Making Lessons Documented - Real!
Integrating Disability Issues into Instructors’ Toolkits

National Center for Biomedical Research and Training
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Panelists:
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  NOD’s Emergency Preparedness Initiative
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  Center for Disability and Health
• Elizabeth Davis, Managing Director
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Objectives
• To identify size & make-up of “special needs” population
• To use a functional needs framework when planning for people with disabilities
• To integrate disability issues into course content that go deeper and broader than just taglines & checklists
• To share disability specific scenarios & real world applications
2004 Survey of Emergency Managers

- 76% did not have a paid expert to deal with emergency preparedness for people with disabilities
- 73% said no funding had been received to address emergency planning for people with disabilities
- 39% had not purchased specialized equipment

Special Needs Assessment 4 Katrina Evacuees (SNAKE)

Report Findings

“Extremely Poor Conditions”

“There was major shelter client despair”

- Lack of space
- Overcrowding
- Lack of food and drink
- No privacy areas
- Unsafe play area
- Criminal activity
- No mental health or social services on-site
- Scores of evacuees outside shelter in tents
- Several riots involving evacuees and law enforcement
Who are people with special needs?
1. Non-English speakers, English speakers, Elderly, Elderly, Minority groups, Minority groups, People with disabilities, People with disabilities, Children, Children, People with serious mental illness, People with serious mental illness, Centers for Disease Control (2004)

7. Single working parents, Single working parents, People without vehicles, People without vehicles, People with specific dietary needs, (FEMA 2004), People with specific dietary needs, Pregnant women, Pregnant women, Prisoners, Prisoners, People who are homeless, People who are homeless.

Emergency Management “Special Needs” Groups

<table>
<thead>
<tr>
<th>Population category</th>
<th>Total</th>
<th>% of U.S. total population (281,421,906)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children, age 15 and under</td>
<td>64,272,779</td>
<td>22.84</td>
</tr>
<tr>
<td>Elderly, age 65 and over</td>
<td>34,991,753</td>
<td>12.43</td>
</tr>
<tr>
<td>Speak English “not well”, age 18-64</td>
<td>5,703,904</td>
<td>2.03</td>
</tr>
<tr>
<td>Speak English “not at all”, age 18-64</td>
<td>2,575,154</td>
<td>0.92</td>
</tr>
<tr>
<td>Noninstitutionalized population with a disability, age 16-64</td>
<td>33,153,211</td>
<td>11.78</td>
</tr>
<tr>
<td>Total Special Needs Population</td>
<td>140,696,801</td>
<td>49.99</td>
</tr>
</tbody>
</table>

Theses groups should not be thought of as a condition that only affects the unfortunate SPECIAL few … it is a common characteristic & occurrence within the human experience.

Special Needs
- viewed as homogenous group
- used as “short cut language”
  - confusing
  - unclear
- often translates into vague planning which results in response failures.

Use a FUNCTIONAL NEEDS APPROACH
PFNs - People with functional needs

- Are people:
  - who need assistance with maintaining functional independence, communication, supervision, medical, & transportation needs.
  - of all ages, from infancy to old age,
  - within full range of learning, understanding, & emotional, hearing, visual & physical abilities.
  - A large diverse group - too large for use of any single designation.

Functional Needs Approach Allows us to:

- define,
- locate,
- reach,
- plan comprehensively for managing resources & specific needs of people, &
- improves resource management

Replace “special needs” with a flexible FUNCTIONAL NEEDS FRAMEWORK:

- Maintaining functional independence,
- Communication,
- Transportation
- Supervision,
- Medical.

FUNCTIONAL NEEDS FRAMEWORK: C-MIST

- Communication,
- Medical,
- Maintaining functional independence,
- Supervision,
- Transportation.

When you Maintain functional independence needs you help:

- At risk individuals who if identified early, & needs are addressed avoid costly deterioration of health & functional mobility.
- Prevents health problems & institutionalization.

Maintaining functional independence needs include:

- Replacing -
  - Essential medications
Maintaining functional independence needs include:
- Replacing -
  - Lost / damaged equipment (wheelchairs, walkers, scooters, &
    essential supplies (catheters, ostomy supplies, etc)

Communication needs:
Very large population who may not be able to:
- hear verbal announcements, see directional signage, or understand the message due to disabilities

Additional impact:
- Non-English speaker/reader
- Lack of access to technology

Transportation Needs
- people who cannot drive due to
  - disability
  - age
  - poverty
  - addictions & legal restrictions,
- Zero vehicle households

Supervision Needs
- Who decompensate because of transfer trauma & stressors that exceed their ability to cope & function in a new environment;
- With conditions such as dementia, Alzheimer's & psychiatric conditions (schizophrenia, intense anxiety):
- Unaccompanied children

Medical Needs
- Those who do not have or have lost adequate support from family or friends & need assistance with:
  - managing unstable, chronic, terminal or contagious health conditions that require observation, & ongoing treatment;
  - managing medications, intravenous (IV) therapy, tube feeding vital signs;

NGOs’ are:
- An often overlooked resource for emergency planning, preparedness, response, recovery & mitigation activities,
- Sometimes actually turned away.
NGOs’ should be included as partners in shelters to assess “at risk individuals” through:

- Expert triage screening & addressing functional independence needs to prevent deterioration, enabling people to maintain health, mobility, & successfully manage in mass shelters & other temporary housing options.

Making Lessons Documented Real!

Trends to Consider

- Post 9/11 and Katrina
  - Increased awareness for disaster planning
  - Increased sense of vulnerability and uncertainty
  - More organizations and groups
  - Fluctuation in funding and research
  - Fluctuation in federal role; more burden on states and local municipalities

Trends...

- President Bush signed Executive Order 13347 on July 22, 2004
- Makes it a policy that federal agencies must include people with disabilities in all levels of national preparedness
- Creation of the Interagency Council

National Plan Review

Major findings:

- All Functional Annexes do not adequately address special needs.
- Federal Government should develop a consistent definition of term “special needs.”
- Federal, State, & local governments should increase participation of people with disabilities & disability subject matter experts in development & execution of plans.
Common Issue: disability is often viewed as a medical model

“Special Needs”
- Doesn't work because it is not operational
- It doesn't provide the guidance on operational tasks needed
- Used too many different ways
- SO must be prepared to define your usage of the term

Trained eyes and ears

NO STEREOTYPING
People with disabilities can be (are) responders
Meeting communication needs include:

- Posting content of oral announcements in a specified public area.
- Designating specific times & places where language & sign language interpreters will be available.

Resources

More robust Power Point will be posted:

- [www.nod.org/emergency](http://www.nod.org/emergency)
- [www.jik.com](http://www.jik.com) click on disaster preparedness
- [www.eadassociates.com](http://www.eadassociates.com) within the resource section

INFORMATION INCLUDED IN THIS PRESENTATION IS AVAILABLE AT [www.nod.org/emergency](http://www.nod.org/emergency)

EMAIL AT: epi@nod.org