

Disability Inclusive Emergency Preparedness and Disaster Resilience

National Center for Health In Public Housing

WORLD INSTITUTE ON DISABILITY Marcie Roth & Dawn Skaggs

World Institute on Disability





- The World Institute on Disability (WID) was co-founded in 1983 by Ed Roberts, Judy Heumann and Joan Leon.
- Thanks to a MacArthur Fellowship "Genius Award" given to Ed, WID was the world's first public policy center controlled by people with disabilities, dedicated to the promotion of independence and full inclusion in society of people with disabilities and committed to public education and to converting policy into action.

Disabilities

(1 in 4)



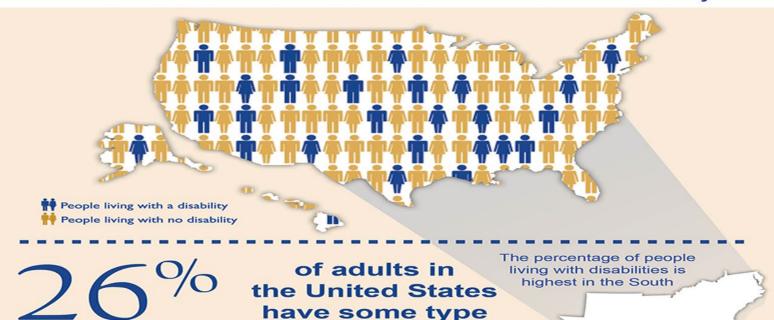
Disability Impacts ALL of US







61 million adults in the United States live with a disability



Join CDC and its partners as we work to improve the health of people living with disabilities.

of disability

For more information go to www.cdc.gov/disabilities

Image Description:

United States Map of people with disabilities. 61 million, 26% or 1 in 4 adults in the US have some type of disability. The percentage of people living with disabilities is highest in the south. Text: Join CDC and its partners as we work to improve the health of people living with disabilities





- Misperceptions of people with disabilities and their capacity to contribute still exists in society today
- Models of disability perceptions
- Physical, programmatic and communication barriers can be systemic and cause exclusion
- Disasters create and expose existing barriers unless they are intentionally eliminated throughout the disaster cycle

Disability Models



Medical Model

- Disability as a consequence of a health condition, disease, or caused by a trauma
- Disrupt the functioning of a person in a physiological or cognitive way

Functional Model

- Disability is caused by physical, medical, or cognitive defects
- Limits functioning or the ability to perform functional activities

Social Model

- A person's activities are limited not by the impairment or condition but by the environment
- Barriers are consequences of a lack of social organization

Disasters and Disproportionate Impact

Barriers in Disasters

- Physical barriers
- Medical diagnostic equipment
- Availability of accommodations (i.e., interpreter)
- Staff skills, knowledge, comfort
- Inaccurate perceptions about life experiences
- Segregation often disguised as "medical need"
- Inadequate public warnings, notifications, and PLANS

Disproportionate Impact

- According to the United Nations "children and adults with disabilities are 2-4 times more likely to be injured and die
- Fewer available accommodations and lack of disability knowledge
- Decreased probability of recovery to pre-disaster status
- Less visibility, even less involvement or ability to engage as SME

COVID 19 and Disability Inequities



- Highlighted disparities for people with disabilities
- Increased isolation for those already isolated
- Separation from caretakers limited personal care and needed support
- Shortage of supplies created discriminatory allocation and triage criteria
- Brought out examples of "ableism" in medical care, particularly as it applies to subjective views about quality of life
- Failure to incorporate reasonable modifications in receiving treatment
- Provisions authorizing re-allocation of ventilators from chronic ventilator users to other patient
- Institutionalization
- Failure to enforce safety provisions for people in institutions and congregate facilities





Any planning strategy must be inclusive:

- Inclusive planning is Whole Community Planning
- Integrates accessibility into the plan throughout not as an addendum
- Plans will reflect blue sky culture is it inclusive
- Plans for equity doesn't plan for 'good enough'
- Plan beyond wheelchair users
- Assumes people with disabilities are among all populations

