Inclusive Collaborative Local Emergency Planning For and With Individuals with Disabilities

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Presenter Disclosures

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(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
No relationships to disclose
Emergency Preparedness Initiative: Close Policy and Practice Gaps

Disability Community: Equal Access & Equity

Responders/Managers: Efficiency

Community: Public Health & Resilience

Background: Policy/Practice Gap

- History of negative impacts
  - Lost access to health care, social services
  - Lost independence
- Legal rights violations (ADA)
  - Gaps in emergency plans
  - Individual instances of discrimination
- Legal enforcement
  - Class action lawsuits
  - DOJ Project Civic Access
- Emergency planning guidance; philosophy
2011-2013: Responder Training & Community Stakeholder Meeting

- Developed curriculum and CSM process with strong stakeholder input
  - Stakeholder advisory committee
  - Expert review
  - Field test and feedback session
- Participants: Responders and disability community members
- IRB determination not human subject research
- Responder training in 29 localities. CSM in 21 localities (overlap). 854 participants.

Workbook to Guide CSM Process

- CSM is a meeting to assess gaps in local emergency plan and response practice and develop a remediation plan
- Workbook
  - Outlines 3 step process using 3 tools
  - Sparks discussion and problem solving
  - Records gaps, decisions, accomplishments
Active Planning Workbook
Meeting the emergency and disaster needs of people with disabilities in our town: A "how to" workbook.

3 tools and 3 steps:
1: Where are we now? Needs assessment/gap analysis tool
2: Where do we want to be? Setting priorities
3: How do we get there? Closing the gap

Step 1: Analyze Plan/Practice Gaps

Complete topical checklists
  • Local disability demographics and needs
  • Emergency planning process
  • Public preparedness education
  • Alerts/warnings
  • Transportation/evacuation
  • Shelter set up/operation
  • Hazmat decontamination
  • Emergency dispensing sites
  • Recovery
Our community’s shelter layout plan takes into account the likely needs of people with disabilities:
- Accessible cots placed near accessible restrooms
- Accessible cots placed adjacent to a wall when needed
- Privacy issues and need for quiet space addressed

Sheltering Checklist Example

Step 2: Set Priorities

Count checkmarks and blank spaces from Step 1
- Identify areas of greatest need (blank spaces)
- Determine areas for quick and inexpensive solutions
- Identify successes
Step 3: Develop Action Plan

Complete action plan template
- Summarize priority gaps/areas of need
- Record gap closing strategies
- List responsible person(s)
- Establish timeline

CSM Results

- SAS 9.3 statistical software
- **Responders** (N=113): High level of satisfaction/usefulness. Mean satisfaction score 3.62. Mean usefulness score 3.60 (S.D.=.43 for both, max. possible score of 4)
- **Disability Community** (N=70): Mean satisfaction score 3.7 (S.D.=.47, max. possible score of 4). 95% reported increased motivation to prepare and 69% reported learning something new
## Workbook Assessment

<table>
<thead>
<tr>
<th>Question</th>
<th>Responder Mean (S.D.) N=113</th>
<th>Disability Community Mean (S.D.) N=70</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workbook useful in identifying gaps</td>
<td>3.59 (.58)</td>
<td>3.59 (.58)</td>
</tr>
<tr>
<td>Workbook useful in setting priorities and developing plan</td>
<td>3.54 (.57)</td>
<td>3.65 (.87)</td>
</tr>
<tr>
<td>Workbook useful in helping improve emergency plan</td>
<td>3.64 (.55)</td>
<td>3.76 (.43)</td>
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</tbody>
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### CSM Results

- 100% of localities (N=21) found at least 5 gaps and developed generally low cost gap closing strategies *during* CSM.
- 8 localities reported continuing work after project end.
- Common gaps and priorities:
  - Communication
  - Disability community needs assessment
  - Inadequate resources, services
Sample Gap Closing Strategies

- Add congregate care settings to plan
- Disability providers to disseminate public education info to constituents
- Revise shelter service animal policy
- Outreach re Personal Care Assistants
- Identify local resources
  - Expertise - local tech company (website support)
  - Equipment - local special ed. class (Hoyer Lift); Council on Aging (wheelchairs); library (CCTV video magnifier)
  - Personnel - hospital (ASL interpreters)

2013-2014: Evolution

- Requests for CSMs continued after initial funding ended
- Regional public health emergency planning coalitions requested CSMs and individual strategies tailored to their communities
- 162 participants (responders and disability community); very limited data collection
- Team began thinking about a more efficient “train the trainer model” to deliver online instruction re CSMs
2014-2015: Online Course

- To teach CSM process
- Participants: Local public health and safety emergency planners (change agents)
- Expert curriculum review
- Format: Interactive role play simulation; ongoing storyline
- Learners queried re attitudes about and perceived obstacles to CSMs
- Technology: Moodle LMS; accessible
- IRB determination not human subject research
- Progress: Small pre-pilot completed. 2nd pre-pilot, pilot scheduled

Limitations and Future Projects

- Limitations
  - Phase 1 data only from MA
  - Phase 2 limited data collection
  - Phase 3 online course limited to those with internet access and relevant computer skills
- Future Plans
  - Open course to all responders and disability community members in U.S.
  - Develop and implement CSM quality evaluation tool
  - Develop and implement tool to evaluate local emergency plan revision process
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