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White Paper: Local offices of emergency management (OEM) and preparedness for people with disabilities: Preliminary Results from OEM in Federal Region 9.

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Research Team: Robyn Gershon and Lewis Kraus

Background

The increased frequency and severity of large scale natural disaster events in the US is well documented. In 2016, there were 103 Presidential Declared disasters, almost a 25% increase over 2015. This past year, 2017, the US experienced 217 large scale natural disaster events. These included hurricanes, tornadoes, severe weather, volcanoes, earthquakes, wildfires, flooding with over 10,000 deaths and 118 man-made events, including 13 terrorist attacks with an estimated 3,000 deaths.

Severe weather (storms, hurricanes, snow storms), floods, mudslides, tornadoes, excessive and record-breaking heat waves, wildfires other types of natural disaster events, as well as some man-made events, often require mass evacuation or sheltering of affected communities. An ongoing concern in the disability and disaster preparedness communities has been the disproportionately adverse impact of



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disasters on people with a disability compared to people without disabilities. With nearly 60M Americans living with one or more disabilities, and forecasts of much more extreme climatological disaster events in the near future, it is the responsibility of local government emergency management to assure that emergency preparedness and response programs are fully accessible to people with disabilities. The Department of Justice's Americans with Disabilities Act (ADA) guide for local governments regarding making community emergency preparedness and response programs accessible to people with disabilities includes 16 action steps, including:

- planning for emergencies by soliciting and incorporating input from people with different types of disabilities for all phases of emergency plans;
- notification for individuals with disabilities when there is an emergency (e.g., providing ways to inform people who are deaf or hard of hearing of an impending disaster);
- evacuation of individuals with disabilities (e.g., adopting policies to ensure community evacuation plans enable individuals with disabilities to safely self-evacuate or to be evacuated);
- sheltering of individuals with disabilities (surveying shelters and removing barriers, inviting representatives of group homes and other individuals with disabilities to meet regarding shelter planning;
- adopting procedures to ensure individuals with disabilities are not separated from their service animals, ensuring that a reasonable number of emergency shelters have back-up generators and a way to keep medications refrigerated, and adopting procedures

555 12th Street, Suite 1030 • Oakland, California 94607-4046

1-800-949-4232 (Voice/TTY) • (510)-285-5600 (Voice/TTY) • (510)-285-5614 (Fax)

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to provide accessible communication for people who are deaf or hard of hearing);

- issues involved in returning individuals with disabilities to their homes (arrange for accessible housing if necessary); and
- making sure that contracts for emergency services require providers to follow the guide’s action steps.

Even though the responsibilities of Offices of Emergency Management include preparing and responding to disaster events for all Americans, including those with disabilities, an ongoing question has been the extent to which these agencies have implemented ADA requirements in emergency management.

To help address this gap in our knowledge, we recently conducted a study in Federal Emergency Management Agency (FEMA) Region 9 (covering Arizona, California, Hawaii, Nevada, and the Pacific Basin) with the objective of identifying barriers to ADA implementation in emergency management. The goal of this research is to improve accessibility for people with disabilities.

Methods

Recruitment and human subjects protection

A cross-sectional, anonymous survey was conducted over an eight week period in 2018. A self-administered, anonymous survey was made available on a SSL-secured site using a web-based tool. Participants were adult professionals working in Offices of Emergency Management (OEM), typically serving as the Directors, in FEMA Region 9. We used a multimodal recruitment strategy to identify eligible participants,



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including, identified lists of OEM, snowball sampling, pre-survey announcements through state OEM and disability organizations leadership, website announcements, and mass emails.

All study procedures had prior review and exemption by the NYU Office of Human Subjects Protections. Informed electronically signed consent was obtained from each participant enrolled in this study.

Survey development and design

The survey was developed through an extensive process that involved three steps. First, an exhaustive review was conducted of relevant ADA and OEM documents, and in-depth discussions were held with key stakeholders from the disability and emergency management communities. This process led to the identification of key thematic topics and potential survey questions. Second, draft surveys were extensively reviewed by the key stakeholders and third, near final survey drafts were pilot tested by OEM managers in FEMA regions that were not part of this study. The final survey instrument included 40 items, was written in English and prepared at a 14.5 grade reading level for ease of completion (length of time to complete ranged from 15-20 minutes). Most items used “yes”, “no”, “don’t know” response categories. Open ended questions allowed for more specific responses.

The questionnaire included items that addressed OEM organizational characteristics; OEM planning activities as they relate to people with disabilities and access and functional needs; written plans; engagement activities involving people with disabilities and access and functional needs; operating procedures that address needs of people with disabilities and access and functional needs; training of staff and



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volunteers for addressing needs of people with disabilities and access and functional needs and requirements under ADA; disaster communications for people with disabilities and access and functional needs; evacuation, transportation, sheltering plans that address access of people with disabilities and access and functional needs; coordination with local businesses to assure safety of workers and visitors with disabilities and access and functional needs during disaster events; disaster drills; recovery activities including access to benefits that address people with disabilities and access and functional needs; and training gaps for OEM staff that would help address people with disabilities and access and functional needs.