Planning With and Not For



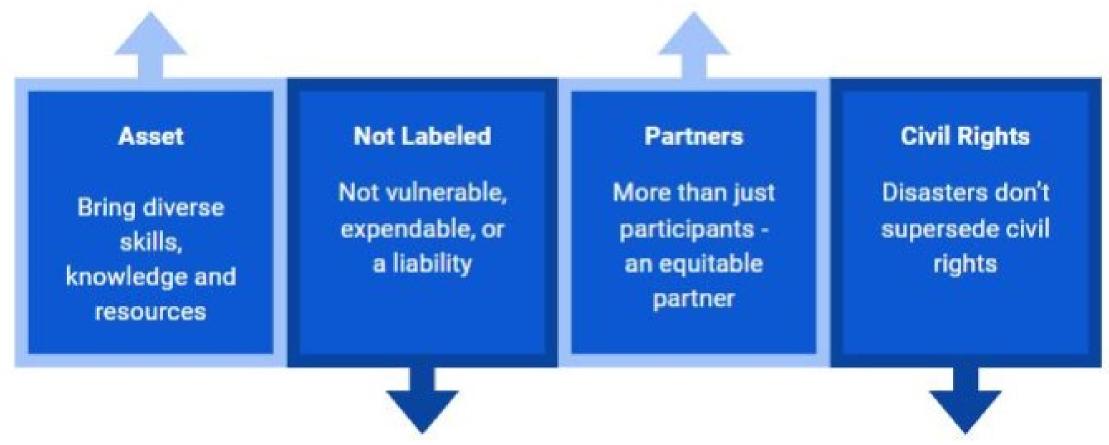


Image Description: Considerations for planning with people with disabilities. String of boxes. Box 1, people with disabilities are an asset and bring diverse skills knowledge and resources. Box 2, people are not labeled, vulnerable expendable, or a liability. Box 3, partners, more than just participants - an equitable partner. Box 4 civil rights, disasters don't supersede civil rights

Planning Focus Areas



FUNCTIONAL NEED



Communication



APPLICATION

Public Information and Notification Early Warning Face to face communication





Maintaining Health



Consumable medical Supplies Access to medical services Mental health support



Independence





Durable medical equipment Service animals Personal Assistive services Recovery to pre-disaster state



Safety & Support





Cognitive and intellectual disabilities Children

Personal assistive services Mass Care Services



Fransportation





Accessible vehicles Retain DME, PAS, service animals Assistance loading and unloading

Image Description:

CMIST Functioning Areas and Application. Communication functional need is addressed through public notification and early warning, face to face communication, assistive technology.

Maintaining health is addressed by consumable medical supplies, access to medical services, mental health support. Independence is addressed through durable medical equipment, service animals, personal assistance services, recovery to pre-disaster state Safety and support - cognitive and intellectual disabilities, children personal assistive services, mass care services Transportation - accessible vehicles, retaining equipment, personal assistance and service animals, assistance loading and unloading.

DIEPDR – Disability Inclusive Emergency Preparedness and Disaster Resilience



Principles and Assumptions

- Blue Skies Inclusion
- Intentional Inclusive Planning
- Revolving Planning Cycle
- Secure Leadership Support
- The law is the bare minimum





- Securing leadership engagement
- Honest 360 degree look at current activities
- Identifying disability knowledge
- Intentional evaluation and gap identification
- SME gap analysis and considerations recommendations
- Commitment to remediation





- Preparedness is dynamic
- Plan to make ongoing improvements
- Flexibility and multiple solution strategies
- Know when you need to ask for help





- Inclusion in all levels of organizational preparedness
- Inclusion in all relationships
- Inclusion in all practices

Image Description:

All facets of DIEPDR Inquiry. Concentric circle graphic from center: individual preparedness, Operational policies and practices, organization preparedness, organization resilience



DIEPDR in the Health Center



Considerations

- Leadership buy-in & policies
- Inclusion culture Social model
- Physical access
- Communication options
- Equipment accessibility
- Accessibility requests
- Employees with disabilities
- Training
- Person directed
- Mental health planning
- Community living
- Plans
- Exercises and drills



DIEPDR GOAL

Leave No One Behind







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