

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

National Center for Biomedical Research and Training  
4th Annual Instructor Professional Development  
Conference Louisiana State University, Baton Rouge  
River Center Baton Rouge, LA  
August 17th, 2006

1

## Panelists:

- Hilary Styron, Director  
NOD's Emergency Preparedness Initiative
- June Isaacson Kailes, Assoc. Professor  
Center for Disability and Health
- Elizabeth Davis, Managing Director  
*EAD & Associates, LLC*

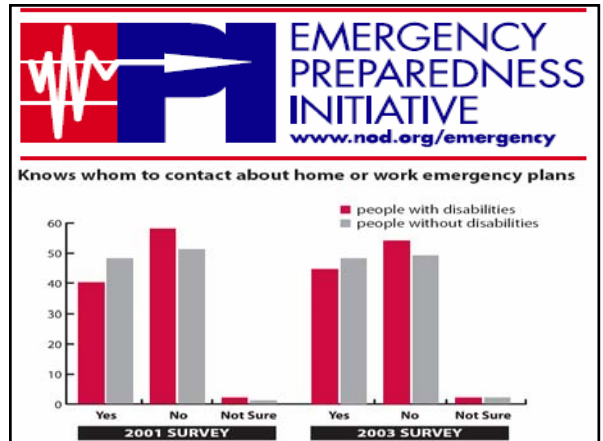
2

## 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

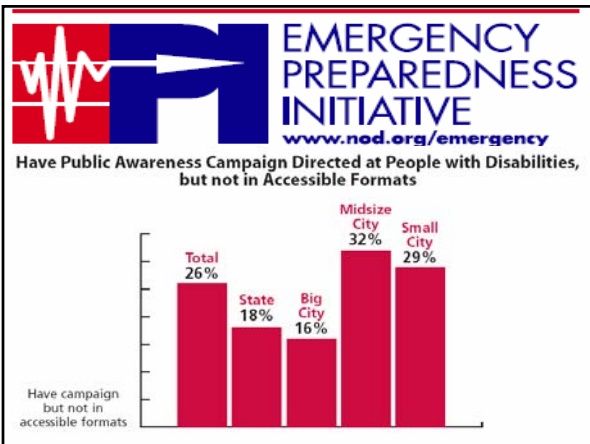
3





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





A silhouette illustration of a group of people walking in a line. From left to right, there is a person in a wheelchair, a person with a cane, a person with a dog on a leash, and a person with a walking stick. The silhouettes are black against a white background.

**Who are people with special needs ?**

1. Non-English speakers,
2. Elderly,
3. Minority groups,
4. People with disabilities,
5. Children,
6. People with serious mental illness, **Centers for Disease Control (2004)**

19

7. Single working parents,
8. People without vehicles,
9. People with specific dietary needs, **(FEMA 2004),**
10. Pregnant women,
11. Prisoners,
12. People who are homeless.

20

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

Data Source: U.S. Census Bureau, Census 2000 Summary File 1; table P1; total population; table PCT12; total population, sex by age; Summary File 1; table P19; age by language spoken at home by ability to speak English for the population 5 years and over; table P42; sex by age by disability status for the civilian noninstitutionalized population age 5 years and over.

© 2006 by Medicines Research supported by grant #01318030501, NIDDK, U.S. Dept. of Education. Prepared by Enders and Brandt, copyright RTC, Rural, 2006.

21



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.

22

## Special Needs

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



23

## Use a FUNCTIONAL NEEDS APPROACH



24

## 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.

25

## Functional Needs Approach Allows us to:

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

26

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

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

27

## FUNCTIONAL NEEDS FRAMEWORK: C-MIST

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

28

## 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.

29

## Maintaining functional independence needs include:

- Replacing -
  - Essential medications



30

## 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

32

## Transportation Needs

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

33

## 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

34

## 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;

35

## NGOs' are:

- An often overlooked resource for emergency planning, preparedness, response, recovery & mitigation activities,
- Sometimes actually turned away.

36

**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.

37



# Making Lessons Documented

# Real!

38

## 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

39

## 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



40

## 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.

41



42



Common Issue:  
disability is often  
viewed as a  
medical model

43

## “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

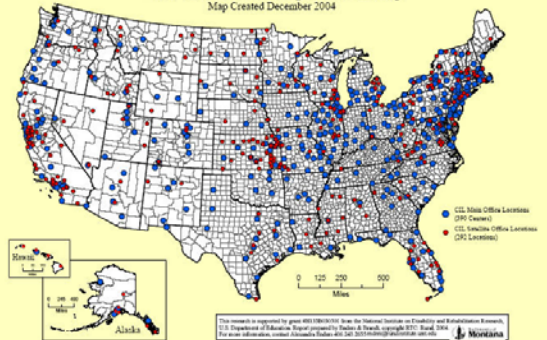
44

Trained eyes and ears



45

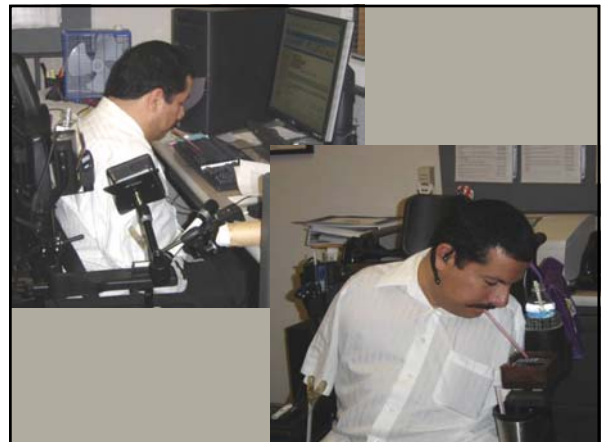
U.S. Centers for Independent Living  
Map Created December 2004



~~NO~~  
STEREOTYPING

People with  
disabilities can  
be (are)  
responders

47





## 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.

49



## ICE Full Scale - NYC



52

## 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

53



INFORMATION INCLUDED IN THIS PRESENTATION IS AVAILABLE AT

[www.nod.org/emergency](http://www.nod.org/emergency)

EMAIL AT: [epi@nod.org](mailto:epi@nod.org)



Adding value  
to service through  
increasing access

**Western University of Health Sciences  
Pomona, California**

**June Isaacson Kailes**  
Associate Director

jik@pacbell.net  
310.821.7080, Fax: 310.827.0269

[www.cdihp.org](http://www.cdihp.org)



Emergency Management & Special Needs Consultants

[www.eadassociates.com](http://www.eadassociates.com)

**Elizabeth Davis**  
**Managing Director**  
**V/TTY 718.330.0034**  
**[edavis@eadassociates.com](mailto:edavis@eadassociates.com)**