An indirect structural projective approach was utilized in wording of questions in order to avoid socially desirable responses.

Data analysis

After checks for missing values and validity of responses and other data editing procedures were completed, an array of descriptive statistics and graphical techniques (e.g., frequencies, histograms, measures of central tendency and dispersion) were performed to characterize the distribution of variables and to determine if there were any outliers.

This strategy provided familiarity with the data and allowed us to determine if the data met assumptions required by the intended statistical testing procedures. All analyses were conducted using SAS.

Results:

Organizational characteristics

Preliminary analysis was conducted on the first 57 surveys that were completed and returned. More than half (56%) of the sample came from California, followed by Arizona (28%), Nevada (8%), Hawaii (3%), and the Pacific Islands (6%). Most respondents worked in jurisdictions with an estimated 100,000 to 500,000 residents, although 14% reported jurisdictional size of 1,000-25,000. More than half (56%) reported a large scale disaster event (i.e., one that required either mass evacuation, shelter- in-place, or mass fatalities) in the last 5 years. The most commonly reported disaster events were wildfires, severe flooding, severe wind, critical infrastructure damage, and excessive heat.

Most responding OEM reported small staff number, generally comprised of only themselves or a staff of 2-5 people. A quarter of the respondents reported that at least one staff member had a self-identified disability. Staff were primarily trained and certified through state-based Emergency Operations programs (32%), followed by Certified Emergency Manager (CEM) certification provided through the International Association of Emergency Managers (IAEM) certifications (which requires a college degree, plus 3 years of emergency management experience, plus an examination) (25%), FEMA certification trainings (32%), and Certified Associate Emergency Manager (AEM) certification through the International Association of Emergency Managers (IAEM) (which requires 200 training hours, references, and exam) (11%).



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Most respondents thought that OEM staff would appreciate an opportunity for additional training on planning for people with disabilities and those with access and functional needs via webinars (36%), online courses (37%), in-person training at an Institute (13%), and other sources of training. Respondents recommended that such training be presented by FEMA, the state, disability specialists, health departments, first responders, hospitals and other health care, and non-governmental agencies, such as Red Cross.

Planning

Almost a third (28%) of respondents thought that OEM managers were not clear about the roles or responsibilities of other disaster planning entities in their jurisdiction. However, most felt clear about their own role and responsibilities in terms of preparedness (83%), response (85%), recovery (67%), and mitigation (61%).

Only 39% felt that OEMs typically have staff and other resources necessary in order to fulfill their responsibilities under the ADA. The types of things that respondents thought were needed in order to be better able to fulfil their roles and responsibilities included:

- more training on ADA
- more planning on ADA requirements
- more guidance from FEMA on ADA requirements
- more drills involving community members with disabilities and those with access and functional needs
- more accessible shelters identified
- more accessible transportation resources



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- more back-up resources (e.g., power) for people with disabilities and those with access and functional needs
- better communication systems for people with disabilities and those with access and functional needs
- better outreach for people with disabilities and those with access and functional needs
- more outreach to local businesses that may have employees or visitors with disabilities and those with access and functional needs on premises
- more templates that can be tailored to local plans
- more funding, and
- more organized network of resources.

Planning Resources

More than 4 in 10 (44%) of respondents reported that their jurisdiction had no ADA Coordinator. Of the respondents that had access to a jurisdictional ADA Coordinator, 71% reported working with that coordinator on emergency planning.

Only half of the respondents reported up-to-date-lists of local agencies and caregiver groups for people with disabilities and access and functional needs.

Less than one-third (30%) of respondents had access to estimates of the number of individuals in their jurisdiction. Of those with access to this information, this information was typically used to plan for delivery of services for people with disabilities and those with access and functional needs in terms of shelter-in-place, evacuation, accessible transportation, and accessible shelters.



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Plans and plan development

Most (78%) of the written Plans address the needs of people with disabilities and those with access and functional needs, generally as part of the main document (53%), but one quarter (25%) still used an Annex.

Engagement with the disability community in preparing these plans was reported by 57% of the sample; 44% involved the ADA Coordinator in their jurisdiction. Slightly more than half (51%) of the respondents reported that their plans include detailed operating procedures for addressing the needs of people with disabilities and those with access and functional needs.

Staff training on emergency plan and inclusion of people with disabilities and those with access and functional needs

Almost one-third of respondents (32%) reported that staff and volunteers were not trained on the plan. Staff and volunteers were generally not trained (62%) on identifying the needs of people with disabilities and those with access and functional needs. Similarly, most (64%) report that OEM staff/volunteers are not trained on the requirements under the ADA.

Notification and Communication

Warning notifications were generally not reported as tested with people with disabilities and those with access and functional needs; roughly only 25% or less reported testing with people who were blind/low vision; deaf/hard of hearing; mobility impairments; cognitive impairments; mental health impairment.



