department of Justice to issue a statement on their Americans with Disabilities Act website regarding ways to reach people with disabilities to encourage self-identification in planning and communication guidelines.

Encourage centers for independent living (CILs) and State Councils on Independent living (SILCs) and

other organizations to have a statement to encourage consumers to participate in self-identification and individual emergency planning.

Encourage Local Emergency Planning Centers (LEPC) to include people with disabilities in interactions with their local emergency providers.

Build interaction between the LEPC, CILs, SILCs, and other community-based organizations.

Improve Emergency Management Plans

Create a template appendix on persons with disabilities for adoption.

If an appendix approach is not used, then make specific references on how to handling the needs of persons with disabilities in the communication and warning, evacuation and transportation, sheltering, medial and health, and others sections as warranted.

Any plan should, at a minimum, address the guidelines for Americans with Disabilities Act (ADA) pertaining to emergency management as recommended by the Department of Justice.

How the Research & Training Center on Independent Living at the University of Kansas is researching this issue

The Research and Training Center on Independent Living at the University of Kansas, under Glen W. White, PhD, as the Principal Investigator and Michael Fox, ScD, Co-Investigator were awarded a three year grant funded by the Center for Disease Control and Prevention through the Association of Teachers of Preventive Medicine (TS#-0840). The mission of this research is to investigate a sample of counties across the United States that have recently experienced a natural or man-made disaster in order to:

- Determine if disaster plans and emergency response systems include the health, safety, and survival needs for persons with mobility impairments
- Identify the morbidity and mortality of persons with mobility impairments in these disasters
- Assess if there were any post-disaster changes to address the needs of persons with mobility impairments
- Identify Best Practices models for counties that meet the needs of persons with mobility impairments in hopes of preventing injuries and saving lives

This research incorporates the Participatory Action Research (PAR) approach to social research, which is characterized by collaboration between consumers and researchers, resulting in an increase in the relevance of the research while maintaining scientific rigor.

Consumer Survey

Respondents from an on-line survey reported encountering problems during disasters or emergencies including:

- No evacuation plans in multi-storied buildings, such as shopping malls and business offices, leaving people who are unable to walk abandoned at stairwells or at inoperable elevators without assistance.
- No accessible shelters or shelter bathrooms.
- No accessible and/or affordable alternative temporary shelter.
- No provision at shelters for service dogs.
- No power to run assistive equipment such as power chairs and medical devices during a power outage.
- No accessible public or paratransit transportation systems for getting to and from shelters, medical care, jobs, and stores.
- No contractors who can make needed repairs in a reasonable time frame to restore independence at home and in the community.

Here's some of what survey respondents who "have been there" told us about how to be prepared and survive a disaster or an emergency.

- PREPARE, PREPARE, PREPARE
- "Have your own medical and other supplies."
- "Plan in advance for accessible services."
- "Know where the exits are. Don't go up in a building if you don't know how to get out."
- "Have a way to call someone away from the area to report your health or location."
- "Make sure a plan for assistance is in place."
- "Improve the sensitivity of emergency service providers."
- "Have adequate home owner's insurance, including renter's insurance."
- "Evacu-tracs should be standard equipment in every building."
- "Involve people with disabilities in planning."
- "Have a community list through 911 of all mobility-impaired people and their contact information."
- "Hospitals should be included as potential evacuation centers for people who use power wheelchairs and/or use oxygen, etc."
- "Develop better escape ways for getting out of tall buildings."