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However, 80% reported that the jurisdictions plan to use captioning, ASL, social media, and reverse 911.

Only 25% have protocols to remind local TV stations to include sign language interpreters.

Evacuation Planning and Shelters

Evacuation planning that considers needs of people with disabilities and those with access and functional needs was reported by most respondents (78%), with 67% reporting that accessible transportation vehicles had been identified. Pre-identified accessible shelters were reported by 84%. Memoranda of Understanding (MOUs) were reportedly in place for transportation (57%) and shelter operations (89%). More than half of respondents (52%) reported staff for registration desk were trained on customer service for people with disabilities. Similarly, 54% reported that sign language interpreters were made available at shelters and disaster assistance facilities.

Accessibility of mass care shelters and disaster assistance centers were reported to have been reviewed by OEMs; with largely positive reports, including accessible ramps/entrances (86%); no barriers to wheelchairs (73%); alternative formats of communication (33%); for emergency refrigeration (65%); access to food and refrigerated medications (44%); oxygen availability (36%); policies that allow for service animals (84%), relief area for service animals (65%), policies to allow for personal assistants (70%), quiet rooms (56%), ASL interpreters (59%), wheelchair accessible bathrooms (91%), ADA Checklist is used to determine restroom accessibility (68%).



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Roughly a third of respondents reported that PWDAFN tend to be sheltered in medical shelters, even if they do not have medical condition that requires it (29%). Similarly, roughly a third (30%) of OEMs have not adopted a mass care policy to prevent people with disabilities and those with access and functional needs from being turned away from shelters. Roughly 39% reported that training and monitoring of staff and volunteers at shelters had not been provided in order to ensure that people with disabilities and those with access and functional needs are provided with safe and appropriate assistance.

Nearly half of respondents (48%) think that OEMs consider the needs of people with disabilities and those with access and functional needs who may have to shelter at work, yet only 25% thought that planning and coordination with local employers has been conducted with respect to assisting people with disabilities and those with access and functional needs if evacuation of premises was needed. Additionally, only 25% plan with local business for high rise evacuation of people with disabilities and those with access and functional needs.

Only 44% of OEMs actively involve people with disabilities and those with access and functional needs in their disaster drills.

Recovery

Most (73%) OEMs assist in helping people with disabilities and those with access and functional needs obtain information on benefit programs for disaster survivors, with most (73%) similarly providing access to these resources by ensuring the proper assistive technology is available to people with disabilities and those with access and functional needs.



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After action reports were almost universally completed by OEMs (92%), and they reported that these generally (96%) lead to changes. However, input from people with disabilities and those with access and functional needs to the after action report is uncommon (47%). Similarly, the involvement of people with disabilities and those with access and functional needs in post-disaster mitigations is not common (48%).

Conclusions

- Clear gaps were identified by Local OEM in Region 9:
- Do not have the staff and resources to fulfill their responsibilities under the ADA.
- Do not have an ADA coordinator in their jurisdiction to help with ADA planning.
- Generally, do not have lists of local disability agencies.
- Do not have estimates of people with disabilities in their area.
- In some cases, still use an Annex and have not included access and functional needs in the main emergency planning document.
- Do not have staff/volunteers trained on identifying needs of people with disabilities and those with access and functional needs.
- Do not have staff/volunteers trained on the requirements of the ADA.
- Have not tested warning notification systems with people with disabilities and those with access and functional needs.
- Do not have protocols to remind TV stations to include sign language interpreters in press conferences on emergencies.



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- Generally, have not trained shelter staff on customer service for people with disabilities.
- Generally, do not have ASL interpreters available at shelters.
- Generally, think their shelters are accessible except in regards to alternative formats of communication, emergency refrigeration, access to food and refrigerated medications, oxygen availability, and quiet rooms.
- Some jurisdictions continue to shelter people with disabilities and those with access and functional needs in medical shelters, even if they do not have medical conditions that required it, and they lack a policy to keep them from being turned away from a general shelter.
- Do not plan with local businesses or local employers for accessible evacuations.
- Do not involve people with disabilities and those with access and functional needs in their disaster drills.
- Do not gather input from people with disabilities and those with access and functional needs for after-action reports.
- Do not involve people with disabilities and those with access and functional needs in post-disaster mitigations.

These findings suggest some possible strategies to lead to improvement. Gaps in knowledge regarding ADA requirements can be addressed through greater availability of targeted training programs, such as those produced by the ADA National Network. Similarly, the availability of templates, easy-to-use checklist, drill exercises, and greater access to disability planning specialists for consultative purposes would also be helpful to some of the smaller jurisdictions.



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In conclusion, these preliminary data suggest that there are improvements needed and that most strategies to address these are generally no- or low cost and easy to implement. A national approach to improving overall capabilities of OEMs with respect to providing access in all phases of emergency planning and response would most likely be the most efficacious in achieving this goal.

555 12th Street, Suite 1030 • Oakland, California 94607-4046

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